

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5623

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST David MI Brew  
NICKNAME LAST SUFFIX  
McAngus

OFFICE USE ONLY

Date Received

FILED FOR RECORD  
2004 FEB - 9 PM 4: 2  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

9204 Elm Creek Cove  
Austin, TX 78736

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 288-5178

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MS FIRST Pat MI  
NICKNAME LAST SUFFIX  
Crow

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

9204 Elm Creek Cove, Austin, TX 78736

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 914-6215

9 REPORT TYPE

January 15  30th day before election  Runtif  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

1 / 1 / 2004 THROUGH 1 / 29 / 2004

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runtif  General  Special  
3 / 9 / 2004

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box, Apt. / Suite #: City, State, Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

David Drew McAngus

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of 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. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,031.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,563.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 61.70

4. TOTAL POLITICAL EXPENDITURES

\$ 5,577.49

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6,563.00

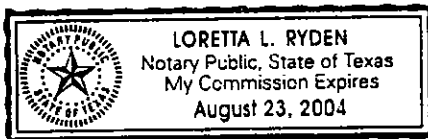
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*David Drew McAngus*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David Drew McAngus this the 9th day of Feb, 2004, to certify which, witness my hand and seal of office.

*Loretta L. Ryden*  
Signature of officer administering oath

Loretta L. Ryden  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this Schedule A:

4

2 FILER NAME

David Drew Mc Angus

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-9-04

5 Full name of contributor  out-of-state PAC (ID#)

Mary Hurley

7 Amount of contribution (\$)

2,500.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

3213 Sesbana Dr.  
Austin, TX 78748

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

1-27-04

Full name of contributor  out-of-state PAC (ID#)

Richard E. &amp; Martha F. Coons

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5 Niles Road  
Austin, TX 78703

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

1-27-04

Full name of contributor  out-of-state PAC (ID#)

Myetie D. Tomplait

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

P.O. Box 809  
Conroe, Texas 77305

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

1-27-04

Full name of contributor  out-of-state PAC (ID#)

Gerald T. Daugherty

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1403 Club Ridge Cove  
Austin, TX 78735

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

1-27-04

Full name of contributor  out-of-state PAC (ID#)

Michael &amp; Karen M. Stewart

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5002 Desert Oak Circle  
Austin, TX 78749

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **4**

2 FILER NAME  
**David Drew McAngus**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **1-27-04**  
5 Full name of contributor  out-of-state PAC (ID#):  
**Terrell A. or Judy K. Pittsford**  
6 Contributor address: City: State: Zip Code  
**10210 Slaughter Creek DR.  
Austin, TX 78746**

7 Amount of contribution (\$): **200.00**  
8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions)

Date: **1-27-04**  
Full name of contributor  out-of-state PAC (ID#):  
**Tina L. & Richard W. Meacham**  
Contributor address: City: State: Zip Code  
**13437 Crichen Creek DR.  
Manchaca, TEXAS 78652**

Amount of contribution (\$): **100.00**  
In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date: **1-27-04**  
Full name of contributor  out-of-state PAC (ID#):  
**James A. or Mary Love**  
Contributor address: City: State: Zip Code  
**9207 Rock Way DR.  
Austin, TX 78736**

Amount of contribution (\$): **75.00**  
In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date: **1-27-04**  
Full name of contributor  out-of-state PAC (ID#):  
**Royce Wachsmann**  
Contributor address: City: State: Zip Code  
**7000 Reaburn  
Austin, TX 78749**

Amount of contribution (\$): **52.00**  
In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date: **1-27-04**  
Full name of contributor  out-of-state PAC (ID#):  
**John W. King**  
Contributor address: City: State: Zip Code  
**6201 Maurip Trail  
Austin, TX 78730**

Amount of contribution (\$): **200.00**  
In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <b>4</b>	
2 FILER NAME <b>David Drew McAngus</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-27-04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Richard Mark</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>8305 Spring Valley DR. Austin, TX 78736</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1-27-04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Craig Cherico</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>P.O. Box 10173 Austin, TX 78766</b>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-27-04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>D L West Investments</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>P.O. Box 159 Manchaca, TX 78652</b>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-27-04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Norman or Carmen Aren</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>8526 Birmingham-DR. Austin, TX 78748</b>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-27-04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jim H. Miller, JR.</b>	Amount of contribution (\$) <b>125.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>5143 CR 2109 Cometa, TX 76853</b>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A**

The instruction Guide explains how to complete this form.					1 Total pages this Schedule A: <b>4</b>	
2 FILER NAME <b>David Drew McAngus</b>					3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-27-04</b>	5 Full name of contributor <b>Sandra G. Spitzer</b> <input type="checkbox"/> out-of-state PAC (ID#)	6 Contributor address: City: State: Zip Code <b>6903 Deatonhill Dr. #10 Austin, TX 78745</b>		7 Amount of contribution (\$) <b>80.00</b>	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)			
Date <b>1-27-04</b>	Full name of contributor <b>Karen L. Stewart</b> <input type="checkbox"/> out-of-state PAC (ID#)	Contributor address: City: State: Zip Code <b>5002 Desert Oak Circle Austin, TX 78749</b>		Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
Date <b>1-27-04</b>	Full name of contributor <b>Robert D. or Grayle E. Remlinger</b> <input type="checkbox"/> out-of-state PAC (ID#)	Contributor address: City: State: Zip Code <b>3607 Spotted Horse Trail Austin, TX 78739</b>		Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
Date <b>1-27-04</b>	Full name of contributor <b>Vernon M. Wright</b> <input type="checkbox"/> out-of-state PAC (ID#)	Contributor address: City: State: Zip Code <b>1806 St. Albans Blvd. Austin, TX 78745</b>		Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
Date <b>1-27-04</b>	Full name of contributor <b>Joe Harlow</b> <input type="checkbox"/> out-of-state PAC (ID#)	Contributor address: City: State: Zip Code <b>12345 Lamplight Apt. 917 Austin, TX 78758</b>		Amount of contribution (\$) <b>350.00</b>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

1 (one)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

1-2-04

6 Payee address; City; State; Zip Code

Texas County Republican Party  
7801 W. Lamar Blvd., Ste. A123  
Austin, TX 78752

1,200.00

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

filing fee

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule I. **1 (one)**

2 FILER NAME **David Drew McAngus** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <b>Banner Signs</b>	8 Amount (\$)
<b>1-9-04</b>	6 Payee address: City: State: Zip Code <b>630 Canyon Street Austin, TX 78752</b>	<b>3,462.50</b>
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name <b>McCoy's Building</b>	Amount (\$)
<b>1-10-04</b>	Payee address: City: State: Zip Code <b>11811 Highway 290 West Austin, TX 78737</b>	<b>99.73</b>
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name <b>Home Depot</b>	Amount (\$)
<b>1-15-04</b>	Payee address: City: State: Zip Code <b>1200 Home Depot Blvd Sunset Valley, TX 78745</b>	<b>90.63</b>
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name <b>Gill Studios</b>	Amount (\$)
<b>1-27-04</b>	Payee address: City: State: Zip Code <b>10800 Lackman Blvd Shawnee Mission, KS 66201</b>	<b>1,301.96</b>
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name <b>Quik Print</b>	Amount (\$)
<b>1-27-04</b>	Payee address: City: State: Zip Code <b>8311 Shoal Creek Blvd. Austin, TX 78757</b>	<b>560.97</b>
	Purpose of expenditure (See instructions regarding type of information required.)	

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