

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

6401

**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: <div style="font-size: 2em; text-align: center;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Glen</b> MI <b>E.</b> NICKNAME LAST SUFFIX <b>Bonnet</b> <b>Jr.</b>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p>Date Received NOV 2 2006 TRAVIS CO. TEXAS</p> <p>Date Hand-delivered or Date Postmarked NOV 5 2006 TRAVIS CO. TEXAS</p> <p>Receipt # \$ Amount 1193.00</p> <p>Date Processed NOV 5 2006</p> <p>Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>3401 W. Parmer Ln., #1725</b> <b>Austin, TX 78727</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 692-9476</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Glen</b> MI <b>E.</b> NICKNAME LAST SUFFIX <b>Bonnet</b> <b>Jr.</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>3401 W. Parmer Ln., #1725, Austin, TX 78727</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 692-9476</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>9 / 29 / 06</b> <b>10 / 28 / 06</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 07 / 06</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>n/a</b>	13 OFFICE SOUGHT (if known) <b>Travis County Commissioner Precinct 2</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	<p>.. 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. ..</p> <p>Name <b>n/a</b></p> <p>Address / PO Box: Apt. / Suite #: City, State, Zip Code <b>n/a</b></p>		

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**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME Glen E. Bonnet, Jr. 16 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

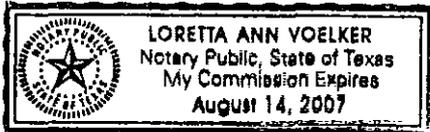
17 NOTICE FROM POLITICAL COMMITTEE(S)

-- 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. --

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <u>n/a</u>
		COMMITTEE ADDRESS <u>n/a</u>
		COMMITTEE CAMPAIGN TREASURER NAME <u>n/a</u>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <u>n/a</u>

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>∅</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>1673.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1673.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>∅</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



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Glen E. Bonnet, Jr.  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Glen Everett Bonnet, this the 30<sup>th</sup> day of October, 2006, to certify which, witness my hand and seal of office.

Loretta Ann Voelker LORETTA ANN VOELKER Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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 **Glen E. Bonnet, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/6/06</b>	5 Payee name <b>Austin American - Statesman</b>	8 Amount (\$) <b>216.25</b>
	6 Payee address; City; State; Zip Code <b>P.O. Box 1231, San Antonio, TX 78294 Invoice Processing Center</b>	
7 Purpose of expenditure (See instructions regarding type of information required.) <b>newspaper ad.</b> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <b>10/6/06</b>	Payee name <b>Austin Chronicle</b>	Amount (\$) <b>202.00</b>
	Payee address; City; State; Zip Code <b>P.O. Box 49066, Austin, TX 78765</b>	
Purpose of expenditure (See instructions regarding type of information required.) <b>newspaper ad</b> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <b>10/9/06</b>	Payee name <b>Austin American - Statesman</b>	Amount (\$) <b>216.25</b>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <b>10/13/06</b>	Payee name <b>Austin Chronicle</b>	Amount (\$) <b>202.00</b>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <b>10/18/06</b>	Payee name <b>Austin American - Statesman</b>	Amount (\$) <b>216.25</b>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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 **Glen E. Bonnet, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/19/06</b>	5 Payee name <b>Austin Chronicle</b>	8 Amount (\$) <b>202.00</b>
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <b>10/23/06</b>	Payee name <b>Austin American - Statesman</b>	Amount (\$) <b>216.25</b>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <b>10/24/06</b>	Payee name <b>Austin Chronicle</b>	Amount (\$) <b>202.00</b>
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

