

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5924

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:

(3) three

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR David Drew MI  
NICKNAME LAST SUFFIX  
McAngus

OFFICE USE ONLY

Date Received

FILED FOR RECORD  
2005 JAN 8 PM 4:24  
CLERK  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
9204 Elm Creek Cove  
Austin, TX 78736

Date Hand-delivered or Date Post-marked

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 288-5178

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Pat  
NICKNAME LAST SUFFIX  
Crow

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
9204 Elm Creek Cove, Austin, TX 78736

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( )

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (off-holder only)  
 July 15  6th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH Day Year  
7 / 1 / 04 THROUGH 12 / 31 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
 / /

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff

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 David Drew McAngus

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	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>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	<u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>480.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>0</u>
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.

David Drew McAngus  
Signature of Candidate or Officeholder

AFF: X NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Drew McAngus, this the 18 day of January, 2005, to certify which, witness my hand and seal of office.

Mary Phillips  
Signature of officer administering oath

MARY PHILLIPS  
Printed name of officer administering oath

Office Manager  
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **one (1)**

2 FILER NAME: **David Drew McAngus**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **12-30-04**

5 Payee name: **Ace Printing**

7 Amount (\$): **\$300.00**

6 Payee address: **7807 Doncaster Austin, TX 78745**

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

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer/holder name Office sought Office held

Date: **12-30-04**

Payee name: **Bank of America**

Amount (\$): **\$180.00**

Payee address: \_\_\_\_\_  
City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.): **Monthly Serv Fee (Jan-Dec 04)**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer/holder name Office sought Office held

Date: \_\_\_\_\_

Payee name: \_\_\_\_\_  
Payee address: \_\_\_\_\_  
City: State: Zip Code

Amount (\$): \_\_\_\_\_

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

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer/holder name Office sought Office held

Date: \_\_\_\_\_

Payee name: \_\_\_\_\_  
Payee address: \_\_\_\_\_  
City: State: Zip Code

Amount (\$): \_\_\_\_\_

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

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer/holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED