

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6527

**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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Robert NICKNAME Eller LAST SUFFIX	MI L.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Registered Receipt # Date Processed Date Imaged FILED FOR RECORD 2007 JUL -9 PM 1:28 CLERK COUNTY CLERK TRAVIS COUNTY TEXAS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 8204 Williamson Creek Dr. Austin, Texas 78736	APT / SUITE #: CITY: STATE: ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 288-9426 EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Clarence NICKNAME LAST SUFFIX	MI Vogel	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 12711 Cholla Ln. Manhaca, Texas 78652	APT / SUITE #: CITY: STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 282-3600 EXTENSION	
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 checked="" type="checkbox"/> July 15 <input 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 05 / 24 / 2007 06 / 30 / 2007		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2008		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SUGHT (if known) Travis County Constable, Pet 3	
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 <input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME <i>Robert L. Eller</i>	16 ACCOUNT # (Ethics Commission Filers)
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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	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2,011.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,398.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 495.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,201.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

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 L. Eller

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert L. Eller, this the 6th day of July, 2007, to certify which, witness my hand and seal of office.

Richard S. Reyes RICHARD S. REYES Notary
 Signature of officer administering oath Printed 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 Total pages Schedule A:
1 of 7

2 FILER NAME
Robert L. Eller

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/29/07

5 Full name of contributor out-of-state PAC (ID# _____)
Ben + Maria Moreno

7 Amount of contribution (\$)
\$30.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
*3521 Grimes Ranch Rd
Austin, Texas 78732*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)
Maria Elena Botello

Amount of contribution (\$)
\$30.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
*3508 Winding Way
Round Rock, Texas 78664*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)
Grubin Lopez

Amount of contribution (\$)
\$90.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
*1200 Captain Bailey's Ct.
Austin, Texas 78753*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)
Geraldine Eller

Amount of contribution (\$)
\$45.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
*P.O. Box 52
Richland Springs, Texas 76871*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)
David + Teri Grossman

Amount of contribution (\$)
\$105.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
*706 Plumpton Dr.
Austin, Texas 78745*

(If travel outside of Texas, complete Schedule T)

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:
2 of 7

2 FILER NAME

Robert L. Eller

3 ACCOUNT # (Ethics Commission File)

4 Date

6/29/07

5 Full name of contributor out-of-state PAC (ID# _____)

David + Bertha De La Cruz

6 Contributor address: City: State: Zip Code

108 Bobbin Lane
Kyle, Texas 78640

7 Amount of contribution (\$)

\$75.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/29/07

Full name of contributor out-of-state PAC (ID# _____)

Olivia Nevarcz

Contributor address: City: State: Zip Code

28729 RR 12
Dripping Springs, Texas 78620

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/07

Full name of contributor out-of-state PAC (ID# _____)

Franklin Scott Spears Jr.

Contributor address: City: State: Zip Code

901 Mapac Exp. S, Ste 420
Austin, Texas 78746

Amount of contribution (\$)

\$105.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/07

Full name of contributor out-of-state PAC (ID# _____)

Richard + Lexine Spillmann

Contributor address: City: State: Zip Code

5300 Fm 1327
Buda, Texas 78610

Amount of contribution (\$)

\$35.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/07

Full name of contributor out-of-state PAC (ID# _____)

Randy + Sherry Kanak

Contributor address: City: State: Zip Code

1009 Thurman Bluff Dr.
Spreewood, Texas 78669

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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:
3 of 7

2 FILER NAME
Robert C. Eller

3 ACCOUNT # (Ethics Commission files)

4 Date: **6/29/07**
5 Full name of contributor: out-of-state PAC (ID#):
Randy + Cindy Baegsley
6 Contributor address: City: State: Zip Code
**8904 Gallant Fox Rd.
Austin Texas 78737**

7 Amount of contribution (\$):
\$80.00
8 In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **6/29/07**
Full name of contributor: out-of-state PAC (ID#):
Richard Barrera
Contributor address: City: State: Zip Code
**16900 Cranston Rd.
Round Rock, Texas 78664**

Amount of contribution (\$):
\$30.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **6/29/07**
Full name of contributor: out-of-state PAC (ID#):
Lew office of Ruben Barrera
Contributor address: City: State: Zip Code
**606 W. 01st St.
Austin Texas 78704**

Amount of contribution (\$):
\$60.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **6/29/07**
Full name of contributor: out-of-state PAC (ID#):
Sonny + Cindy Mearns
Contributor address: City: State: Zip Code
**11602 Gun Powder Court
Austin Texas 78748**

Amount of contribution (\$):
\$30.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **6/29/07**
Full name of contributor: out-of-state PAC (ID#):
Mark Fisher
Contributor address: City: State: Zip Code
**P.O. Box 1451
Manchaca, Texas 78652**

Amount of contribution (\$):
\$500.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

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:
4 of 7

2 FILER NAME
Robert L. Eller

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/29/07

5 Full name of contributor out-of-state PAC (ID# _____)

Brendon + Debbie Ricketson

6 Contributor address: City: State: Zip Code

*184 Billingsley Hts.
Cedar Creek, TX 78612*

7 Amount of contribution (\$)

\$30.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)

Rose Tello

Contributor address: City: State: Zip Code

*10819 Moore Rd
Austin, Texas 78719*

Amount of contribution (\$)

\$30.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)

Richard + Martha Cervenkova

Contributor address: City: State: Zip Code

*5223 Meadow Creek Dr
Austin, Texas 78745*

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)

Sally A. Ireland

Contributor address: City: State: Zip Code

*1013 Cedar Glen
Austin, Texas 78745*

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)

Britney Meurin

Contributor address: City: State: Zip Code

*11602 Gun Powder Court
Austin Texas 78748*

Amount of contribution (\$)

\$15.00

(If travel outside of Texas, complete Schedule T)

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:

5 of 7

2 FILER NAME

Robert L. Eker

3 ACCOUNT # (Ethics Commission files)

4 Date

6/29/07

5 Full name of contributor out-of-state PAC ID#

Richard G. + Betty Copeland

6 Contributor address: City: State: Zip Code

P.O. Box 1586
Pflugerville, Texas 78691

7 Amount of contribution (\$)

\$60.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/29/07

Full name of contributor out-of-state PAC ID#

Yolanda Montemayor

Contributor address: City: State: Zip Code

1013 Cedar Glen
Austin, Texas 78745

Amount of contribution (\$)

\$45.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/07

Full name of contributor out-of-state PAC ID#

Carlos + Jennifer Lopez

Contributor address: City: State: Zip Code

10846 Redmond Rd.
Austin, Texas 78739

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/07

Full name of contributor out-of-state PAC ID#

Tim + Patricia Carrington

Contributor address: City: State: Zip Code

9813 Woodshire Dr.
Austin, Texas 78748

Amount of contribution (\$)

\$45.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/07

Full name of contributor out-of-state PAC ID#

Kisha Haverlah

Contributor address: City: State: Zip Code

6904 Star Dr.
Austin, Texas 78745

Amount of contribution (\$)

\$15.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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
6 of 7

2 FILER NAME
Robert L. Eller

3 ACCOUNT # (Ethics Commission files)

4 Date
6/29/07

5 Full name of contributor out-of-state PAC (ID# _____)
Yolande Montemayor

6 Contributor address: City: State: Zip Code
*1013 Cedar Glen
Austin, Texas 78745*

7 Amount of contribution (\$) *\$100.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)
Emma Barrientos

Contributor address: City: State: Zip Code
*2906 Gem Circle
Austin, Texas 78704*

Amount of contribution (\$) *\$30.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)
Jim + Sandy Taylor

Contributor address: City: State: Zip Code
*1500 CR 180
Leander, Texas 78641*

Amount of contribution (\$) *\$100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)
Lyndon Smith / Pinkies Towing

Contributor address: City: State: Zip Code
*8917 Circle Dr.
Austin, Texas 78736*

Amount of contribution (\$) *\$100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/29/07

Full name of contributor out-of-state PAC (ID# _____)
Ricardo Gonzales

Contributor address: City: State: Zip Code
*2408 Wheelless Ln.
Austin, Texas 78723*

Amount of contribution (\$) *\$50.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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:
7 of 7

2 FILER NAME *Robert L. Eller*

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/29/07

5 Full name of contributor out-of-state PAC ID# _____

Clarence Vogel / Firehall Kitchen

6 Contributor address: City: State: Zip Code

*PO Box 597
Manchaca, Texas 78652*

7 Amount of contribution (\$)
\$172.00

8 In-kind contribution description (if applicable)

Reduction in cost for food for fundraiser

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

Full name of contributor out-of-state PAC ID# _____

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC ID# _____

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC ID# _____

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC ID# _____

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Robert L. Eller

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

6/18/07

7 Name of lender

Robert L. Eller

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$500.00

6 Is lender a financial institution?

Y N

8 Lender address; City: State: Zip Code

8204 Williamson Creek Dr.
Austin Texas 78736

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Peace officer

13 Employer (See Instructions)

Travis County

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address; City: State: Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City: State: Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City: State: Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:
1 of 1

2 FILER NAME

Robert L. Eller

3 ACCOUNT # (Ethics Commission files)

4 Date <i>6/27/07</i>	5 Payee name <i>Full Moon Design</i> 6 Payee address: City: State: Zip Code <i>3355 Bee Caves Rd ste 501 Austin, Texas 78746</i>	8 Amount (\$) <i>\$443.83</i>
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Logo Design, Print Banner, Create name tag</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>6/28/07</i>	Payee name <i>Full Moon Design</i> Payee address: City: State: Zip Code <i>3355 Bee Caves Rd ste 501 Austin, Texas 78746</i>	Amount (\$) <i>\$ 51.96</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Print Business Cards</i> (If travel outside of Texas, complete Schedule T)		<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.) (If travel outside of Texas, complete Schedule T)		<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.) (If travel outside of Texas, complete Schedule T)		<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.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED