

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6796

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="text-align: center; font-size: 2em;">11</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Robert L. Eller</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="font-size: 0.8em;"> Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____ </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">8204 Williamson Creek Dr. Austin, Texas 78736</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(512) 288-9476</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Clarence Vogel</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">12711 Cholla Manhacc, Texas 78652</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(512) 282-3600</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;">01 / 25 / 2008 THROUGH 02 / 23 / 2008</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">03 / 04 / 2008</div>	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 SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">Travis County Constable, Act 3</div>									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 _____										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Robert L. Eller 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

**** 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 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	\$ 2,585.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,630.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,817.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,062.08
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 Lee Eller, this the 25th day of February, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature 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: <i>1 of 5</i>	
2 FILER NAME <i>Robert L. Elder</i>		3 ACCOUNT # (Ethics Commission form)	
4 Date <i>2/5/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>April + Bruce White</i>	7 Amount of contribution (\$) <i>\$30.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>5006 Gladeview Dr. Austin Texas 78745</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Arno + Peggy Ebner</i>	Amount of contribution (\$) <i>\$30.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2715 Edenwood Dr. Austin, Texas 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>J.C. + Julie Collis</i>	Amount of contribution (\$) <i>\$70.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>7702 Palacios Dr. Austin, Texas 78749</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sally Ireland</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1013 Cedar Glen Austin, Texas 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Judy McCown</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1996a Siesta Shores Dr. Spicewood, Texas 78669</i>		(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 5</i>	
2 FILER NAME <i>Robert L. Ellet</i>		3 ACCOUNT # (Ethics Commission File)	
4 Date <i>2/5/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Leticia Vallejo</i>	7 Amount of contribution (\$) <i>\$55.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>10555 Maha Cir Austin, Texas 78747</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sheron Morrison</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>153 Malcolm Eddy Rd Elgin, Texas 78621</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sonny + Cynthia Meurin</i>	Amount of contribution (\$) <i>\$110.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>11602 Gun Powder Court Austin, Texas 78748</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Chris & Janet Whitworth</i>	Amount of contribution (\$) <i>\$30.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>11709 Siltmillion Trl. Austin, Texas 78739</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>D.A. + G.L. Trauter</i>	Amount of contribution (\$) <i>\$110.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>P.O. Box 1557 Manchaca, Texas 78652</i>		(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 5

2 FILER NAME

Robert L. Eller

3 ACCOUNT # (Ethics Commission files)

4 Date

2/5/08

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

Teri Grossman

6 Contributor address; City; State; Zip Code

706 Plumpton Dr.
Austin, Texas 78745

7 Amount of contribution (\$)

\$65.00

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

2/5/08

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

Denise Alaimo

Contributor address; City; State; Zip Code

5501 Porsche Ln.
Austin, Texas 78744

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

2/5/08

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

Ruby Johnson

Contributor address; City; State; Zip Code

444 Patricia Rd.
Georgetown, Texas 78628

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

2/5/08

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

Richard Barrera

Contributor address; City; State; Zip Code

16900 Cranston Dr.
Round Rock, Texas 78664

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/08

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

Vance J. Donna Brown

Contributor address; City; State; Zip Code

6403 Lakewood Dr.
Austin, Texas 78731

Amount of contribution (\$)

