

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5840

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:

16

3 CANDIDATE / OFFICEHOLDER NAME

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

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
23812 TRES CORONAS
SPICEWOOD, TX 78669
 Change of Address

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) 264-3457

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 THROUGH Month Day Year
07 / 01 / 2004 THROUGH 09 / 23 / 2004

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 02 / 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

THORNTON KEEL

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

\$ 960.00

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

\$ 16,410.00

EXPENDITURE TOTALS

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

\$ 52.06

4. TOTAL POLITICAL EXPENDITURES

\$ 794.65

CONTRIBUTION BALANCE

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

\$ 22,205.52

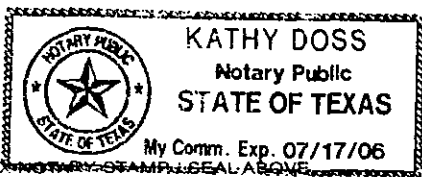
OUTSTANDING LOAN TOTALS

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said THORNTON KEEL, this the 28th day of Sept, 2004, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

KATHY DOSS
Printed name of officer administering oath

NOTARY
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: 3/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission files): 00000000 | |
| 4 Date 09/23/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ATCEMSEA PAC 6 Contributor address; City; State; Zip Code PO Box 150820 Austin TX 78715-0820 | 7 Amount of contribution (\$) 150.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gaylord Armstrong Contributor address; City; State; Zip Code 919 Congress Ave Ste 1300 Austin TX 78701-2499 | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/02/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Associated Republicans of Texas Contributor address; City; State; Zip Code 807 Brazos St Ste 601 Austin TX 78701-2526 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Austin Apartment Association PAC Contributor address; City; State; Zip Code 4107 Medical Pkwy Ste 100 Austin TX 78756-3736 | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Austin Police Association PAC Contributor address; City; State; Zip Code 400 W 14th St Ste 230 Austin TX 78701-1644 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 4/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission files) 00000000 | |
| 4 Date 09/15/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Austin Republican Women PAC 6 Contributor address; City; State; Zip Code 2327 Cypress Pt E Austin TX 78746-7224 | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BMcPAC Contributor address; City; State; Zip Code 111 Congress Ave Ste 1400 Austin TX 78701-4093 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/21/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert and Lisa Baker Contributor address; City; State; Zip Code PO Box 158 Spicewood TX 78669-0158 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert & Judy Beglau Contributor address; City; State; Zip Code 23704 Replica Rd Spicewood TX 78669-1597 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Robert F. Biard Contributor address; City; State; Zip Code PO Box 33555 Austin TX 78764-0555 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 5/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission files) 00000000 | |
| 4 Date 09/15/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gilbert H. Boyd 6 Contributor address; City; State; Zip Code 133 World Of Tennis Sq Lakeway TX 78738-1104 | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/15/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Larry F. York & Peggy Bradley Contributor address; City; State; Zip Code 3501 Mount Barker Dr Austin TX 78731-5101 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. J. Vaughn Brock Contributor address; City; State; Zip Code 3314 Lake Cliff Ct Austin TX 78746-4676 | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/26/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hon. Roy A. Butler Contributor address; City; State; Zip Code 2 Niles Rd Austin TX 78703-3139 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Kerry N. Cammack Contributor address; City; State; Zip Code 816 Congress Ave Ste 960 Austin TX 78701-2475 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 6/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission filers) 00000000 | |
| 4 Date 09/23/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tim Carnes 6 Contributor address; City; State; Zip Code 809 W Lake Dr Taylor TX 76574-1506 | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 08/26/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jonathan R. Conant Contributor address; City; State; Zip Code 1408 Patterson Rd Austin TX 78733-6503 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/26/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Moton H. Crockett Jr. Contributor address; City; State; Zip Code PO Box 2066 Austin TX 78768-2066 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/26/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hon. & Mrs. Gerald Daugherty Contributor address; City; State; Zip Code 1403 Club Ridge Cv Austin TX 78735-1623 | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Hector DeLeon Contributor address; City; State; Zip Code 3 Leopold Ln Austin TX 78746-3115 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 7/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission Uses) 00000000 | |
| 4 Date 09/13/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Andrew J. Dillon 6 Contributor address; City; State; Zip Code 6308 Chambly Cv Austin TX 78730-2700 | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/15/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joe and Sally Egan Contributor address; City; State; Zip Code 16 Hedgebrook Way Austin TX 78738-1318 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Randall H. Erben Contributor address; City; State; Zip Code 807 Brazos St Ste 402 Austin TX 78701-2508 | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/26/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bruce & Jacqueline Garlick Contributor address; City; State; Zip Code 2517 Improver Rd Spicewood TX 78669-2569 | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Grant and Melissa Goodwin Contributor address; City; State; Zip Code 9856 Wier Loop Cir Austin TX 78736-7847 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 8/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission files) 00000000 | |
| 4 Date 09/19/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Janet & Nick Grandinetti 6 Contributor address: City; State; Zip Code 23914 Old Ferry Rd Spicewood TX 78669-1623 | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Granger and Mueller,P.C. Contributor address: City; State; Zip Code 605 W 10th St Austin TX 78701-2042 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/26/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hon. Kent R. Hance Contributor address; City; State; Zip Code 111 Congress Ave Ste 500 Austin TX 78701-4076 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark Hanna Contributor address: City; State; Zip Code 900 Congress Ave Ste 250 Austin TX 78701-2496 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/21/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marycane P. Hansen Contributor address; City; State; Zip Code 302 Lake Cliff Trl Austin TX 78746-4677 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 9/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission files) 00000000 | |
| 4 Date 09/13/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Bryan Hardeman | 7 Amount of contribution (\$) 500.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 2711 Scenic Dr Austin TX 78703-1038 | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alan & Patti Harper | Amount of contribution (\$) 300.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2908 Oak Trail Ct Arlington TX 76016-6000 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/21/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hill Country Republican Women PAC | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5004 Crystal Water Dr Austin TX 78735-6306 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/26/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Admiral Bobby R. Inman | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3200 Riva Ridge Rd Austin TX 78746-1423 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/15/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John M. Keel | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 10917 Ballybunion Pl Austin TX 78747-1436 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 10/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission #) 00000000 | |
| 4 Date 09/15/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hon. Patrick Keel | 7 Amount of contribution (\$) 500.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1603 Westover Rd Austin TX 78703-1913 | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 08/21/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Thomas M. Keel | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 808 Brooks Hollow Rd Austin TX 78734-3409 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/30/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dean L. Krohn | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 6003 Marilyn Dr Austin TX 78757-4426 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sundari & Bala Kumar | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 9101 Evening Primrose Path Austin TX 78750-3545 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/07/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lake Travis Republican PAC | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code PO Box 340033 Austin TX 78734-0001 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 11/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission files) 00000000 | |
| 4 Date 08/21/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J.A. Leonard | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 503 Ladin Ln Lakeway TX 78734-4103 | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/15/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dudley D. McCalla | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 720 Brazos St Ste 200 Austin TX 78701-2535 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/15/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mignon McGarry | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) Event supplies |
| Contributor address; City; State; Zip Code PO Box 1501 Austin TX 78767-1501 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mac McGuire | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3 Candleleaf Ct Austin TX 78738-1444 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Duane McNeill | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 9113 Edwardson Ln Austin TX 78749-4116 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 12/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission files) 00000000 | |
| 4 Date 09/19/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rocky & Janet Mountain 6 Contributor address; City; State; Zip Code 2515 Wooldridge Dr Austin TX 78703-2535 | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/22/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. C. Ronald Platt Contributor address; City; State; Zip Code 16110 Chateau Ave Austin TX 78734-2631 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 08/03/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Puryear Contributor address; City; State; Zip Code 11800 Silkwood Cv Austin TX 78739-5634 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michael A. Rigg Contributor address; City; State; Zip Code 10650 Floral Park Dr Austin TX 78759-5104 | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Myron & Jay Rigg Contributor address; City; State; Zip Code 10650 Floral Park Dr Austin TX 78759-5104 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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: 13/16 | |
| 2 FILER NAME Thornton Keel | | 3 ACCOUNT # (Ethics Commission files) 00000000 | |
| 4 Date 09/19/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Johnnie B. Rogers Jr. | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code PO Box 12083 Austin TX 78711-2083 | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Elicia & Mark Sanders | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4424 Gaines Ranch Loop Apt 330 Austin TX 78735-6535 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/15/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Jason C. Schubert | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1603 Westover Rd Austin TX 78703-1913 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/15/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jay Schutawie | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3317 Lookout Ln Austin TX 78746-1431 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 09/05/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Allan Shivers Jr. | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2905 San Gabriel St Ste 213 Austin TX 78705-3541 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

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:
14/16

2 FILER NAME
Thornton Keel 3 ACCOUNT # (Ethics Commission Use)
00000000

| | | | |
|--|--|---|--|
| 4 Date 09/02/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James B. Skaggs | 7 Amount of contribution (\$) 500.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 4700 Toreador Dr Austin TX 78746-2411 | | | |

9 Principal occupation (Optional) 10 Employer (Optional)

| | | | |
|---|--|---------------------------------------|--|
| Date 09/05/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Robert D. Spellings | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code PO Box 5119 Austin TX 78763-5119 | | | |

Principal occupation (Optional) Employer (Optional)

| | | | |
|---|--|---------------------------------------|--|
| Date 09/23/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carole Keeton Strayhorn | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) Event expenses |
| Contributor address; City; State; Zip Code 2904 Bowman Ave Austin TX 78703-2250 | | | |

Principal occupation (Optional) Employer (Optional)

| | | | |
|---|---|---------------------------------------|--|
| Date 08/30/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Larry and Vicki Strong | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 10210 River Plantation Dr Austin TX 78747-1119 | | | |

Principal occupation (Optional) Employer (Optional)

| | | | |
|---|--|---------------------------------------|--|
| Date 09/13/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Frances C. Tapp | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code PO Box 398 Manor TX 78653-0398 | | | |

Principal occupation (Optional) Employer (Optional)

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: 15/16 | |
| 2 FILER NAME Thornton Keel | | | | 3 ACCOUNT # (Ethics Commission filers) 00000000 | |
| 4 Date 09/23/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) The Rainbow Group, Ltd. | | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) | |
| 6 Contributor address; City; State; Zip Code 7801 N Lamar Blvd Ste A114 Austin TX 78752-1013 | | | | | |
| 9 Principal occupation (Optional) | | | 10 Employer (Optional) | | |
| Date 09/19/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Travis Republican Women PAC | | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 703 Pressler St Austin TX 78703-5127 | | | | | |
| Principal occupation (Optional) | | | Employer (Optional) | | |
| Date 09/19/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James E. Wehman | | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 6540 S Congress Ave Austin TX 78745-4464 | | | | | |
| Principal occupation (Optional) | | | Employer (Optional) | | |
| Date 08/30/2004 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bill Welch | | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) | |
| Contributor address; City; State; Zip Code 10720 River Plantation Dr Austin TX 78747-1481 | | | | | |
| Principal occupation (Optional) | | | Employer (Optional) | | |
| | | | | | |
| | | | | | |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
16/16

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission #s):
00000000

| | | |
|--|------------------------|-------------------------|
| 4 Date 08/03/2004 | 5 Payee name LTRPAC | 7 Amount (\$) 150.00 |
| 6 Payee address; City; State; Zip Code PO Box 34003 Austin TX 78734-0033 | | |

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

| | | |
|---|-------------------------------|-----------------------|
| Date 08/17/2004 | Payee name OK Paper Center | Amount (\$) 185.59 |
| Payee address; City; State; Zip Code 304 E Cesar Chavez St Austin TX 78701-4006 | | |

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

| | | |
|--|--------------------------------|----------------------|
| Date 08/16/2004 | Payee name U. S. Postmaster | Amount (\$) 74.00 |
| Payee address; City; State; Zip Code Downtown Station Austin TX 78701-2924 | | |

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

| | | |
|--|--------------------------------|-----------------------|
| Date 08/17/2004 | Payee name U. S. Postmaster | Amount (\$) 333.00 |
| Payee address; City; State; Zip Code Downtown Station Austin TX 78701-2924 | | |

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