

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5811

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:
6 (SIX)

3 CANDIDATE / OFFICEHOLDER NAME

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

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 FIRST MI
NICKNAME LAST SUFFIX
Pat
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
()

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 30th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
4 / 4 / 04 THROUGH **6 / 30 / 04**

11 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SIGHT (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

GENERAL

SPECIFIC

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

\$ 35.00

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

\$ 1,635.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,060.76

CONTRIBUTION BALANCE

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

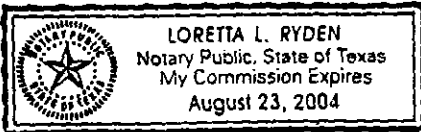
\$ 474.15

OUTSTANDING LOAN TOTALS

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

\$ 5,000.00

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.

David Drew McAngus
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Drew McAngus this the 12th day of July, 2004 to certify which, witness my hand and seal of office.

Abetta A. Ryden
Signature of officer administering oath

Loretta L. Ryden
Printed name of officer administering oath

Notary
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: 10 2	
2 FILER NAME David Drew McAngus		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/8/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Phyllism. and Wilbur C. Kolar	7 Amount of contribution (\$) \$ 150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 76 Pascal Lane Austin, TX 78746			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Vernon N. or Jeanette B. Wright	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1806 St. Albans Blvd. Austin, TX 78745			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sally Ann and David D. Cole	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6100 Lakaraya Lane Austin, TX 78749			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Henderson L. & Adriana Buford, III	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4106 Cat Mountain Dr. Austin, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) T. Dan Bullerle	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3421 Squirrel Hollow Austin, TX 78748			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</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 2 of 2	
2 FILER NAME David Drew Mc Angus		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/12/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Wamy Griffin	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 6020 Longmire TR. Cenroe, TX 77034			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Fred W. and Graeyle B. Hansen	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5816 Trailridge DR. Austin, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Thad E. Son	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 104 Coldwater Lane Austin, TX 78734			
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)	

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POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F 1062
2 FILER NAME David Drew McAngus		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/5/04	5 Payee name Allied Printing & Mailing	7 Amount (\$) \$1,125.09
6 Payee address: City: State: Zip Code P.O. Box 142708 Austin, TX 78714		
8 Purpose of payment (See instructions regarding type of information required.) Postage for mailer		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/8/04	Payee name Allied Printing & Mailing	Amount (\$) \$1,081.82
Payee address: City: State: Zip Code P.O. Box 142708 Austin, TX 78714		
Purpose of payment (See instructions regarding type of information required.) Post Cards - printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/9/04	Payee name Allied Printing & Mailing	Amount (\$) \$640.71
Payee address: City: State: Zip Code P.O. Box 142708 Austin, TX 78714		
Purpose of payment (See instructions regarding type of information required.) mailing for Post Cards		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/12/04	Payee name Quick Print	Amount (\$) \$892.39
Payee address: City: State: Zip Code 5311 Shoal Creek Blvd. Austin, TX 78757		
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
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: **2062**

2 FILER NAME: **David Drew McAngus**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **4/16/04**
 5 Payee name: **Martin Cazares**
 6 Payee address: City: State: Zip Code

7 Amount (\$): **\$133.55**

8 Purpose of payment (See instructions regarding type of information required.): **Catering-Election Party**

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

Date: **4/22/04**
 Payee name: **T-Mobile**
 Payee address: City: State: Zip Code
P.O. Box 790047
St. Louis, MO 63179

Amount (\$): **\$66.21**

Purpose of payment (See instructions regarding type of information required.): **Cell phone-campaign**

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

Date: **5/5/04**
 Payee name: **Kickly Starnes**
 Payee address: City: State: Zip Code

Amount (\$): **64.40**

Purpose of payment (See instructions regarding type of information required.): **Stamps-Mail out Manor**

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

Date: **5/28/04**
 Payee name: **T-Mobile**
 Payee address: City: State: Zip Code
P.O. Box 790047
St. Louis, MO 63179

Amount (\$): **\$56.59**

Purpose of payment (See instructions regarding type of information required.): **Cell phone-campaign**

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

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