

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6406

**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 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: Robert MI: P
NICKNAME: LAST: Brushaber SUFFIX:

OFFICE USE ONLY

Date Received: 2006 DEC -8
Date Hand-delivered or Date Postmarked: 12/11/06
Receipt #: Amount:
Date Processed:
Date Mailed:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: 1706B Goodrich Ave. APT / SUITE #: CITY: Austin, TX 78704 STATE: ZIP CODE:

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 417-7351 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Robert MI: P
NICKNAME: LAST: Brushaber SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1706B Goodrich Ave. APT / SUITE #: CITY: Austin, TX 78704 STATE: ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 417-7351 EXTENSION:

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month: 10 Day: 31 Year: 06 THROUGH Month: 12 Day: 01 Year: 06

11 ELECTION

ELECTION DATE: Month: 11 Day: 07 Year: 06
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SUGHT (if known):

Travis County Treasurer

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 Robert P. Brushaber 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. **

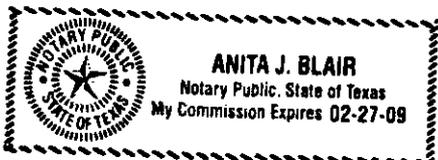
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.39
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.39
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	\$ 0

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.



Robert P. Brushaber
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert P. Brushaber, this the 1st day of December, 2006, to certify which witness my hand and seal of office.

Anita J. Blair Signature of officer administering oath
ANITA J. BLAIR Printed name of officer administering oath
ADMINISTRATOR 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" **

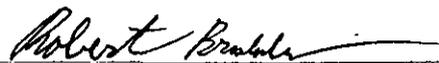
1 C/OH NAME

Robert P. Brushaber

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 **

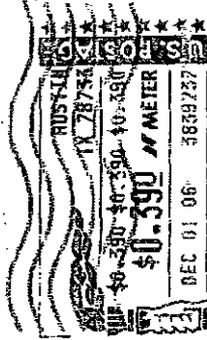
I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions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

Signature of Officeholder

Robert Brushaber
1706 B Goodrich Ave.
Austin, TX 78704

~~Jobs
Election
No Check~~
AUSTIN TX 787
DEC 20 1985

Dana De Beauvoir
County Clerk, Travis County
P.O. Box 149325
Austin, TX 78714-9325



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TRAVIS COUNTY TEXAS

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