

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Thornton Keel	15 ACCOUNT # (Ethics Commission filers) 00000000
--------------------------------------	--

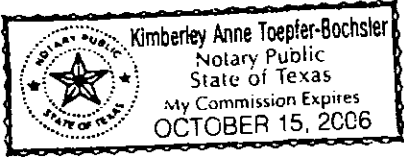
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..	
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

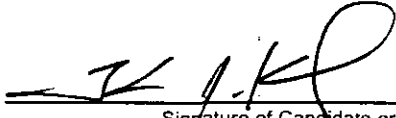
17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 405.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10405.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 85.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 1611.55
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.





 Signature of Candidate or Officeholder

Kimberley Anne Toepfer-Bochsler
Kimberley Anne Toepfer-Bochsler

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/6	
2 FILER NAME Thornton Keel		3 ACCOUNT # (Ethics Commission #) 00000000	
4 Date 01/09/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Austin Bail Bonds 6 Contributor address; City; State; Zip Code 909 Nueces St Austin TX 78701-2217	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Richard D. Brown Contributor address; City; State; Zip Code 1108 Lavaca St Ste 400 Austin TX 78701-2125	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hon. Roy A. Butler Contributor address; City; State; Zip Code 2 Niles Rd Austin TX 78703-3139	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Kenneth D. Carr Contributor address; City; State; Zip Code 905 Live Oak Ridge Rd Austin TX 78746-3523	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chris and Sheri Danze Contributor address; City; State; Zip Code 3024 Maravillas Loop Austin TX 78735-1417	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/6	
2 FILER NAME Thornton Keel		3 ACCOUNT # (Ethics Commission #)ers) 00000000	
4 Date 01/27/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leo Danze	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4722 Twin Valley Dr Austin TX 78731-3537		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/09/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Florey, Keel & Nassour, L.L.P.	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1108 Lavaca St Ste 400 Austin TX 78701-2125		
Principal occupation (Optional)		Employer (Optional)	
Date 01/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Drs. Thomas D. and Colleen George	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5035 Lake Country Rd Flagstaff AZ 86004-7835		
Principal occupation (Optional)		Employer (Optional)	
Date 01/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hon. Kent R. Hance	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 111 Congress Ave Ste 500 Austin TX 78701-4076		
Principal occupation (Optional)		Employer (Optional)	
Date 01/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cynthia and Chris Keel	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4908 China Garden Dr Austin TX 78730-3576		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/6	
2 FILER NAME Thornton Keel		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 01/18/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lara Laneri Keel 6 Contributor address; City; State; Zip Code 10917 Ballybunion Pl Austin TX 78747-1436	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Patrick Keel Contributor address; City; State; Zip Code 1603 Westover Rd Austin TX 78703-1913	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John A. Selman Contributor address; City; State; Zip Code 80 Saint Stephens School Rd Austin TX 78746-2522	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Terry Keel Campaign Contributor address; City; State; Zip Code 1108 Lavaca St Ste 400 Austin TX 78701-2125	Amount of contribution (\$) 4000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/6

2 FILER NAME

Thornton Keel

3 ACCOUNT # (Ethics Commission files)

00000000

4 Date

01/16/2004

5 Payee name

Classic Typresetting

7 Amount:

(
\$)
1156.25

6 Payee address: City: State: Zip Code

PO Box 90067

Austin TX 78709-0067

8 Purpose of expenditure (See instructions regarding type of information required.)

Campaign materials

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

01/15/2004

Payee name

U. S. Postmaster

Amount:

(
\$)
370.00

Payee address: City: State: Zip Code

Downtown Station

Austin TX 78701-2924

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

TEXT ANNOTATION

Information entered by filer as a memo

Schedule COH Total political contributions maintained = \$10,684.21

Please add as last
page of 5597