

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Duane McNeill

16 ACCOUNT # (Ethics Commission file#)

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

\$

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

\$ *7,040.00*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *8,093.46*

CONTRIBUTION BALANCE

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

\$ *15,116.63*

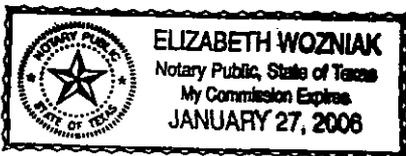
OUTSTANDING LOAN TOTALS

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

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *G. Duane McNeill*, this the *4TH* day of *April*, 20 *04*, to certify which, witness my hand and seal of office.

[Signature]
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: 5	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. + Mrs. John N. Glennon	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3017 Norco Drive Austin, TX 78738			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/3/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Billy + June Pence	Amount of contribution (\$) \$ 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 East 5th Street Hallettsville, TX 77964			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/3/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jamie Balagia	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 360 Manor, TX 78653			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harry Lucas, Jr.	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2303 Rio Grande Street Austin, TX 78705			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry Keel	Amount of contribution (\$) \$ 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1108 Lavaca Street, Suite 400 Austin, TX 78701			
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: 5	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. + Mrs. Howard Balanoff	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10910 Sierra Colorado Austin TX 78759			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/11/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick + Jo Ann Reyna	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10229 Pinehurst Drive Austin, TX 78747			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Rieck	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6805 Vallecito Drive Austin, TX 78759-4656			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard + Jeanne Filip	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 28 Fayetteville, TX 78940			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert + Chong Larson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5007 Parell Path Austin, TX 78744			
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:

5

2 FILER NAME

Diane McNeill

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/11/04

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

Thomas M. Keel

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

808 Brooks Hollow Drive
Austin, TX 78734-3409

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/17/04

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

C.M. & Margaret McGuire

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3 Candleleaf Court
Austin, TX 78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/04

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

Arthur + Consuelo Cardenas

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1007 Yorkcastle
Pflugerville, TX 78660

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/04

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

Daniel J. McDonald

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

808 Hollybluff St.
Austin, TX 78753-3926

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/04

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

James B. Randall

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6402 Haney Drive
Austin, TX 78723

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: 5	
2 FILER NAME Dwane McNeill		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/20/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Scott Sousares	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9013B Quail Valley Drive Austin, TX 78758-6623			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/20/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth + Regina Kidd	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1002 Howeth Lane Pflugerville, TX 73660			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray L. Marr	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3801 Aspen Creek Pky Austin, TX 78749-6915			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Moss	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1617 Wheelless Lane Austin, TX 78723			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy Haverlah	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11305 Pompey Court Austin, TX 78739			
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: 5	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/25/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark F. Schultz	7 Amount of contribution (\$) \$750.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Attn: 4TH Floor 1700 Rio Grande Austin, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/25/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terri Dusek	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8706 Mariscal Canyon Drive Austin, TX 78759			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W. Tim Bartlett	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3601 Woodcutters Way Austin, TX 78746-1547			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ronald H. Cobb	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4207 Canyonside Trl. Austin, TX 78731-2857			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Belkin	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5203 N. Cheyenne Drive Beverly Hills, FL 34465			
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: 4
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/2/04	5 Payee name Aus-Tex Printing + Mailing 6 Payee address; City; State; Zip Code 501 W. 3rd Street Austin, TX 78701	8 Amount (\$) \$ 3,744.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Mailers + postage	
Date 3/12/04	Payee name Office Depot Payee address; City; State; Zip Code 5300 Mopac Expwy South #101 Austin, TX 78749	Amount (\$) \$ 16.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies	
Date 3/12/04	Payee name Holland Photo Payee address; City; State; Zip Code 1221 South Lamar Blvd Austin, TX 78704	Amount (\$) \$ 46.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Advertising materials	
Date 3/12/04	Payee name Kinko's Payee address; City; State; Zip Code 5601 Bridie Lane Sunset Valley, TX 78745	Amount (\$) \$ 26.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Fliers - Resume, etc.	
Date 3/12/04	Payee name Kinko's Payee address; City; State; Zip Code 5601 Bridie Lane Sunset Valley, TX 78745	Amount (\$) \$ 200.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Fliers - Resume, etc.	

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: 4
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/13/04	5 Payee name Kinko's 6 Payee address; City; State; Zip Code 5601 Brodie Lane Sunset Valley, TX 78745	8 Amount (\$) \$ 784 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Fliers	
Date 3/16/04	Payee name Kinko's Payee address; City; State; Zip Code 5601 Brodie Lane Sunset Valley, TX 78745	Amount (\$) \$ 90.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Fliers	
Date 3/17/04	Payee name Office Depot Payee address; City; State; Zip Code 120 Sundance Pkwy, Suite 200 Round Rock, TX 78681	Amount (\$) \$ 143.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Name tag paper, ink jet cartridge	
Date 3/19/04	Payee name AM Productions Co. Payee address; City; State; Zip Code P.O. Box 90157 Austin, TX 78709-0157	Amount (\$) \$ 626.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) 400 Yard Signs (22x28)	
Date 3/20/04	Payee name Kinko's Payee address; City; State; Zip Code 5601 Brodie Lane Sunset Valley, TX 78745	Amount (\$) \$ 200.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Fliers	

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: 4
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/20/04	5 Payee name Kinko's	8 Amount (\$) \$26.93
	6 Payee address; City; State; Zip Code 5601 Brodie Lane Sunset Valley, TX 78745	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Fliers	
Date 3/23/04	Payee name 4D Printing Inc	Amount (\$) \$135.31
	Payee address; City; State; Zip Code 4930 S. Congress Ave. #303C Austin, TX 78745	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Business Cards (small campaign cards)	
Date 3/29/04	Payee name Texas Mailhouse Inc Enoc EW U.S. Postal Service	Amount (\$) \$2,468.37
	Payee address; City; State; Zip Code 8606 Wall St. Ste 1740 Austin, TX 78754	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Postage for mail-air fliers	
Date 3/30/04	Payee name Kinko's	Amount (\$) \$135.76
	Payee address; City; State; Zip Code 5601 Brodie Lane Sunset Valley, TX 78745	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Fliers	
Date 4/2/04	Payee name Pak Mail - Oak Hill	Amount (\$) \$45.00
	Payee address; City; State; Zip Code 4404 W. Wm. Cannon, Suite P Austin, TX 78749	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Mail box fee for campaign	

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: 4
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/29/04	5 Payee name Diamond Shamrock 6 Payee address; City; State; Zip Code 8101 Mesa Drive Austin, TX 78759	8 Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Gas for neighborhood campaigning	
Date 4/2/04	Payee name Diamond Shamrock Payee address; City; State; Zip Code 4600 William Cannon Austin TX 78749	Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gas for neighborhood campaigning	
Date 4/4/04	Payee name Kinko's Payee address; City; State; Zip Code 5601 Brodie Ln Sunset Valley, TX 78745	Amount (\$) \$33.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Fliers	
Date 4/4/04	Payee name Kinko's Payee address; City; State; Zip Code 5601 Brodie Ln Sunset Valley, TX 78745	Amount (\$) \$114.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Fliers	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED