

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5856

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00031313	2 Total pages this report: 1/9
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Patrick O.		OFFICE USE ONLY Date Received... Date Hand Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Keel		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1603 Westover Rd. Austin TX 78703		
	5 CAMPAIGN TREASURER NAME TITLE FIRST MI Thornton J.		
		NICKNAME LAST SUFFIX Keel	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1603 Westover Rd Austin TX 78703		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 264-3457		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month / Day / Year THROUGH Month / Day / Year 09/24/2004 10/23/2004		
10 ELECTION	ELECTION DATE Month / Day / Year 11/02/2004	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge 345	12 OFFICE SOUGHT (if known) District Judge 345	
13 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		
	Address/PO Box: Apt. / Suite #: City: State: Zip Code		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME
Patrick O. Keel

15 ACCOUNT # (Ethics Commission filers)
00031313

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4850.00
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3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
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EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES	\$ 39499.55
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OUTSTANDING LOAN TOTALS

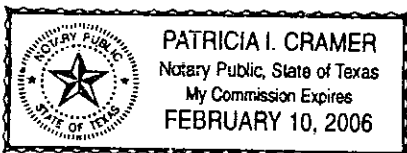
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 46324.63
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CONTRIBUTION BALANCE

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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18 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.



Patrick Keel
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patrick Keel, this the 25th day of October, 2004, to certify which, witness my hand and seal of office.

Patricia I. Cramer

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/9	
2 FILER NAME Patrick O. Keel		3 ACCOUNT # (Ethics Commission filers) 00031313	
4 Date 10/06/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Cue D. Boykin 6 Contributor address; City; State; Zip Code 3621 Windsor Rd Austin TX 78703-1537	7 Amount of contribution (\$) 300.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Assistant Attorney General	
11 Contributor's employer/law firm State of Texas		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John F. Campbell Contributor address; City; State; Zip Code 1601 Rio Grande St Ste 405 Austin TX 78701-1159	Amount of contribution (\$) 200.00	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Law Office of John F. Campbell		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/21/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. William J. Cobb III Contributor address; City; State; Zip Code 305 N Weston Ln Austin TX 78733-4212	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Jackson Walker L.L.P.		Law firm of contributor's spouse (if any) Alexander Dubose Jones & Townsend LLP	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages report: 4/9	
2 FILER NAME Patrick O. Keel				3 ACCOUNT # (Ethics Commission filers) 00031313	
4 Date 10/23/2004	5 Full name of contributor Mr. William H. Daniel <input type="checkbox"/> out-of-state PAC(ID# _____)	6 Contributor address; City; State; Zip Code 919 Congress Ave Ste 1300 Austin TX 78701-2154	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)	
9 Contributor's principal occupation Attorney			10 Contributor's job title Partner		
11 Contributor's employer/law firm McGinnis Lochridge & Kilgore L.L. -			12 Law firm of contributor's spouse (if any)		
13 <input checked="" type="checkbox"/> contributor is a child, law firm of parent(s) (if any)					
Date 10/13/2004	Full name of contributor Sam J. Johnson <input type="checkbox"/> out-of-state PAC(ID# _____)	Contributor address; City; State; Zip Code 600 Congress Ave Ste 1500 Austin TX 78701-2976	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)	
Contributor's principal occupation Attorney			Contributor's job title Partner		
Contributor's employer/law firm Scott, Douglass & McConnico, L.L. -			Law firm of contributor's spouse (if any) Graves, Dougherty, Hearon & Moody, P.C.		
13 <input type="checkbox"/> contributor is a child, law firm of parent(s) (if any)					
Date 10/08/2004	Full name of contributor Mr. Gregory D. Jordan <input type="checkbox"/> out-of-state PAC(ID# _____)	Contributor address; City; State; Zip Code 5608 Parkcrest Dr Ste 310 Austin TX 78731-4976	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)	
Contributor's principal occupation Attorney			Contributor's job title Attorney		
Contributor's employer/law firm Self			Law firm of contributor's spouse (if any)		
13 <input type="checkbox"/> contributor is a child, law firm of parent(s) (if any)					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/9	
2 FILER NAME Patrick O. Keel		3 ACCOUNT # (Ethics Commission filers) 00031313	
4 Date 10/20/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Paul H. Jordan	7 Amount of contribution (\$) 150.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code PO Box 856 Georgetown TX 78627-0856			
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Sneed,Vine & Perry,P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/06/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Gretchen B. Nearburg	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1129 Challenger Lakeway TX 78734-3825			
Contributor's principal occupation Retired		Contributor's job title n/a	
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Osborne & Helman,L.L.P.	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code PO Box 189 Austin TX 78767-0189			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages report: 6/9	
2 FILER NAME Patrick O. Keel				3 ACCOUNT # (Ethics Commission filers) 00031313	
4 Date 10/19/2004	5 Full name of contributor Mr. Roy A. Pollack <input type="checkbox"/> out-of-state PAC(ID# _____)	6 Contributor address; City; State; Zip Code 503 W 14th St Austin TX 78701-1723	7 Amount of contribution (\$) 200.00	8 In-kind contribution description(if applicable)	
9 Contributor's principal occupation Attorney			10 Contributor's job title Attorney		
11 Contributor's employer/law firm Self			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)					
Date 10/19/2004	Full name of contributor Mr. Christopher L. Rhodes <input type="checkbox"/> out-of-state PAC(ID# _____)	Contributor address; City; State; Zip Code 234 Cedar Hurst Ln Austin TX 78734-3915	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)	
Contributor's principal occupation Attorney			Contributor's job title Managing Attorney		
Contributor's employer/law firm Werstein & Rhodes			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					
Date 10/19/2004	Full name of contributor Mr. and Mrs. Thomas E. Rodman <input type="checkbox"/> out-of-state PAC(ID# _____)	Contributor address; City; State; Zip Code 620 N. Grant Ave., Suite 1204 Midland TX 79761-4549	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)	
Contributor's principal occupation Attorney			Contributor's job title Attorney		
Contributor's employer/law firm Self			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages report: 7/9	
2 FILER NAME Patrick O. Keel				3 ACCOUNT # (Ethics Commission filers) 00031313	
4 Date 10/02/2004	5 Full name of contributor Mr. J. Stephen Skaggs <input type="checkbox"/> out-of-state PAC(ID# _____)	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 1108 Toyath St Austin TX 78703-3921					
9 Contributor's principal occupation President			10 Contributor's job title President		
11 Contributor's employer/law firm Bank Advisory Group LLC			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)					
Date 10/02/2004	Full name of contributor Slack & Davis, L.L.P. <input type="checkbox"/> out-of-state PAC(ID# _____)	Amount of contribution (\$) 1000.00	In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 2705 Bee Caves Rd Ste 220 Austin TX 78746-5685					
Contributor's principal occupation			Contributor's job title		
Contributor's employer/law firm			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					
Date 10/22/2004	Full name of contributor Thompson & Knight LLP Political Action Committee <input type="checkbox"/> out-of-state PAC(ID# _____)	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 1200 Austin TX 78701-4299					
Contributor's principal occupation			Contributor's job title		
Contributor's employer/law firm			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/9
2 FILER NAME Patrick O. Keel		3 ACCOUNT # (Ethics Commission filers) 00031313
4 Date 10/09/2004	5 Payee name ARCA Studios 6 Payee address: City; State; Zip Code PO Box 55686 Little Rock AR 72215-5686	7 Amount (\$) 760.00
8 Purpose of expenditure (See instructions regarding type of information required.) Media Production		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/06/2004	Payee name Classic Typesetting Payee address: City; State; Zip Code PO Box 90057 Austin TX 78709-0067	Amount (\$) 6869.00
Purpose of expenditure (See instructions regarding type of information required.) Printing		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/21/2004	Payee name Classic Typesetting Payee address: City; State; Zip Code PO Box 90057 Austin TX 78709-0067	Amount (\$) 6059.84
Purpose of expenditure (See instructions regarding type of information required.) Printing		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/02/2004	Payee name GOPmedia Payee address: City; State; Zip Code 823 Congress Ave Ste 800 Austin TX 78701-2435	Amount (\$) 408.00
Purpose of expenditure (See instructions regarding type of information required.) Media Production		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 9/9
2 FILER NAME Patrick O. Keel		3 ACCOUNT # (Ethics Commission filers) 00031313
4 Date 10/02/2004	5 Payee name GOPmedia 6 Payee address; City; State; Zip Code 823 Congress Ave Ste 800 Austin TX 78701-2435	7 Amount (\$) 870.00
8 Purpose of expenditure (See instructions regarding type of information required.) Media Production		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/21/2004	Payee name GOPmedia Payee address; City; State; Zip Code 823 Congress Ave Ste 800 Austin TX 78701-2435	Amount (\$) 870.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/23/2004	Payee name Texas Mailhouse, Inc. Payee address; City; State; Zip Code 8606 Wall St Austin TX 78754	Amount (\$) 4035.33
Purpose of expenditure (See instructions regarding type of information required.) Printing		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 10/13/2004	Payee name U.S. Post Office Payee address; City; State; Zip Code 510 Guadalupe St Austin TX 78701-2924	Amount (\$) 19627.38
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