

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6698

**FORM C/OH
OVER 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 0 FIRST Danny MI L.
 NICKNAME LAST SUFFIX
Thomas

OFFICE USE ONLY
 Date Received 2008 JAN 15
 Date Hand-delivered or Date Postmarked JAN 4 4:17 PM
 Receipt # Amount
 Date Processed
 Date Imaged

FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 141008 Austin TX 78714
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(512) 926-1601

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR 0 FIRST Stella MI M.
 NICKNAME LAST SUFFIX
Pullin

7 CAMPAIGN TREASURER ADDRESS
 (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE
2107 Marquette Ln. Austin Tx 78723

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(512) 926-7507

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

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
07/01/2007 THROUGH 12/31/2007

11 ELECTION
 ELECTION DATE: Month Day Year 03/04/2008 ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) NONE **13 OFFICE SOUGHT (if known)** Constable Precinct 1

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 Danny L. Thomas 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. ..

GENERAL SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME Danny Thomas Campaign Committee

COMMITTEE ADDRESS P.O. Box 141008 Austin, Tx 78714-1008

COMMITTEE CAMPAIGN TREASURER NAME Stella M. Pullin

COMMITTEE CAMPAIGN TREASURER ADDRESS 2107 Marquette Ln. Austin, Tx 78723

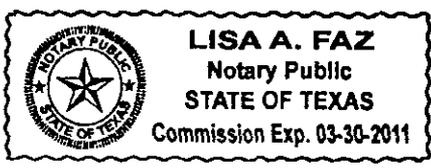
additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2125.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

Danny Thomas
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Danny Lee Thomas, this the 15 day of January 2008, to certify which, witness my hand and seal of office.

Lisa A. Faz LISA A. FAZ Title Specialist
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 2

2 FILER NAME

Danny L. Thomas

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-5-07

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

Austin Rising Fast Motor Cars #

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

8024 IH 35 N.
Austin, TX 78753

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-16-07

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

Ernestine Lavan Thompson

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1112 ~~Gatz~~ Gatzquia Dr.
Pflugerville, TX 78660

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-11-07

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

Jimmy L. Butler

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2102 E. 8th St.
Austin TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-27-07

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

Carl + Linda Harvey

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5602 Westminster Dr.
Austin, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-30-07

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

Henry Sr. + Carolyn Mc Gee

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3761 Ceruleon Way
Round Rock, TX 78681

(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: <i>2 of 2</i>	
2 FILER NAME <i>Danny L. Thomas</i>		3 ACCOUNT # (Ethics Commission Bers)	
4 Date <i>12-30-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James Limuel</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1129 Omega St. Austin TX 78721</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12-31-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Albert + Kathy Black</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1013 Weeping Willow Dr. Austin TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME <i>Danny L. Thomas</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/31/08</i>	5 Payee name <i>Travis County Democratic Party</i> 6 Payee address; City; State; Zip Code <i>Filing Fee</i>	7 Amount (\$) <i>\$1000.00</i>
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder 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.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder 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.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder 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.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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: 1

2 FILER NAME DANNY L. THOMAS

3 ACCOUNT # (Ethics Commission filers)

4 Date
9-19-07

5 Payee name
DANNY L. THOMAS
6 Payee address; City: State: Zip Code

8 Amount (\$)
\$100.00

Deposited into campaign account to open

7 Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
12-31-07

Payee name
DANNY L. THOMAS
Payee address; City: State: Zip Code

Amount (\$)
\$300.00

Deposited into campaign account

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
Dec 31, 2007

Payee name
Eleanor Thompson, Camp. Mgr.
Payee address; City: State: Zip Code
1409 Clifford Ave. Austin, TX 78702

Amount (\$)
500.00

CONSULTANT FEE.

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)
SS# 462-64-5229

Reimbursement from political contributions intended

Date
12-29-07

Payee name
Eleanor Thompson
Payee address; City: State: Zip Code
1409 Clifford Ave. Austin, TX 78701

Amount (\$)
215.24

Office Supplies & Printing

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED