

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5661

**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:

1/6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
THORNTON
NICKNAME LAST SUFFIX
KEEL

OFFICE USE ONLY

Date Received

Date Hand-Off or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
23812 TRES CORDNAS
SPICEWOOD, TX 78669
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 264-3467

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
DONNA L.
NICKNAME LAST SUFFIX
KEEL

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
23812 TRES CORDNAS
SPICEWOOD, TX 78669

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 264-3457

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder or y);
 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
01 / 30 / 2004 THROUGH 02 / 28 / 2004

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03 / 09 / 2004
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TRAVIS COUNTY CONSTABLE PCT 3

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

THORNTON KEEL

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

\$ 375.00

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

\$ 3,175.00

EXPENDITURE TOTALS

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

\$ 3.18

4. TOTAL POLITICAL EXPENDITURES

\$ 5,915.96

CONTRIBUTION BALANCE

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

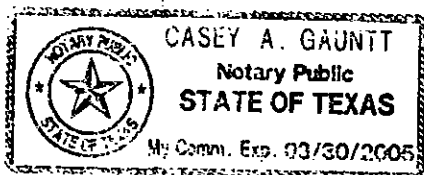
\$ 10,903.25

OUTSTANDING LOAN TOTALS

6. 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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thornton Keel, this the 27th day of Feb, 2004, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Casey A Gauntt
Printed name of officer administering oath

Notary Public State of Texas
Title of officer administering oath

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 files) 00000000	
4 Date 02/07/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert & Judy Beglau	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 23704 Replica Rd Spicewood TX 78669-1597		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joe Bland	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5511 Lands End St Austin TX 78734-1513		
Principal occupation (Optional)		Employer (Optional)	
Date 02/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gilbert H. Boyd	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 133 World Of Tennis Sq Lakeway TX 78738-1104		
Principal occupation (Optional)		Employer (Optional)	
Date 02/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gerald T. Daugherty	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1403 Club Ridge Cv Austin TX 78735-1623		
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ken Freytag	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2211 W Anderson Ln Austin TX 78757-1223		
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 filers) 00000000	
4 Date 02/03/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Friends of Gerald Daugherty	7 Amount of contribution (\$) 125.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1403 Club Ridge Cv Austin TX 78735-1623			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/31/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bruce Garlick	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2517 Improver Rd Spicewood TX 78669-2569			
Principal occupation (Optional)		Employer (Optional)	
Date 02/18/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Janet & Nick Grandinetti	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 23914 Old Ferry Rd Spicewood TX 78669-1623			
Principal occupation (Optional)		Employer (Optional)	
Date 02/16/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James J. Hippard & Hon. Mary Lou Keel	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 402 E Gaywood Dr Houston TX 77079-7211			
Principal occupation (Optional)		Employer (Optional)	
Date 02/07/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Law Office of Jamie Balagia	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 360 Manor TX 78653-0360			
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 files) 00000000	
4 Date 02/07/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rocky Mountain	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2515 Wooldridge Dr Austin TX 78703-2535			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/07/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. William Munday	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1689 Austin TX 78767-1689			
Principal occupation (Optional)		Employer (Optional)	
Date 01/31/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hector J. Polanco	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3601 Leadville Dr Austin TX 78749-6938			
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Robert D. Spellings	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 5119 Austin TX 78763-5119			
Principal occupation (Optional)		Employer (Optional)	
Date 02/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) The Honorable & Mrs. J. P. Word	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10203 Pinehurst Dr Austin TX 78747-1300			
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 filers)
00000000

4 Date
02/22/2004

5 Payee name
Classic Typresetting

7 Amount
(\$)
2611.26

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
02/16/2004

Payee name
U. S. Postmaster

Amount
(\$)
1650.76

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

Date
02/24/2004

Payee name
U. S. Postmaster

Amount
(\$)
1650.76

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