FORM COR-C/OH

5833

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #

2 Total pages filed: 5 (five)

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: David | MI: Drew

NICKNAME | LAST: McAngus | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [x] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
1	1	2004	THROUGH	1	29	2004

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

7 AFFIDAVIT

LORETTA L. RYDEN
Notary Public, State of Texas
My Commission Expires
August 23, 2004

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Drew McAngus this the 22nd day of July, 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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

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	$ 1,031.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ ~~6,563.00~~ 6,974.00
3	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 61.70
4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,577.49
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ ~~6,563.00~~ 495562
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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

LORETTA L. RYDEN
Notary Public, State of Texas
My Commission Expires
August 23, 2004

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Drew McAngus, this the 9th day of Feb, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Loretta L. Ryden	Loretta L. Ryden	Notary

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: two (2)

2 FILER NAME: David Drew McAnsus

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-9-04	Banner Signs 630 Canion Street Austin, TX 78752	3,462.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-10-04	McCoy's Building 11811 Highway 290 West Austin, TX 78737	99.73

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-15-04	Home Depot 1200 Home Depot Blvd. Sunset Valley, TX 78745	90.63

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-27-04	Grill Studios 10800 Lackman Blvd. Shawnee Mission, KS 66201	1,301.96

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

-- 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: 2 of 2

2 FILER NAME: David Drew McAngus

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-27-04	Quick Print 8311 Shoal Creek Blvd. Austin, TX 78757	560.97

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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