



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  -- additional pages	COMMITTEE NAME	Ø
	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

\$ \_\_\_\_\_

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

\$ 9,617.00

EXPENDITURE TOTALS

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

\$ \_\_\_\_\_

4. TOTAL POLITICAL EXPENDITURES

\$ 23,627.56

CONTRIBUTION BALANCE

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

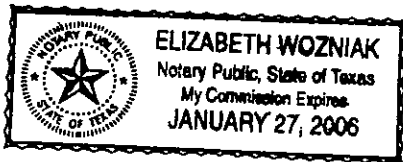
\$ 0

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Duane McNeill, this the 28<sup>th</sup> day of December, 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

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**
**FORM C/OH - FR**

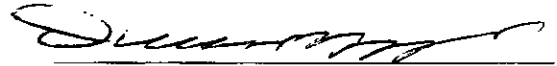
The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

**1 C/OH NAME**

Duane McNeill

**2 ACCOUNT # (Ethics Commission files)**
**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

 \*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

 I do not have unexpended contributions or unexpended interest or income earned from political contributions.

 I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

 I do not retain assets purchased with political contributions or interest or other income from political contributions.

 I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

**5 OFFICEHOLDER**

 \*\* Complete this section *only* if you are an officeholder \*\*

 I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Doane McNeill		3 ACCOUNT # (Ethics Commission file#)	
4 Date 10/25/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles + Jan Badenger 6 Contributor address: City: State: Zip Code P.O. Box 640429 Kenner, LA 70064	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Republican Women Contributor address: City: State: Zip Code 2327 Cypress Pt. E Austin, TX 78746-7224	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Republican Women Contributor address: City: State: Zip Code 2327 Cypress Pt E Austin, TX 78746-7224	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
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#: Lake Travis Republican Women PAC Dee Ann Burns Contributor address: City: State: Zip Code 106 Spellbrook Lane Lakeway, TX 78734	Amount of contribution (\$) \$917.00	In-kind contribution description (if applicable)
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#: Rudy Landeros Contributor address: City: State: Zip Code 1507 Alta Vista Austin, TX 78704	Amount of contribution (\$) \$100.00	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 instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Duane McNeill</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>10/27/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Pamela Van Sicklen</u> 6 Contributor address; City; State; Zip Code <u>5012 McIntyre Circle Austin, TX 78734-1818</u>	7 Amount of contribution (\$) <u>\$200.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/29/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Thomas + Donnica Broyles</u> Contributor address; City; State; Zip Code <u>107 Royal Oak Lane Austin, TX 78734</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11/17/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Dell Shaw</u> Contributor address; City; State; Zip Code <u>5 Corty Mesquite Cove Austin, TX 78704</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11/15/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Carl Tepper</u> Contributor address; City; State; Zip Code <u>3205 Skyland Dr. Austin, TX 78757</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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: <b>2</b>
2 FILER NAME <b>Duane McNeill</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/25/04</b>	5 Payee name <b>U.S. Postal Service</b> 6 Payee address; City; State; Zip Code <b>Austin, TX 78710-9651</b>	7 Amount (\$) <b>\$6,541.17</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Postage for mailers</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>10/26/04</b>	Payee name <b>Classic Typesetting</b> Payee address; City; State; Zip Code <b>P.O. Box 90067 Austin, TX 78709-0067</b>	Amount (\$) <b>\$1,208.30</b>
Purpose of payment (See instructions regarding type of information required.) <b>Mailers</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>10/26/04</b>	Payee name <b>Classic Typesetting</b> Payee address; City; State; Zip Code <b>P.O. Box 90067 Austin, TX 78709-0067</b>	Amount (\$) <b>\$246.27</b>
Purpose of payment (See instructions regarding type of information required.) <b>Graphic services for mailer</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>10/27/04</b>	Payee name <b>Classic Typesetting</b> Payee address; City; State; Zip Code <b>P.O. Box 90067 Austin, TX 78709-0067</b>	Amount (\$) <b>\$1,326.06</b>
Purpose of payment (See instructions regarding type of information required.) <b>Mailers</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**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 10/28/04	5 Payee name Texas Mailhouse, Inc. 6 Payee address; City; State; Zip Code P.O. Box 141245 Austin, TX 78714-1248	7 Amount (\$) \$11,436.00
8 Purpose of payment (See instructions regarding type of information required.) Data processing and inkjet address for mailers		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/04	Payee name Texas Mailhouse, Inc. Payee address; City; State; Zip Code P.O. Box 141248 Austin, TX 78714-1248	Amount (\$) \$ 786.26
Purpose of payment (See instructions regarding type of information required.) Data processing and inkjet address for mailers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/04	Payee name US Postal Service Payee address; City; State; Zip Code Austin, TX 78710-9651	Amount (\$) \$ 3,266.52
Purpose of payment (See instructions regarding type of information required.) Postage for mailers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/30/04	Payee name Duane McNeill Payee address; City; State; Zip Code 9113 Edwardson Lane Austin, TX 78749	Amount (\$) \$ 8,653.23
Purpose of payment (See instructions regarding type of information required.) Reimbursement for items from schedule G - paid for with		** 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: 2

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

4 Date <u>10/23/04</u>	5 Payee name <u>Metro Mart 4</u> 6 Payee address: City: State: Zip Code <u>2113 Wells Branch Austin, TX 78728</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Gasoline for campaign vehicle</u>	8 Amount (\$) <u>\$ 40.25</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>10/23/04</u>	Payee name <u>Corner Store 1396</u> Payee address: City: State: Zip Code <u>10713 Jollyville Rd. Austin, TX 78759</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Gasoline for Campaign vehicle</u>	Amount (\$) <u>\$ 9.50</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>10/26/04</u>	Payee name <u>Corner Store 1307</u> Payee address: City: State: Zip Code <u>4600 William Cannon Austin, TX 78749</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Gasoline for campaign vehicle</u>	Amount (\$) <u>\$ 11.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>10/28/04</u>	Payee name <u>Signature 35</u> Payee address: City: State: Zip Code <u>11000 RR 2222 Austin, TX 78746</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Gasoline for campaign vehicle</u>	Amount (\$) <u>\$ 25.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>10/30/04</u>	Payee name <u>Corner Store 1307</u> Payee address: City: State: Zip Code <u>4600 William Cannon Austin, TX 78749</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Gasoline for Campaign vehicle</u>	Amount (\$) <u>\$ 13.50</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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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: 2
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/31/04	5 Payee name 7-Eleven 6 Payee address: City: State: Zip Code 7100 RR 620 North Austin, TX 78726	8 Amount (\$) \$28.50
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 11/02/04	Payee name Corner Store 1307 Payee address: City: State: Zip Code 4600 William Cannon Austin, TX 78749	Amount (\$) \$12.00
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/7/04	Payee name Murphy USA 6987 Payee address: City: State: Zip Code 13000 N. IH 35 Austin, TX 78753	Amount (\$) \$24.00
Purpose of expenditure (See instructions regarding type of information required.) Gasoline for campaign vehicle		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

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