

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Keel, Thornton

16 ACCOUNT # (Ethics Commission filers)
00000001

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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$	0.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	250.00
3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
4.	TOTAL POLITICAL EXPENDITURES	\$	4,528.51
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

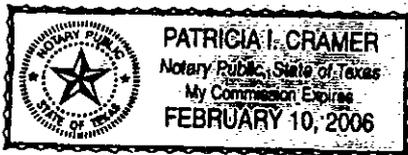
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thornton Keel, this the 1st day of July, 2005, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 3/5

2 FILER NAME Keel, Thornton

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/09/2005

5 Full name of contributor out-of-state PAC(ID# _____)
Kaliyur, Kannan M.

6 Contributor address; City; State; Zip Code
8741 Lemens Spice Trl
Austin, TX 78750-3669

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 4/5

2 FILER NAME Keel, Thornton

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name	7 Amount (\$)
03/20/2005	Lake Travis Republican Men's Club 6 Payee address; City; State; Zip Code 107 RR 620 South, #23C Austin, TX 78734	\$25.00

8 Purpose of payment (See instructions regarding type of information required.) Membership dues	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
02/28/2005	Security State Bank & Trust Payee address; City; State; Zip Code PO Box 250 Spicewood, TX 78669-0250	\$3.14

Purpose of payment (See instructions regarding type of information required.) Bank charge	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
03/28/2005	Security State Bank & Trust Payee address; City; State; Zip Code PO Box 250 Spicewood, TX 78669-0250	\$1.16

Purpose of payment (See instructions regarding type of information required.) Bank charge	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
04/29/2005	Security State Bank & Trust Payee address; City; State; Zip Code PO Box 250 Spicewood, TX 78669-0250	\$1.54

Purpose of payment (See instructions regarding type of information required.) Bank charge	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 5/5

2 FILER NAME Keel, Thornton

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Security State Bank & Trust	7 Amount (\$)
06/06/2005	6 Payee address; City; State; Zip Code PO Box 250 Spicewood, TX 78669-0250	\$3.00

8 Purpose of payment (See instructions regarding type of information required.) Bank charge	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Terry Keel Campaign	Amount (\$)
06/30/2005	Payee address; City; State; Zip Code 508 W. 14th St Austin, TX 78701	\$4,494.67

Purpose of payment (See instructions regarding type of information required.) Contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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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" ****

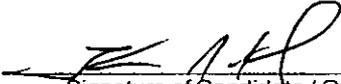
1 C/OH NAME

THORNTON KEEL

2 ACCOUNT # (Ethics Commission/filers)

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