CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5859

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: 1/10

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: THORNTON | MI

NICKNAME | LAST: KEEL | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

23812 TRES CORONAS
SPICEWOOD, TX 78669

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(512) 264-3467

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: DONNA | MI: L.

NICKNAME | LAST: KEEL | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

23812 TRES CORONAS
SPICEWOOD, TX 78669

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(512) 264-3467

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 09 / 24 / 2004 THROUGH Month Day Year: 10 / 23 / 2004

11 ELECTION

ELECTION DATE Month Day Year: 11 / 02 / 2004

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): TRAVIS COUNTY CONSTABLE PCT 3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: THORNTON KEEL

16 ACCOUNT # (Ethics Commission 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. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 205.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7,352.39
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 139.54
	4. **TOTAL POLITICAL EXPENDITURES**	$ 18,995.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10,214.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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.

Terry Keel
My Commission Expires
June 18, 2006

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thornton Keel, this the 23 day of Oct, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Terry Keel	Notary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/10

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission Nbrs)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2004	Amber Maxwell & James Abell 5903 Tumbling Cir Austin TX 78731-4053	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Bruce & Rhonda Akroyd 17005 Flintrock Rd Austin TX 78738-1616	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Kevin Bierman PO Box 340760 Lakeway TX 78734-0013	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/27/2004	Mr. Brian W. Bishop 6103 Northern Dancer Dr Austin TX 78746-2121	100.00	

Principal occupation (Optional)	Employer (Optional)
Attorney	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Joe & Barbara Bland 5511 Lands End St Austin TX 78734-1513	100.00	

Principal occupation (Optional)	Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 4/10

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2004	Joanne & Frank Cavallaro 107 N Angel Light Dr Spicewood TX 78669-6707	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2004	Mr. L. Douglas English 4616 W Howard Ln Bldg 6 Austin TX 78728	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	David & Shauna Faust 16177 Flintrock Rd Austin TX 78738-1701	250.00	Event expenses

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	David & Shauna Faust 16177 Flintrock Rd Austin TX 78738-1701	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Gale & Kim Gilbert 3100 Hayden Bnd Bee Cave TX 78738-5022	100.00	

Principal occupation (Optional)
Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 5/10

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2004	Mike Hatch 3705 Medical Pkw Ste 565 Austin TX 78705	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Brian and Mary Hickey 534 Ladin Ln Lakeway TX 78734-4157	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Steve & Meg Holt 202 Vitex Dr Lakeway TX 78734-3420	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2004	Lake Travis Republican PAC PO Box 340033 Austin TX 78734-0001	4000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2004	Susan Lilly 5726 N Scout Island Cir Austin TX 78731-3300	100.00	

Principal occupation (Optional)	Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 6/10

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2004	William Maas 6 Contributor address; City; State; Zip Code PO Box 162091 Austin TX 78716-2091	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Hardee & Susan McCrary Contributor address; City; State; Zip Code 1712 Palisades Point Ln Austin TX 78738-5351	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18/2004	Thomas McDonald Contributor address; City; State; Zip Code 10 Drifting Wind Run Austin TX 78738-1433	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2004	Gretchen Nearburg Contributor address; City; State; Zip Code 1129 Challenger Lakeway TX 78734-3825	200.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Jim & Cheryl Neeld Contributor address; City; State; Zip Code 124 Lakeway Dr Lakeway TX 78734-4328	100.00	
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 7/10

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2004	Bob & Kelly Newberg 1713 Idle Hour Cv Lakeway TX 78734-5264	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2004	Deb & Barry Soule 807 Newport Dr Spicewood TX 78669-2324	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18/2004	Subu Subramanian 11201 Limoncillo Ct Austin TX 78750-3688	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18/2004	Travis County Sheriff's Law Enforcement Assoc PAC PO Box 141483 Austin TX 78714-1483	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2004	Wholesale Beer Distributors of Texas PAC 823 Congress Ave Ste 1313 Austin TX 78701-2434	97.39	Event expenses

Principal occupation (Optional)
Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 8/10

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2004	Bull Tactical 8868 Research Blvd Ste 403 Austin TX 78758-6499	252.20

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/01/2004	CAPCO RTA 2424 S I H 35 Austin TX 78704-5701	925.00

Purpose of expenditure (See instructions regarding type of information required.)
Training

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/10/2004	Central Market 4001 N Lamar Blvd Austin TX 78756-3733	235.44

Purpose of expenditure (See instructions regarding type of information required.)
Event expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/02/2004	Classic Typresetting PO Box 90067 Austin TX 78709-0067	2212.09

Purpose of expenditure (See instructions regarding type of information required.)
Campaign materials

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: 9/10

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/2004	Classic Typresetting PO Box 90067 Austin TX 78709-0067	2083.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign materials

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/10/2004	Miller Uniforms 650 Canion St Austin TX 78752-3510	238.47

Purpose of expenditure (See instructions regarding type of information required.)
Training

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/10/2004	R.A. Lewis 2815 Exposition Blvd Austin TX 78703-1221	92.01

Purpose of expenditure (See instructions regarding type of information required.)
Event expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17/2004	Texas Mailhouse,Inc. 8606 Wall St Austin TX 78754	1177.72

Purpose of expenditure (See instructions regarding type of information required.)
Mail

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: 10/10

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/2004	Texas Mailhouse,Inc. 8606 Wall St Austin TX 78754	1177.72

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/12/2004	U. S. Postmaster Downtown Station Austin TX 78701-2924	5231.35

Purpose of expenditure (See instructions regarding type of information required.)
Postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/20/2004	U. S. Postmaster Downtown Station Austin TX 78701-2924	5231.35

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