

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **5681**

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

9 (none)

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **David** FIRST MI **Drew**  
NICKNAME LAST SUFFIX  
**McAngus**

OFFICE USE ONLY

Date Received

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**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 288-5178**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Pat** FIRST 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  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July '05  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**1 / 30 / 04** THROUGH **2 / 28 / 04**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
**3 / 9 / 04**

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 <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	\$ 185.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,185.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 65.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 13,892.39
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CONTRIBUTION BALANCE

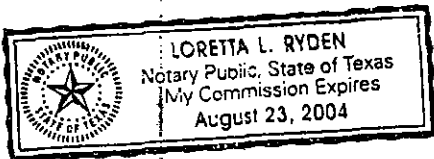
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,159.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
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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.



*David Drew McAngus*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Drew McAngus this the 1st day of March, 2004, to certify which, witness my hand and seal of office.

*Loretta L. Ryden*      Loretta L. Ryden      Notary  
 Signature of officer administering oath      Printed name of officer administering oath      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 this Schedule A: 1 of 3	
2 FILER NAME David Drew McAngus		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-3-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David or Victoria Marklins	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3300 West Oasis Hollow Austin, TX 78739			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-3-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) George W. Cox	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4006 Kellywood Dr. Austin, TX 78739			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-3-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephen B. Edwards	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. 14th, Ste. 120 Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-3-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Shields Legislative Assoc.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 162925 Austin, TX 78716			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-10-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Charles and Vicki L. Fritsch	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8901 Sam Carter Dr. Austin, TX 78736			
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):  
2 of 3

2 FILER NAME  
David Drew McAngus

3 ACCOUNT # (Ethics Commission filers)

4 Date  
2-10-04

5 Full name of contributor  out-of-state PAC (IC#)  
Dan W. and Judy W. McAngus  
6 Contributor address: City: State: Zip Code  
8405 Gardner Avenue

7 Amount of contribution (\$)  
100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date  
2-10-04

Full name of contributor  out-of-state PAC (IC#)  
Bradley G. Burgess  
Contributor address: City: State: Zip Code  
21 Sunset Trail  
Austin, TX 78745

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
2-10-04

Full name of contributor  out-of-state PAC (IC#)  
Carl H. Tepper  
Contributor address: City: State: Zip Code  
3205 Skyland Dr.  
Austin, TX 78767

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
2-10-04

Full name of contributor  out-of-state PAC (IC#)  
Stephen A. and Angela L. Bianco  
Contributor address: City: State: Zip Code  
8700 Brodie Lane, Apt. 821  
Austin, TX 78745

Amount of contribution (\$)  
450.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor  out-of-state PAC (IC#)  
Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See instructions)

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**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>3 of 3</b>	
2 FILER NAME <b>David Drew McAngus</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2-10-04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Arthur N. Wagner</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>9500 Linkmeadow Dr. Austin, TX 78748</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2-26-04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Grand Olawson, P.C.</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>804 Rio Grande Street Austin, TX 78701</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-26-04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kay Offices of Munter, Joseph, E The Inn</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>811 Barton Springs, Ste. 800 Austin, TX 78704</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code			
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.

1 Total pages Schedule E:

one (1)

2 FILER NAME

David Drew Mc-Angus

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan

2-10-04

7 Name of lender

William P. Tedrow

out-of-state PAC (ID#)

9 Loan Amount (\$)

\$5,000.00

6 Is lender a financial institution?

Y  N

8 Lender address: City: State: Zip Code

1111 Ridge Harbor DR.  
Spicewood, TX 78669

10 Interest rate

0

11 Maturity date

120 days

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC (ID#)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed (\$)

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.

1 Total pages Schedule F:  
1 of 3

2 FILER NAME  
David Drew McAngus

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	7 Amount (\$)
1-30-04	Stacy Suits 6 Payee address: City, State, Zip Code 7807 Doncaster Austin, Texas 78745	1,125.00

8 Purpose of payment (See instructions regarding type of information required.)  
Reimbursement/Contract Labor

9 **Complete if direct expenditure to benefit C/OH**  
Candidate / Officer/holder name Office sought Office held

Date	Payee name	Amount (\$)
1-30-04	The Print Shoppe Payee address: City, State, Zip Code 1811 Capital of Texas Highway South Austin, Texas 78746	470.77

Purpose of payment (See instructions regarding type of information required.)  
Printing

**Complete if direct expenditure to benefit C/OH**  
Candidate / Officer/holder name Office sought Office held

Date	Payee name	Amount (\$)
2-3-04	Ace Printing Payee address: City, State, Zip Code 7807 Doncaster Austin, Texas 78745	1,136.50

Purpose of payment (See instructions regarding type of information required.)  
Walk Lists

**Complete if direct expenditure to benefit C/OH**  
Candidate / Officer/holder name Office sought Office held

Date	Payee name	Amount (\$)
2-10-04	Travis County Republican Party Payee address: City, State, Zip Code	200.00

Purpose of payment (See instructions regarding type of information required.)  
Lincoln/Reagan Dinner

**Complete if direct expenditure to benefit C/OH**  
Candidate / Officer/holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
2 of 3

2 FILER NAME

David Drew McAngus

3 ACCOUNT # (Ethics Commission files)

4 Date

2-10-04

5 Payee name

Stacy Suits

7 Amount (\$)

750.00

6 Payee address; City, State, Zip Code

7807 Doncaster  
Austin, Texas 78745

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

Reimbursement/Contract Labor

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officerholder name Office sought Office held

Date

2-19-04

Payee name

LaPrensa

Amount (\$)

150.00

Payee address; City, State, Zip Code

P. O. Box 6504  
Austin, Texas 78762

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

Advertisement

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officerholder name Office sought Office held

Date

2-20-04

Payee name

Allied Printing & Mailing

Amount (\$)

2,714.67

Payee address; City, State, Zip Code

P. O. Box 142708  
Austin, Texas 78762

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

Postage & Printing

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officerholder name Office sought Office held

Date

2-20-04

Payee name

Quik Print

Amount (\$)

114.89

Payee address; City, State, Zip Code

8311 Shoal Creek Blvd.  
Austin, Texas 78757

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

Printing

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officerholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES** **SCHEDULE F**

The instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
3 of 3

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

4 Date	5 Payee name	7 Amount (\$)
2-26-04	Ace Printing	
	6 Payee address, City, State, Zip Code	
	7807 Doncaster Austin, Texas 78745	932.76

8 Purpose of payment (See instructions regarding type of information required.) 9 Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Mailing Lists

Date	Payee name	Amount (\$)
2-25-04	Allied Printing & Mailing	
	6 Payee address, City, State, Zip Code	
	P. O. Box 142708 Austin, Texas 78714	2,291.11

Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Printing & Postage

Date	Payee name	Amount (\$)
2-25-04	Quik Print	
	6 Payee address, City, State, Zip Code	
	8311 Shoal Creek Blvd. Austin, Texas 78757	1,227.02

Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Printing

Date	Payee name	Amount (\$)
2-27-04	Allied Printing & Mailing	
	6 Payee address, City, State, Zip Code	
	P. O. Box 142708 Austin, Texas 78714-2708	2,714.67

Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Printing & Postage

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED