

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

5854

1 ACCOUNT #	2 Total pages filed: 31
-------------	-------------------------

3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	

Gary Duane McNeill

4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Received
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (of cehs only)		Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Receipt # Amount

5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Legal	Totals
	07/01/04			THROUGH	09/23/04			Date Processed

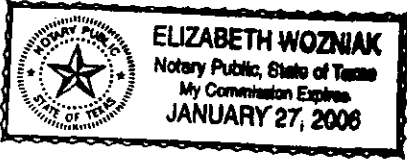
6 EXPLANATION OF CORRECTION

On Previous Report:

- Failed to use Schedule F but did report that information on Schedule G.
- Had incorrect dates down for original period covered
- Had incorrect total for campaign funds on hand (put Year to Date rather than total for time period covered July 1 - Sept. 23)

All corrections for the above have been included in the attached report

7 AFFIDAVIT



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

Duane McNeill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Duane McNeill this the 17th day of October, 2004.

to certify which, witness my hand and seal of office.

Elizabeth Wozniak Elizabeth Wozniak Treasurer/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 CAMPAIGN FINANCE REPORT

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: 31 (Including Correction Affidavit)
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Gary MI: Duane NICKNAME: _____ LAST: McNeill SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: PMB #153 Suite P APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 4404 W. Wm. Cannon Drive Austin, TX 78749		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 288 8212 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Elizabeth MI: _____ NICKNAME: _____ LAST: Wozniak SUFFIX: _____ Lidi		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 7423 Whistlestop Drive APT / SUITE #: _____ CITY: Austin TX STATE: _____ ZIP CODE: 78749		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 288-8456 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 07 / 01 / 04 THROUGH Month Day Year: 09 / 23 / 04		
11 ELECTION	ELECTION DATE Month Day Year: 11 / 02 / 04	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Sheriff	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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: N/A Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Duane McNeill</i>	16 ACCOUNT # (Ethics Commission files)
--------------------------------------	--

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 <i>N/A</i>
		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	\$ <u> </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>44,263.41</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u> </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5,727.47</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>24,589.65</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> </u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Duane McNeill
Signature of Candidate or Officeholder

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

Elizabeth Wozniak
Signature of officer administering oath

Elizabeth Wozniak
Printed name of officer administering oath

Treasurer/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: 14	
2 FILER NAME Doane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 7/8/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Commissioner Gerald Daugherty	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1403 Club Ridge Cove Austin, TX 78735			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lake Travis Republican PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) Precinct walk lists
Contributor address; City; State; Zip Code 109 Morning Cloud Rd. Austin, TX 78734			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/19/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob E. Woody	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 310 East 6th Street Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adam Shavit	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2216 Ada Lane Round Rock, TX 78664			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/26/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph E. Jones, III	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2155 Austin, TX 78768			
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: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission file#)	
4 Date 7/27/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: H.H. Goerner	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6 Links Court Austin, TX 78738			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles E. Amato	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9311 San Pedro, Suite 600 San Antonio, TX 78216			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. + Mrs. Richard Coons	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5 Niles Road Austin, TX 78703			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 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 / Job title (See Instructions)		Employer (See Instructions)	
Date 7/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Putnam	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 704 Augusta Circle Point Venture, TX 78645			
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: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission Files)	
4 Date 7/27/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Strong	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 10210 River Plantation Austin, TX 78747			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carol Lyle	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2477 Waymaker Way Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. + Mrs. T. B. Hudson	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1308 Brians Meadow Cove Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Jean Whitworth	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 163297 Austin, TX 78716			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom + Donna Broyles	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 107 Royal Oak Lane Lakeway, TX 78734			
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: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/29/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. William K. Petticrew	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 114 Barbie Court Lakeway, TX 78734			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe + Cindi Martinez	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 11505 Juniper Ridge Drive Austin, TX 78759			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/2/04	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 9710 Vista View Drive Austin, TX 78750			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arthur S. Rhodes, Jr.	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6506 Mesa Drive Austin, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol J. Remy	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2407 Apple Valley Circle Austin, TX 78747			
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: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/3/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Admiral Bobby R. Inman 6 Contributor address: City: State: Zip Code 3200 Riva Ridge Road Austin, TX 78746	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jay Brans Contributor address: City: State: Zip Code 1301 W. Anderson Lane Austin, TX 78757	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Col. James E. Foster Contributor address: City: State: Zip Code 8006 El Dorado Drive Austin, TX 78737-1343	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David + Gena Baley Contributor address: City: State: Zip Code 7425 Whistlestop Drive Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John + Marilyn Blewett Contributor address: City: State: Zip Code 9503 Ashton Rdg. Austin, TX 78750-3637	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
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 INSTRUCTOR GUIDE explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Diane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/3/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry + Kathleen Mayes 6 Contributor address: City: State: Zip Code P.O. Box 200339 Austin, TX 78720	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/7/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lake Travis Republican PAC Contributor address: City: State: Zip Code P.O. Box 340033 Austin, TX 78734-0033	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/7/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lake Travis Republican PAC Contributor address: City: State: Zip Code P.O. Box 340033 Austin, TX 78734-0033	Amount of contribution (\$) \$18,000.00	In-kind contribution description (if applicable) Precinct targeting analysis booklet
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/7/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lake Travis Republican PAC Contributor address: City: State: Zip Code P.O. Box 340033 Austin, TX 78734-0033	Amount of contribution (\$) \$7,000.00	In-kind contribution description (if applicable) Precinct walk, district walk, phonelist database, disk
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Freddie Mueller Contributor address: City: State: Zip Code 4830 Timberlake Rollingwood, TX 78746	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
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 INSTRUCTOR GUIDE explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/9/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lago Vista Area Republican Women PAC	7 Amount of contribution (\$) \$216.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code P.O. Box 4487 Lago Vista, TX 78645			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. Rocky J. Mountain	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2515 Woodridge Drive Austin, TX 78703-2535			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. L. Franklin Beard	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 52 Club Estates Pky, Austin, TX 78738-1429			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jasen Buddin	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4308 Travis Vista Drive Austin, TX 78738			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/9/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dolores Belvin	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5902 Cherry Creek Drive Austin, TX 78745			
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: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/11/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Billy Pence	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 7206 Lenora Street Austin, TX 78745			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Leonard	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 503 Ladin Lane Lakeway, TX 74631			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ronald E. Shults	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 108 Walnut Creek Drive Cedar Park, TX 78613			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob + Nancy Cox	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1107 Yaupon Valley Rd. Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Streetman	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2 Rob Roy Austin, TX 78746			
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: 14	
2 FILER NAME Dwane McNeill		3 ACCOUNT # (Ethics Commission File)	
4 Date 8/19/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael + Susan Dell	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 3400 Toro Canyon Road Austin, TX 78746			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/21/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toby Miller	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 11110 Elm Street Jonestown, TX 78645			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce + Karen Boardman	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 405 Canyon Wren Buda, TX 78610			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob 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)	
Date 8/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) C. Kent Olson	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4308 Ridge Pole Lane Spicewood, TX 78669			
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: 14	
2 FILER NAME Duane McNeill			3 ACCOUNT # (Ethics Commission files)	
4 Date 8/24/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kent + Sharon Rigsbee	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)	
6 Contributor address: City, State; Zip Code 6406 Old Harbor Lane Austin, TX 78739				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 8/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Rainbow Group	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)	
Contributor address: City, State; Zip Code 7801 N. Lamar Bldg A Suite 114 Austin, TX 78752				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 8/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Ames	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)	
Contributor address: City, State; Zip Code 4109 Honeycomb Rock Circle Austin, TX 78731				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 8/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Morrow	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)	
Contributor address: City, State; Zip Code 2901 Riva Ridge Rd. Austin, TX 78746				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 8/25/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Natacha Pelaez-Wagner	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)	
Contributor address: City, State; Zip Code 7906 Swindon Lane Austin, TX 78745				
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: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission Req)	
4 Date 8/25/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Associated Republicans of Texas	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 807 Brazos Suite 601 Austin, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/1/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul S. Marshall	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 33134 Austin, TX 78764			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hector + Arleigh DeLeon	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 Leopold Lane Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael + Susan McKinney	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Hideaway Austin, TX 78737			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Billy Pence	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7206 Lenora Street Austin, TX 78745			
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 INSTRUCTOR GUIDE explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 9/8/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill May	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2665 Piping Rock Trail Austin, TX 78748			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wayne Pedlar	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9116 Meacham Way Austin, TX 78749-4293			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/11/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dale Johnson	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 201745 Austin, TX 78726-1745			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barbara Martin	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4702 Mesa Oaks Circle Austin, TX 78735			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Keel	Amount of contribution (\$) \$1,605.92	In-kind contribution description (if applicable) Food, beverage and reception hall for fund raiser
Contributor address; City; State; Zip Code 808 Brooks Hollow Road Austin, TX 78734			
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: 14	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission Bars)	
4 Date 8/20/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keel Systems	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) Political consulting and brochure design
6 Contributor address: City: State: Zip Code 1108 Lavaca Street, Ste 400 Austin, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Travis Republican Women	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2610 Aylesbury Lane Austin, TX 78745			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Republican Women	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2327 Cypress Pt. E Austin, TX 78746-7224			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Associated Republicans of Texas	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 807 Brazos Suite 601 Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/19/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Associated Republicans of Texas	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 807 Brazos Suite 601 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: 14	
2 FILER NAME Duane McNeill					3 ACCOUNT # (Ethics Commission files)	
4 Date 9/17/04		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Patterson			7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code P.O. Box 40218 Austin, TX 78704				
9 Principal occupation / Job title (See Instructions)				10 Employer (See Instructions)		
Date 9/21/04		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James + Darcey Cooley			Amount of contribution (\$) \$ 15.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 11000 Applewood Drive Austin, TX 78758-4202				
Principal occupation / Job title (See Instructions)				Employer (See Instructions)		
Date 9/22/04		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Associated Republicans of Texas			Amount of contribution (\$) \$ 185.00	In-kind contribution description (if applicable) Stamps for mailings
		Contributor address; City; State; Zip Code 807 Brazos, Suite 601 Austin, TX 78701				
Principal occupation / Job title (See Instructions)				Employer (See Instructions)		
Date 9/22/04		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Associated Republicans of Texas			Amount of contribution (\$) \$ 76.49	In-kind contribution description (if applicable) To Sr Speedy printing
		Contributor address; City; State; Zip Code 807 Brazos, Suite 601 Austin, TX 78701				
Principal occupation / Job title (See Instructions)				Employer (See Instructions)		
Date 9/22/04		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AJ + Mildred Polhill			Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 602 Peterson Lane Austin, TX 78734				
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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/12/04	5 Payee name 4D Printing Inc.	7 Amount (\$) \$135.35
6 Payee address; City; State; Zip Code 4930 S. Congress Ave. # 303C Austin, TX 78745		
8 Purpose of payment (See instructions regarding type of information required.) Campaign business cards		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/16/04	Payee name Classic Typesetting	Amount (\$) \$1,401.84
Payee address; City; State; Zip Code P.O. Box 90067 Austin, TX 78709-0067		
Purpose of payment (See instructions regarding type of information required.) Graphic services, photo scans, walk card, mailers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/20/04	Payee name Classic Typesetting	Amount (\$) \$578.60
Payee address; City; State; Zip Code P.O. Box 90067 Austin, TX 78709-0067		
Purpose of payment (See instructions regarding type of information required.) Letterhead, letterhead with letter, #10 Business envelopes		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/20/04	Payee name Classic Typesetting	Amount (\$) \$337.20
Payee address; City; State; Zip Code P.O. Box 90067 Austin, TX 78709-0067		
Purpose of payment (See instructions regarding type of information required.) Remittance envelopes		-- 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
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/22/04	5 Payee name United States Postal Service	7 Amount (\$) \$ 592.00
6 Payee address; City; State; Zip Code Oakhill Station Austin, TX 78749-9998		
8 Purpose of payment (See instructions regarding type of information required.) Postage stamps		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/20/04	Payee name American Color Labs	Amount (\$) \$ 173.20
Payee address; City; State; Zip Code 5555 N. Lamar Suite E113 Austin, TX 78751		
Purpose of payment (See instructions regarding type of information required.) Posters for fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/7/04	Payee name Office Max	Amount (\$) \$ 74.74
Payee address; City; State; Zip Code 2601 S. Interstate Hwy 35 Round Rock, TX 78664		
Purpose of payment (See instructions regarding type of information required.) Campaign office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/11/04	Payee name 4D Printing Inc.	Amount (\$) \$ 135.35
Payee address; City; State; Zip Code 4930 S. Congress Ave. #303C Austin, TX 78745		
Purpose of payment (See instructions regarding type of information required.) Revised push cards		** 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **12**

2 FILER NAME
Duane McNeill

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/3/04	5 Payee name Corner Store #2095	8 Amount (\$) \$12.00
	6 Payee address: City: State: Zip Code 3423 W. Slaughter Lane Austin, TX 78748	
7 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7/3/04	Payee name Office Depot	Amount (\$) \$9.11
	Payee address: City: State: Zip Code 5300 Mopac Expwy South #101 Austin, TX 78749	
Purpose of expenditure (See instructions regarding type of information required.) City map, 8.5x10 Pads (12 pk)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7/5/04	Payee name Kinko's	Amount (\$) \$200.03
	Payee address: City: State: Zip Code 5001 Brodie Lane Sunset Valley, TX 78745	
Purpose of expenditure (See instructions regarding type of information required.) Campaign fliers for handouts - copies		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7/7/04	Payee name Office Depot	Amount (\$) \$7.27
	Payee address: City: State: Zip Code 5300 Mopac Expwy South #101 Austin, TX 78749	
Purpose of expenditure (See instructions regarding type of information required.) Campaign office materials		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 7/5/04	Payee name Corner Store #1307	Amount (\$) \$14.50
	Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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: 12
2 FILER NAME Doane McNeill		3 ACCOUNT # (Ethics Commission files)
4 Date 7/3/04	5 Payee name Home Depot 6 Payee address: City: State: Zip Code 1200 Home Depot Blvd Sunset Valley, TX 78745	8 Amount (\$) \$106.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Materials for campaign signs	
Date 7/3/04	Payee name United States Postal Service Payee address: City: State: Zip Code Oakhill Station Austin, TX 78749-9998	Amount (\$) \$74.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Stamps for campaign materials	
Date 7/9/04	Payee name Office Depot Payee address: City: State: Zip Code 5300 Mopac Expy, South #101 Austin, TX 78749	Amount (\$) \$15.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies	
Date 7/12/04	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.) Campaign fliers - copies	
Date 7/12/04	Payee name Kinko's Payee address: City: State: Zip Code 5601 Brodie Lane Sunset Valley, TX 78745	Amount (\$) \$26.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign fliers - copies	

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: 12
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission files)
4 Date 7/16/04	5 Payee name Corner Store #1307 6 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	8 Amount (\$) \$14.00
7 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/16/04	Payee name Office Depot Payee address: City: State: Zip Code 5306 Mopac Expy South #101 Austin, TX 78749	Amount (\$) \$3.18
Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/18/04	Payee name HEB #388 Payee address: City: State: Zip Code 6001 W. Farmer Austin, TX 78728	Amount (\$) \$23.00
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/16/04	Payee name Dell Payee address: City: State: Zip Code One Dell Way Round Rock, TX 78664	Amount (\$) \$190.47
Purpose of expenditure (See instructions regarding type of information required.) Office supplies for campaign		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/20/04	Payee name Office Depot Payee address: City: State: Zip Code 5306 Mopac Expy South #101 Austin, TX 78749	Amount (\$) \$7.43
Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
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: 12
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/20/04	5 Payee name Home Depot 6 Payee address: City: State; Zip Code 1200 Home Depot Blvd Sunset Valley, TX 78745 7 Purpose of expenditure (See instructions regarding type of information required.) Stakes for campaign signs	8 Amount (\$) \$ 77.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/20/04	Payee name Corner Store #1307 Payee address: City: State; Zip Code 4600 William Cannon Austin, TX 78749 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	Amount (\$) \$ 14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/24/04	Payee name Corner Store #1307 Payee address: City: State; Zip Code 4600 William Cannon Austin, TX 78749 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	Amount (\$) \$ 13.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/26/04	Payee name Home Depot Payee address: City: State; Zip Code 3000 Interstate Hwy 35 South Austin, TX 78704 Purpose of expenditure (See instructions regarding type of information required.) Stakes for campaign signs	Amount (\$) \$ 116.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7/27/04	Payee name Corner Store #1302 Payee address: City: State; Zip Code 6656 Spicewood Springs Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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: 12
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/29/04	5 Payee name Corner Store #1307 6 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	8 Amount (\$) \$ 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 8/1/04	Payee name Corner Store #1307 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	Amount (\$) \$ 12.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 8/1/04	Payee name Office Depot Payee address: City: State: Zip Code 5300 Mopac Expy South #101 Austin, TX 78749	Amount (\$) \$ 9.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Office supplies for campaign	
Date 8/3/04	Payee name Home Depot Payee address: City: State: Zip Code 1200 Home Depot Blvd Sunset Valley, TX 78745	Amount (\$) \$ 144.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for putting up campaign signs	
Date 8/3/04	Payee name Corner Store #1307 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	Amount (\$) \$ 29.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	

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: **12**

2 FILER NAME

Duane McNeill

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code	8 Amount (\$)
8/5/04	Corner Store #1307 4600 William Cannon Austin, TX 78749 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	\$ 11.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8/7/04	HEB Austin #404 12400 E. State Hwy 71W Austin, TX 78733 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	\$ 10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8/8/04	Office Max 5400 Brodie Lane Austin, TX 78745 Purpose of expenditure (See instructions regarding type of information required.) Office supplies for campaign (RO)	9.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8/8/04	Diamond Shamrock #2102 1779 Wells Branch Pkwy #8 Austin, TX 78728 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	\$ 31.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
8/9/04	Corner Store #1307 4600 William Cannon Austin, TX 78749 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	\$ 13.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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: 12
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission files)
4 Date 8/11/04	5 Payee name Office Depot 6 Payee address: City: State: Zip Code 5300 Mopac Expwy South #101 Austin, TX 78749	8 Amount (\$) \$28.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies	
Date 8/11/04	Payee name Home Depot Payee address: City: State: Zip Code 1200 Home Depot Blvd. Sunset Valley, TX 78745	Amount (\$) \$116.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Stakes for campaign signs	
Date 8/12/04	Payee name Corner Store #1307 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	Amount (\$) \$9.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 8/14/04	Payee name Tetco #73 Payee address: City: State: Zip Code 13466 Research Austin, TX 78759	Amount (\$) \$14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 8/16/04	Payee name Shell Payee address: City: State: Zip Code 3800 Dry Creek Austin, TX 78731	Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	

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: 12
2 FILER NAME Duane McNeill	3 ACCOUNT # (Ethics Commission filers)

4 Date 8/19/04	5 Payee name Highway 71 Foodmart 6 Payee address: City: State: Zip Code 9341 Hwy 71 Austin, TX 78736	8 Amount (\$) \$ 13.00
7 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/21/04	Payee name Diamond Shamrock # 1306 Payee address: City: State: Zip Code 9708 Anderson Mill Road Austin, TX 78729	Amount (\$) \$ 16.00
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/20/04	Payee name Home Depot Payee address: City: State: Zip Code 13309 I-35 North Austin, TX 78753	Amount (\$) \$ 63.65
Purpose of expenditure (See instructions regarding type of information required.) Posts for campaign signs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/22/04	Payee name Shell Payee address: City: State: Zip Code 3800 Dry Creek Austin, TX 78731	Amount (\$) \$ 28.50
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/23/04	Payee name Corner Store # 1307 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	Amount (\$) \$ 10.00
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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: 12
2 FILER NAME Dwane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/23/04	5 Payee name Corner Store # 1307 6 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	8 Amount (\$) \$ 5.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/23/04	Payee name Office Depot Payee address: City: State: Zip Code 5300 Mopac Expy South # 101 Austin, TX 78749	Amount (\$) \$ 26.06
	Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/27/04	Payee name Cathron's Payee address: City: State: Zip Code 1414 W. Ben White Austin, TX 78758	Amount (\$) \$ 3.52
	Purpose of expenditure (See instructions regarding type of information required.) Key for campaign vehicle	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/29/04	Payee name Fed Ex Kinko's Payee address: City: State: Zip Code 451 W. Louis Henna Bl. Austin, TX 78728	Amount (\$) \$ 5.61
	Purpose of expenditure (See instructions regarding type of information required.) Copies of campaign fliers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/29/04	Payee name Target Payee address: City: State: Zip Code 5300 S. Mopac South #101 Austin, TX 78749	Amount (\$) \$ 34.89
	Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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: 12
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filer)
4 Date 8/30/04	5 Payee name Target 6 Payee address: City: State: Zip Code 5300 S. Mopac Expwy South #101 Austin, TX 78749	8 Amount (\$) \$ 11.14
	7 Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/31/04	Payee name Corner Store #1307 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	Amount (\$) \$ 15.50
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9/7/04	Payee name Corner Store 2103 Payee address: City: State: Zip Code 1778 Wells Branch #8 Austin, TX 78728	Amount (\$) \$ 11.00
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9/7/04	Payee name Exxon Express Payee address: City: State: Zip Code 14730 I35 N Austin, TX 78725	Amount (\$) \$ 15.00
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9/12/04	Payee name Corner Store #1307 Payee address: City: State: Zip Code 4600 Wm. Cannon Drive Austin, TX 78749	Amount (\$) \$ 14.00
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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: 12
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission files)
4 Date 9/14/04	5 Payee name Corner Store #1307 6 Payee address: City: State: Zip Code 4600 Wm. Cannon Drive Austin, TX 78749	8 Amount (\$) \$ 11.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 9/14/04	Payee name Home Depot 6570 Payee address: City: State: Zip Code 1200 Home Depot Blvd Sunset Valley, TX 78745	Amount (\$) \$ 148.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for campaign signs	
Date 9/15/04	Payee name Office Depot Payee address: City: State: Zip Code 5300 Mopac Exp South #101 Austin, TX 78749	Amount (\$) \$ 89.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies	
Date 9/15/04	Payee name Corner Store #1307 Payee address: City: State: Zip Code 4600 Wm. Cannon Drive Austin, TX 78749	Amount (\$) \$ 5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 9/15/04	Payee name Dell Payee address: City: State: Zip Code One Dell Way Round Rock, TX 78664	Amount (\$) \$ 105.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign computer supplies	
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: 12
2 FILER NAME Duane McNeill	3 ACCOUNT # (Ethics Commission filers)

4 Date 9/16/04	5 Payee name Home Depot	8 Amount (\$) \$21.17
	6 Payee address: City: State: Zip Code 1200 Home Depot Blvd Sunset Valley, TX 78745	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Supplies for campaign signs	

Date 9/19/04	Payee name Exxon Express Pay	Amount (\$) \$25.00
	Payee address: City: State: Zip Code 14730 I 35 N Austin, TX 78728	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	

Date 9/20/04	Payee name 8400 Burnet BP	Amount (\$) \$12.00
	Payee address: City: State: Zip Code 8400 Burnet Rd. Austin, TX 78757	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	<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