

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**5668**

**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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
GARY DUANE  
NICKNAME LAST SUFFIX  
McNeill

**OFFICE USE ONLY**

Date Received

FILED FOR RECORD  
2004 MAR 1 AM 9:15  
CLERK  
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
PMB #153 Suite P  
4404 W. Wm. Cannon Drive  
Austin, TX 78749

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 288 8212

Receipt #

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Elizabeth  
NICKNAME LAST SUFFIX  
Lidi Wozniak

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
7423 Whistlestop Drive  
Austin TX 78749

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 288 8212

9 REPORT TYPE

January 15  30th day before election  Runoff  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 Month Day Year  
02 / 09 / 04 THROUGH 03 / 01 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
03 / 09 / 04  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SLOGAN (if known)

Travis County 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 N/A

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

*Duane McNeill*

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

*N/A*

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

\$           

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

\$ *7,340.00*

EXPENDITURE TOTALS

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

\$           

4. TOTAL POLITICAL EXPENDITURES

\$ *3,633.84*

CONTRIBUTION BALANCE

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

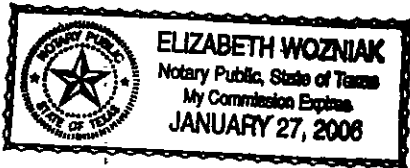
\$ *10,545.00*

OUTSTANDING LOAN TOTALS:

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

\$           

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.

*Duane McNeill*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *G. Duane McNeill* this the *15<sup>th</sup>* day of *March*, 20 *04*, to certify which, witness my hand and seal of office.

*Elizabeth Wozniak*  
Signature of officer administering oath

*Elizabeth Wozniak*  
Printed name of officer administering oath

*Treasurer*  
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 Schedule A:

3

2 FILER NAME

Duane McNeill

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/9/04

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

Mr. + Mrs. J. Wayne Thompson

6 Contributor address; City; State; Zip Code

10007 Mandeville Circle  
Austin, TX 78750-1404

7 Amount of contribution (\$)

\$ 40.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/9/04

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

Arthur Rhodes, Jr. + Bonnie Rhodes

Contributor address; City; State; Zip Code

6506 Mesa Drive  
Austin, TX 78731

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/04

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

Mr. + Mrs. Deke Pierce

Contributor address; City; State; Zip Code

14917 Alpha Collier Drive  
Austin, TX 78728

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/04

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

Mr. + Mrs. Robert Larson

Contributor address; City; State; Zip Code

5007 Parell Path  
Austin, TX 78744

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/04

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

Mr. Joe Putnam

Contributor address; City; State; Zip Code

704 Augusta Circle  
Point Venture, TX 78645

Amount of contribution (\$)

\$ 100.00

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 Schedule A: <b>3</b>	
2 FILER NAME <b>Dwane McNeill</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/9/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. Kenneth Wedeikes</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>4225 Guadalupe Street Austin, TX 78751</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/12/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. Paul S. Marshall</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>3108 Ammunition Drive Austin, TX 78748</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/11/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lake Travis Republican PAC</b>	Amount of contribution (\$) <b>\$1,325.00</b>	In-kind contribution description (if applicable) <b>CD Walk list of people who have voted in the last two primaries</b>
Contributor address: City: State: Zip Code <b>P.O. Box 340033 Austin, TX 78734</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/23/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. Noble W. Doss</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>7604 W. Rim Austin, TX 78731</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/24/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Freddy P. Warton</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>5808 Balcones Dr. Ste. 203 Austin, TX 78731</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction-guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:  
**3**

2 FILER NAME

**Duane McNeill**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**2/27/04**

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

**Douglas + Julie Ann Hartman**

6 Contributor address; City; State; Zip Code

**10711 Burnet Rd, Suite 330  
Austin, TX 78758**

7 Amount of contribution (\$)

**\$2,500.00**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**2/27/04**

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

**David + Claudette Hartman**

Contributor address; City; State; Zip Code

**10711 Burnet Rd, Suite 330  
Austin, TX 78758**

Amount of contribution (\$)

**\$2,500.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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  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  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.**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>2</b>
2 FILER NAME <b>Duane McNeill</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/9/04</b>	5 Payee name <b>U.S. Postal Service</b> 6 Payee address: City: State: Zip Code <b>North Austin Station Austin, TX 78751-9998</b>	8 Amount (\$) <b>\$ 10.22</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <b>2 Certified letters - sent to Election Office, Report # 2 P.F.S.</b>		
Date <b>2/12/04</b>	Payee name <b>Pay Pal Visa Card (Fee)</b> Payee address: City: State: Zip Code <b>P.O. Box 7022 Mountain View, CA 94039</b>	Amount (\$) <b>\$ 6.10</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>Fee for on-line credit card company</b>		
Date <b>2/13/04</b>	Payee name <b>Neida Wells Spears, Tax Assessor-Collector</b> Payee address: City: State: Zip Code <b>5501 Airport Blvd. Austin, TX 78751</b>	Amount (\$) <b>\$ 5.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>Precinct maps</b>		
Date <b>2/18/04</b>	Payee name <b>Aus-Tex Printing + Mailing</b> Payee address: City: State: Zip Code <b>501 W. 3rd Street Austin, TX 78701</b>	Amount (\$) <b>\$ 2,943.54</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>Mail outs (9,600)</b>		
Date <b>2/20/04</b>	Payee name <b>Am Productions Company</b> Payee address: City: State: Zip Code <b>P.O. Box 90157 Austin, TX 78709-0157</b>	Amount (\$) <b>\$ 398.36</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>Campaign signs (4x8')</b>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

Duane McNeill

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/20/04	5 Payee name 4D Printing Inc.	8 Amount (\$) \$ 135.31
	6 Payee address: City: State: Zip Code 4930 S. Congress Ave. #303C Austin TX 78745	
7 Purpose of expenditure (See instructions regarding type of information required.) Campaign cards - 2.25 x 3.75 (2 sided)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/20/04	Payee name 4 D. Printing Inc.	Amount (\$) \$ 135.31
	Payee address: City: State: Zip Code 4930 S. Congress Ave #303C Austin, TX 78745	
Purpose of expenditure (See instructions regarding type of information required.) Campaign cards 2 1/4 x 3 3/4 (2 sided)		<input checked="" 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

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