

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5756

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:

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received  
2004 JUN - 8  
TRAVIS COUNTY CLERK  
RECORD  
Date Hand-delivered or Data Postmarked  
MAY 10 4 47  
Receipt # Amount  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
23812 TRES CORONAS  
SPICEWOOD, TX 78669

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 264-3457

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 CORONAS  
SPICEWOOD, TX 78669

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 264-3467

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  
4 / 4 / 2004 THROUGH 6 / 30 / 2004

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11 / 2 / 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

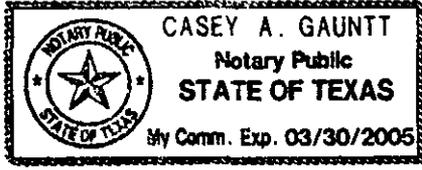
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
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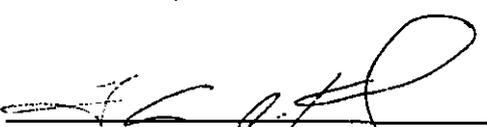
17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates 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	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,647.83
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 27.12
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,076.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,940.17
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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shanton Keel, this the 8th day of July, 2004, to certify which, witness my hand and seal of office.

Casey A. Gauntt  
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: 3/5	
2 FILER NAME Thornton Keel		3 ACCOUNT # (Ethics Commission Files) 00000000	
4 Date 06/02/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bobby Ortiz Candidate For U.S. Congress ..... 6 Contributor address; City; State; Zip Code 4224 Hampshire Ln El Paso TX 79902-1332	7 Amount of contribution (\$) 147.83	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/18/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lake Travis Republican PAC ..... Contributor address; City; State; Zip Code PO Box 340033 Austin TX 78734-0001	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Phil Ward ..... Contributor address; City; State; Zip Code 8871 Tallwood Dr Austin TX 78759-7549	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/5
2 FILER NAME Thornton Keel		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 06/24/2004	5 Payee name AMPro ..... 6 Payee address; City; State; Zip Code 7202 Smokey Hill Rd Austin TX 78736-3029	7 Amount (\$) 773.34
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 04/07/2004	Payee name Classic Typresetting ..... Payee address; City; State; Zip Code PO Box 90067 Austin TX 78709-0067	Amount (\$) 891.71
Purpose of expenditure (See instructions regarding type of information required.) Campaign materials		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/24/2004	Payee name Home Depot ..... Payee address; City; State; Zip Code 3600 Ranch Road 620 S Austin TX 78738-6808	Amount (\$) 201.01
Purpose of expenditure (See instructions regarding type of information required.) Campaign materials		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/26/2004	Payee name Texas Mailhouse, Inc. ..... Payee address; City; State; Zip Code 8606 Wall St Austin TX 78754	Amount (\$) 379.99
Purpose of expenditure (See instructions regarding type of information required.) Mail		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
5/5

**2** FILER NAME  
Thornton Keel

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
04/05/2004

**5** Payee name  
U. S. Postmaster

**7** Amount  
(\$)  
803.00

**6** Payee address; City; State; Zip Code  
Downtown Station  
Austin TX 78701-2924

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Postage

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