

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Duane McNeill 16 ACCOUNT # (Ethics Commission filers)

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. ***

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	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)	\$ <u>15,165.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u> </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>30,104.40</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>14,196.80</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> </u>

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Duane McNeill, this the 24TH day of October, 2004, to certify which, witness my hand and seal of office.

[Signature]
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: 6	
2 FILER NAME Diane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 9/24/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Waterfield	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1801 North Lamar, Suite B Austin, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/26/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joan Whitworth	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3903 Belmont Park Dr., # D Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/26/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph + Sally Egan	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 16 Hedgebrook Way Austin, TX 78738			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Kalkeyer	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 70 St. Stephens School Rd. Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William F. Burrow, Jr.	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1717 W. 6TH St., Suite 390 Austin, TX 78703			
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: 6	
2 FILER NAME Duane McNeill				3 ACCOUNT # (Ethics Commission Uses)	
4 Date 9/27/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fred Brinkley, Jr.	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)		
6 Contributor address: City: State: Zip Code 4557 Golf Vista Drive Austin, TX 78730					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 9/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lake Travis Republican Men's Club PAC	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code P.O. Box 340033 Austin, TX 78734					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stanley Moore	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 1301 West Lynn Apt. 302 Austin, TX 78703					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe McBride	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 6202 Shad Creek Drive Austin, TX 78703					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lauri O'Leary	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 1300 Ruth Ave. Austin, TX 78757					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A: 6	
2 FILER NAME Dwane McNeill			3 ACCOUNT # (Ethics Commission files)	
4 Date 10/01/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gail Suttle	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code 2602 Foxglen Drive Austin, TX 78704				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 10/01/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim + Jan Thomas	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 6204 Mountain Villa Drive Austin, TX 78731				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/02/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob + Cheryl Larson	Amount of contribution (\$) \$50.00	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 10/07/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dean Goodnight	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 2405 Apple Valley Circle Austin, TX 78747-1637				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/07/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Douglas Hartman	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 10711 Burnet Rd. Suite 330 Austin, TX 78758				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Dvane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/07/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#.....) David Hartman	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 10711 Burnet Rd. Suite 330 Austin, TX 78758			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/08/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#.....) Michael + Caroline Murphy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4010 Lochwood Bend Ct. Bee Cave, TX 78738			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#.....) James Presley	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4503 Midoak Circle Austin, TX 78749			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#.....) Janie Ramirez	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2308 Norfolk Drive Austin, TX 78745-6855			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#.....) Jay Messer	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1616 Chesterwood Cove Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/12/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Cutler	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 210 Willet Drive Buda, TX 78610			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/14/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Young	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3701 Stevenson Ave. Austin, TX 78703			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harry Lucas, Jr.	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2303 Rio Grande Austin, TX 78705			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Ellis	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2101 S. IH 35 Suite 300 Austin, TX 78741-3876			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marsha Gray	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 14511 Gold Fish Pond Ave. Austin, TX 78728			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A: 6	
2 FILER NAME Duane McNeill			3 ACCOUNT # (Ethics Commission files)	
4 Date 10/15/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Valdemar Perez, Jr.	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code 5101 Prairie Dunes Drive Austin, TX 78747-1479				
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 10/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jane Sibley	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 2210 Windsor Rd. Austin, TX 78703-3115				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Vallandingham	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 10101 Silver Mountain Drive Austin, TX 78737				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/27/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Williams	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 2801 Scenic Drive Austin, TX 78703				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: State: Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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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

10/1/04

5 Payee name

Classic Typesetting

7 Amount (\$)

\$ 2,274.20

6 Payee address; City; State; Zip Code

P.O. Box 90067
Austin, TX 78709-0067

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

Graphic services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/13/04

Payee name

United States Postal Service

Amount (\$)

\$ 19,617.63

Payee address; City; State; Zip Code

Post Office of Mailing
Austin, TX 78710

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

Mailing out fliers - postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/13/04

Payee name

Texas Mailhouse Inc.

Amount (\$)

\$ 4,033.66

Payee address; City; State; Zip Code

P.O. Box 141248
Austin, TX 78714-1248

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

Data processing and inkjet address for mailed fliers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/14/04

Payee name

Classic Typesetting

Amount (\$)

\$ 2,520.46

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

** 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

10/17/04

5 Payee name

Classic Typesetting

7 Amount (\$)

15,000.00

6 Payee address; City; State; Zip Code

P.O. Box 90067
Austin, TX 78709-0067

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

Deposit for mailer

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/25/04	5 Payee name Cingular Wireless 6 Payee address: City: State: Zip Code 2901 S. Capital of TX Hwy., Suite 111A Austin, TX 78746-8101	8 Amount (\$) \$162.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Replacement cell phone	
Date 9/25/04	Payee name Cingular Wireless Payee address: City: State: Zip Code 2901 S. Capital of TX Hwy., Suite 111A Austin, TX 78746-8101	Amount (\$) \$30.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Cell phone accessory	
Date 9/25/04	Payee name McCoy's Payee address: City: State: Zip Code 6200 Burleson Rd. Austin, TX 78744	Amount (\$) \$19.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for campaign signs	
Date 9/25/04	Payee name 7-Eleven Payee address: City: State: Zip Code 917 N. Lamar Austin, TX 78703-4946	Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 9/27/04	Payee name Home Depot Payee address: City: State: Zip Code 1200 Home Depot Blvd. Sunset Valley, TX 78745	Amount (\$) \$119.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for campaign signs	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME Dwane McNeill		3 ACCOUNT # (Ethical Commission filers)
4 Date 9/23/04	5 Payee name Corner Store #1307 6 Payee address: City: State: Zip Code 4600 Wm. Cannon Drive Austin, TX 78749	8 Amount (\$) \$12.00 <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 10/1/04	Payee name Office Depot Payee address: City: State: Zip Code 5300 Mopac Expressway South #101 Austin, TX 78744	Amount (\$) \$14.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies	
Date 10/2/04	Payee name Metro Mart 4 Payee address: City: State: Zip Code 2113 Wells Branch Parkway Austin, TX 78728	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	
Date 10/3/04	Payee name Corner Store #1307 Payee address: City: State: Zip Code 4600 Wm. Cannon Drive Austin, TX 78749	Amount (\$) \$29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 10/9/04	Payee name Home Depot Payee address: City: State: Zip Code 7211 N-IH35 North Austin, TX 78752	Amount (\$) \$21.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for campaign signs	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME Dwane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/9/04	5 Payee name Airport Exxon	8 Amount (\$) \$40.00
	6 Payee address: City: State: Zip Code 2511 E. Hwy 71 Austin, TX 73301	<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 10/9/04	Payee name Pfugerville 2	Amount (\$) \$11.50
	Payee address: City: State: Zip Code 201 N. Fm 665 Pfugerville, TX 78660	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	
Date 10/14/04	Payee name Home Depot	Amount (\$) \$97.04
	Payee address: City: State: Zip Code 1200 Home Depot Blvd. Sunset Valley, TX 78745	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for campaign signs	
Date 10/16/04	Payee name Exxon Express Pay	Amount (\$) \$5.00
	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 10/20/04	Payee name Corner Store 1307	Amount (\$) \$12.00
	Payee address: City: State: Zip Code 4600 William Cannon Austin TX 78749	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME Dvane McNeill		3 ACCOUNT # (Ethics Commission files)
4 Date 10/23/04	5 Payee name Diamond Shamrock 6 Payee address: City: State: Zip Code 10713 Jollyville Rd. Austin, TX 78759	8 Amount (\$) \$9.50 <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 10/22/04	Payee name Metro Mart 4 Payee address: City: State: Zip Code 2113 Wells Branch Parkway Austin, TX 78728	Amount (\$) \$40.25 <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 Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

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