

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5656

### FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Mr.      Michael      S. NICKNAME      LAST      SUFFIX "Mike"      Hanson	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX      APT / SUITE #      CITY      STATE      ZIP CODE 9903 Capitol View Austin TX 78747	COUNTY CLERK TRAVIS COUNTY TEXAS FEB 24 PM 4:25 CLERK RECORD	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (512) 656-0521		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Mrs      Leticia      - NICKNAME      LAST      SUFFIX "Lee"      Rodriguez		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)      APT / SUITE #      CITY      STATE      ZIP CODE 3801 Capitol of Tx Hwy N Apt 216 Austin TX 78602	COUNTY CLERK TRAVIS COUNTY TEXAS	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (512) 293-5653		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officer holder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 01 / 01 / 2004      THROUGH      02 / 14 / 2004		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 03 / 09 / 2004	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> County Constable Prec 4	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	.. 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		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Michael S Hanson

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3215.62

CONTRIBUTION BALANCE

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

\$

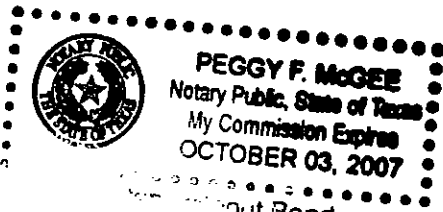
OUTSTANDING LOAN TOTALS

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

\$

3000.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Mike Hanson*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Scott Hanson, this the 24th day of February, 2007, to certify which, witness my hand and seal of office.

*Peggy F. McGee*  
Signature of officer administering oath  
Peggy F. McGee  
Printed name of officer administering oath  
Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>6</b> Contributor address: City: State: Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address: City: State: Zip Code	Amount of contribution (\$)	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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission files)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			<b>\$</b>
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  <b>7</b> Pledgor address;    City;   State;   Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>10</b> Principal occupation / Job title (See instructions)		<b>11</b> Employer (See instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;    City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;    City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;    City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;    City;   State;   Zip Code	Amount of pledge (\$)	In-kind 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.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule E:	
<b>2</b> FILER NAME <i>Michael S Hanson</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$			
<b>5</b> Date of loan <i>1-15-2004</i>	<b>7</b> Name of lender: <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Melissa K. Hanson</i>		<b>9</b> Loan Amount (\$) <i>3000.00</i>
<b>6</b> Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	<b>8</b> Lender address:    City:    State:    Zip Code <i>PO Box 19061 Austin TX 78761</i>		<b>10</b> Interest rate <i>N/A</i>
<b>11</b> Maturity date <i>N/A</i>			
<b>12</b> Principal occupation / Job title (See Instructions) <i>County Employee</i>		<b>13</b> Employer (See Instructions) <i>Travis County</i>	
<b>14</b> Description of Collateral: <input checked="" type="checkbox"/> none			
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor		<b>18</b> Amount Guaranteed (\$)
<b>17</b> Guarantor address:    City:    State:    Zip Code			
<b>19</b> Principal Occupation		<b>20</b> Employer	
Date of loan	Name of lender: <input type="checkbox"/> out-of-state PAC (ID# _____)		Loan Amount (\$)
Is lender a financial institution? <i>Y</i> <i>N</i>	Lender address:    City:    State:    Zip Code		Interest rate
Principal occupation / Job title (See Instructions)			Maturity date
Employer (See Instructions)			
Description of Collateral: <input type="checkbox"/> none			
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address:    City:    State:    Zip Code			
Principal Occupation		Employer	

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <i>Michael S. Han <del>Seon</del></i>		<b>3</b> ACCOUNT # (Ethics Commission filers):
<b>4</b> Date	<b>5</b> Payee name <i>see attached</i>	<b>7</b> Amount (\$) <i>3215.62</i>
<b>6</b> Payee address: City: State: Zip Code		
<b>8</b> Purpose of payment (See instructions regarding type of information required.)		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Cand.date / Officeholder name      Office sought      Office held
Date	Payee name  Payee address:      City:      State:      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Cand.date / Officeholder name      Office sought      Office held
Date	Payee name  Payee address:      City:      State:      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Cand.date / Officeholder name      Office sought      Office held
Date	Payee name  Payee address:      City:      State:      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Cand.date / Officeholder name      Office sought      Office held

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

May 2003

Personal Protective Products - Dutton 556.00  
949-923-6330

10-17-03 Tiger Total # 8 - gas 16.36

12-17-03 Int'l Wholesale Inc 347.97  
512-293-5253 - office

12-18-03 Jack Brown - steaks 9.15

12-24-03 MISC 4.55

12-30-03 Quick Print - office 9.19  
515 Congress Ave  
Austin 78701

TOTAL  
937.22

1-03-04 AT+T - phone 824.61

1-05-04 Toll Brn #6 - charges

1-12-04 P + Miller, BBB - fuel 5.71  
711 3533

1-15-04 AT+T - phone 48.69  
5033A US Hwy 2910 W SA100  
Austin 78735

1-15-04 7-11 @ 1705 So. Lakeshore - fuel ~~50.00~~  
Austin 78741 10.00

1-16-04 Home Depot - sign supply 33.40  
5801 S JBS  
Austin 78744

1-16-04 Exxon Tigermarket - fuel 10.50  
6575 I35 North  
Austin 78744



1-17-04 Home Depot - signs 243.04  
8501 S. E. 35  
Austin 78744

1-17-04 R. Tractor #60 - fuel 10.00  
100 w Slaughter  
Austin 78740

1-18-04 Mamas Cafe + Grocery - food 24.90  
4215 Dussel St  
Austin 78751

1-19-04 Texas Chit. Parlor - fuel 16.24

1-19-04 Whole Foods - supplies 11.88  
601 N Lamar  
Austin 78723

1-19-04 Eckerd Drug #10892 - other 1.58  
N IH 35 Austin 78702

1-20-04 7-11 @ 2113 S Congress - fuel 10.00  
Austin 78701

1-21-04 Mom's Grocery/Shell - fuel 20.00  
1901 E. Williamson  
Austin 78704

1-23-04 Race Trac 400 - fuel 10.42  
120 W. Shiloh Lane  
Austin 78703

1-23-04 Home Depot - signs 60.25  
8801 So. I-35  
Austin 78704

1-26-04 Buc-EE's @ Luling Dr - fuel 10.00  
(Shell) 2070 W IH 10  
Luling 78648

1-27-04 Home Dept - Signs 45.04  
5801 S 135  
Austin 78744

1-28-04 Home Dept - Signs 4.60  
(Same as above)

1-28-04 Jack. Braun - cleaners 6.28

1-28-04 7-11 @ 2103 So. Congress - fuel 11.53  
Austin 78701

1-29-04 Exxon Tiger market - fuel 21.50  
6515 ISS North  
Austin 78744

1-29-04 US Postal. Svc. - PO Box 19.00  
SE Station  
Austin 78744

1. B. 107

Herman Johnson

75°

Index / tapes 1143 Northampton

1. B. 108

Matanzas Tapes 14-10-1918

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAME	3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)	<input type="checkbox"/> Reimbursement from political contributions intended

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

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule H:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Business name  <b>6</b> Business address: City, State, Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address: City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address: City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address: City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.	<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission files)

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address: City: State: Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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<b>CREDITS (optional)</b>	<b>SCHEDULE K</b>
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The <b>INSTRUCTION GUIDE</b> explains how to complete this form.	<b>1</b> Total pages Schedule K:
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<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)
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<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	<b>6</b> Payor address: City: State: Zip Code	
	<b>7</b> Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

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