\$150.00

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>4 of 5</i>	
2 FILER NAME <i>Robert L. Elder</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/5/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David + Bertha De La Cruz</i>	7 Amount of contribution (\$) <i>\$75.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>201 W. Stassney Ln. Austin, Texas 78745</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos + Jennifer Lopez</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10846 Redmond Rd. Austin, Texas 78739</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe + Violet Alexander</i>	Amount of contribution (\$) <i>\$30.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7411 Albert Rd. Austin, Texas 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cheryl Roberson</i>	Amount of contribution (\$) <i>\$30.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2501 Camden Dr. Austin, Texas 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Fisher</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1451 Manhaca, Texas 78652</i>		(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>5 of 5</i>	
2 FILER NAME <i>Robert L. Eller</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/5/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jo Ben + Brenda Wyatt</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>12303 Edgebrook Austin Texas 78748</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/7/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Rodriguez</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>328 Heartwood Dr. Ste 101 Austin Texas 78745</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: <i>1 of 3</i>
2 FILER NAME <i>Robert L. Eller</i>		3 ACCOUNT # (Ethics Commission File #)
4 Date <i>1/25/08</i>	5 Payee name <i>Opinion Analysts</i>	7 Amount (\$) <i>927.06</i>
6 Payee address: City: State: Zip Code <i>906 Rio Grande Austin, Texas 78701</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>WALK LIST</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>1/26/08</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$54.73</i>
Payee address: City: State: Zip Code <i>1200 Home Depot Blvd Austin, Texas 78745</i>		
Purpose of payment (See instructions regarding type of information required.) <i>T-post & lumber for signs</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>2/12/08</i>	Payee name <i>HEB</i>	Amount (\$) <i>\$19.28</i>
Payee address: City: State: Zip Code <i>7010 Hwy 71 west Austin, Texas 78735</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Thank You Cards & Stamps</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <i>2/3/08</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$62.52</i>
Payee address: City: State: Zip Code <i>1200 Home Depot Blvd Austin, Texas 78745</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Supplies for signs</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>2 of 3</i>
2 FILER NAME <i>Robert L. Eller</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>2/4/08</i>	5 Payee name <i>Opinion Analysts</i>	7 Amount (\$) <i>\$ 104.99</i>
6 Payee address: City: State: Zip Code <i>906 Rio Grande Austin, Texas 78701</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Mailing list</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date <i>2/7/08</i>	Payee name <i>U.S. Postmaster</i>	Amount (\$) <i>\$82.00</i>
Payee address: City: State: Zip Code <i>Manchaca Station Manchaca, Texas 78652</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date <i>2/7/08</i>	Payee name <i>Azteca Futbol</i>	Amount (\$) <i>\$ 101.48</i>
Payee address: City: State: Zip Code <i>5214 Burleson Rd ste 302 Austin, Texas 78744</i>		
Purpose of payment (See instructions regarding type of information required.) <i>T-shirts</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date <i>2/16/08</i>	Payee name <i>Azteca Futbol</i>	Amount (\$) <i>\$ 81.19</i>
Payee address: City: State: Zip Code <i>5214 Burleson Rd ste 302 Austin, Texas 78744</i>		
Purpose of payment (See instructions regarding type of information required.) <i>T-shirts</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>3 of 3</i>
2 FILER NAME: <i>Robert L. Eiler</i>		3 ACCOUNT # (tabular coordination form):
4 Date: <i>2/18/08</i>	5 Payee name: <i>Home Depot</i>	7 Amount (\$): <i>\$16.20</i>
6 Payee address: City: State: Zip Code: <i>1200 Home Depot Blvd Austin, Texas 78745</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Supplies for signs</i> (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: <i>2/19/08</i>	Payee name: <i>US Postmaster</i>	Amount (\$): <i>\$41.00</i>
Payee address: City: State: Zip Code: <i>Manchaca Station Manchaca, Texas 78652</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date: <i>2/25/08</i>	Payee name: <i>Fire Hall Kitchen</i>	Amount (\$): <i>\$1182.00</i>
Payee address: City: State: Zip Code:		
Purpose of payment (See instructions regarding type of information required.) <i>Food for fundraiser</i> (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:	Amount (\$):
Payee address: City: State: Zip Code:		
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 of 1

2 FILER NAME

Robert L. Elder

3 ACCOUNT # (Ethics Commission Form)

4 Date

3/6/08

5 Payee name

Full Moon Design

6 Payee address: City: State: Zip Code

*3355 Bee Caves Ste 501
Austin, Texas 78746*

8 Amount (\$)

\$ 1,044.61

7 Purpose of expenditure (See instructions regarding type of information required.)

Web site Setup & printing push cards
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

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

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

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

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