

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6918

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00006613	<b>2 PAGE #</b> 1 of 12
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Richard	MI MI
	NICKNAME Rick	LAST Reed	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	11614 Anatole Court Austin, TX 78748-2820		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Glenn	MI MI
	NICKNAME Pete	LAST Steele	SUFFIX Jr.
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3120 Central Mall Drive Port Arthur, TX 77642-8039		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (409)	PHONE NUMBER 724-6644	EXTENSION
<b>8 REPORT TYPE</b>	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>9 PERIOD COVERED</b>	Month    Day    Year 02/24/2008	THROUGH	Month    Day    Year 06/30/2008
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> District Attorney	
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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		

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Reed, Richard (Mr.)

15 ACCOUNT # (Ethics Commission filers)  
00006613

16 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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,585.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	24,109.24
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CONTRIBUTION BALANCE

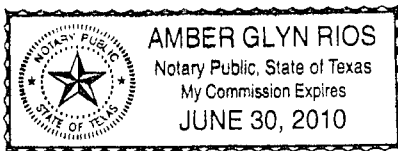
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	21,000.00
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18 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.



*Richard Reed*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Reed, this the 15 day of July, 2008, to certify which, witness my hand and seal of office.

*Amber Glyn Rios*  
Signature of officer administering oath

Amber Glyn Rios  
Print name of officer administering oath

Personal Finance Rep.  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/12	
2 FILER NAME Reed, Richard (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006613	
4 Date  02/27/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Joe (Hon.)  6 Contributor address; City; State; Zip Code 7846 Caruth Court Dallas, TX 75225-8132	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Senior Judge		10 Employer (See Instructions) The State of Texas	
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Browne, E. Wayles (Mr.)  Contributor address; City; State; Zip Code 220 Morrill Hall Ithaca, NY 14853-4701	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) Cornell University	
Date  02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowan, James (Mr.)  Contributor address; City; State; Zip Code 2826 Alamo Trail Temple, TX 76502-3832	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Computer Specialist		Employer (See Instructions) Federal Government	
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graves, Jeanne (Ms.)  Contributor address; City; State; Zip Code 6818 Oasis Pass Austin, TX 78732-1211	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenway, Virginia (Ms.)  Contributor address; City; State; Zip Code 811 Nueces Austin, TX 78701-2215	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney & Counselor at Law		Employer (See Instructions) Self-Employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/4 Report: 4/12	
<b>2</b> FILER NAME Reed, Richard (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00006613	
<b>4</b> Date  06/26/2008	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Robert Jr. (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 2402 Bluffview Drive Austin, TX 78704-5823	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Attorney & Counselor at Law		<b>10</b> Employer (See Instructions) Self-Employed	
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haynie, Leah (Ms.)  Contributor address; City; State; Zip Code 3601 Manchaca Road Apt. 211 Austin, TX 78704-5967	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heller, Joyce (Ms.)  Contributor address; City; State; Zip Code 685 Loma Verde Court El Dorado Hills, CA 95762-3547	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Jim Moore  Contributor address; City; State; Zip Code 3500 Oak Lawn Avenue Suite 700 Dallas, TX 75219-6719	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney & Counselor at Law		Employer (See Instructions) Self-Employed	
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Long, Walter (Mr.)  Contributor address; City; State; Zip Code 211 W. Live Oak Austin, TX 78704-5114	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 3/4 Report: 5/12	
2 FILER NAME Reed, Richard (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00006613	
4 Date  02/26/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyke, Joanne (Ms.)	7 Amount of contribution (\$)  \$25.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 626 Monte Vista Drive Dallas, TX 75223-1242		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyon, Giles (Mr.)	Amount of contribution (\$)  \$20.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 212 Northwood Street Houston, TX 77009-6126		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mecoy, Manfred (Mr.)	Amount of contribution (\$)  \$15.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1204 Clearwood Court Allen, TX 75002-2306		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date  03/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nagy, Joanne (Ms.)	Amount of contribution (\$)  \$25.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16500 Simonds Street Granada Hills, CA 91344-3730		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)	
Date  04/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pouland, John (Mr.)	Amount of contribution (\$)  \$200.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11813 Blue Creek Drive Aledo, TX 76008-3505		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Principal occupation / Job title (See Instructions) Attorney & Counselor at Law			Employer (See Instructions) Self-Employed	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 6/12	
2 FILER NAME Reed, Richard (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006613	
4 Date  03/01/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Jerry (Mr.)  6 Contributor address; City; State; Zip Code 1541 Shelton Street Abilene, TX 79603-3425	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date  03/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaub, Frances (Ms.)  Contributor address; City; State; Zip Code 11821 Bittern Hollow Apt. 7 Austin, TX 78758-3510	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Law Offices of Charles Tupper, Jr., P.C.  Contributor address; City; State; Zip Code 750 N. Saint Paul Street Suite 610 Dallas, TX 75201-3202	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Randall (Mr.)  Contributor address; City; State; Zip Code 1939 Mayflower Dr. Dallas, TX 75208-3114	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Elettore, Inc.	



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/5 Report: 8/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00006613

4 Date	5 Payee name Elettore, Inc.	7 Amount (\$)
04/30/2008	6 Payee address; City; State; Zip Code P.O. Box 222195 Dallas, TX 75222-2195	\$828.00

8 Purpose of payment (See instructions regarding type of information required.) Web Site Development, Hosting, etc.	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name FedEx Kinko's	Amount (\$)
02/26/2008	Payee address; City; State; Zip Code 5601 Brodie Lane Sunset Valley, TX 78745-2538	\$60.14

Purpose of payment (See instructions regarding type of information required.) Express Package Service	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Opinion Analysts, Inc.	Amount (\$)
04/17/2008	Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701-2222	\$380.98

Purpose of payment (See instructions regarding type of information required.) Voter List	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name PayPal, Inc.	Amount (\$)
02/26/2008	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$1.17

Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 2/5 Report: 9/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00006613

4 Date	5 Payee name PayPal, Inc.	7 Amount (\$)
02/26/2008	6 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$3.20

8 Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name PayPal, Inc.	Amount (\$)
02/26/2008	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$0.88

Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name PayPal, Inc.	Amount (\$)
02/26/2008	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$1.47

Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name PayPal, Inc.	Amount (\$)
02/26/2008	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$1.03

Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/5 Report: 10/12

**2** FILER NAME Reed, Richard (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00006613

<b>4</b> Date	<b>5</b> Payee name PayPal, Inc.	<b>7</b> Amount (\$)
02/26/2008	<b>6</b> Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$6.10

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name PayPal, Inc.	Amount (\$)
02/26/2008	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$1.03

Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name PayPal, Inc.	Amount (\$)
02/27/2008	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$3.20

Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name PayPal, Inc.	Amount (\$)
02/27/2008	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$3.20

Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 4/5 Report: 11/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00006613

4 Date	5 Payee name PayPal, Inc.	7 Amount (\$)
02/27/2008	6 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$0.74

8 Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name The Campaign Group, Inc.	Amount (\$)
02/25/2008	Payee address; City; State; Zip Code 1600 Locust Street Philadelphia, PA 19103-6305	\$20,000.00

Purpose of payment (See instructions regarding type of information required.) Television Advertisements	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Velocity Credit Union	Amount (\$)
02/25/2008	Payee address; City; State; Zip Code 9300 South IH 35 Bldg I Austin, TX 78748-1751	\$15.00

Purpose of payment (See instructions regarding type of information required.) Wire transfer fee	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Voice Broadcasting Corp.	Amount (\$)
02/29/2008	Payee address; City; State; Zip Code 1527 S. Cooper Street Arlington, TX 76010-4105	\$943.00

Purpose of payment (See instructions regarding type of information required.) Automated Telephone Calls	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 5/5 Report: 12/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00006613

4 Date	5 Payee name Voice Broadcasting Corp.	7 Amount (\$)
03/07/2008	6 Payee address; City; State; Zip Code 1527 S. Cooper Street Arlington, TX 76010-4105	\$935.55

8 Purpose of payment (See instructions regarding type of information required.) Automated Telephone Calls  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Voice Broadcasting Corp.	Amount (\$)
03/07/2008	Payee address; City; State; Zip Code 1527 S. Cooper Street Arlington, TX 76010-4105	\$924.55

Purpose of payment (See instructions regarding type of information required.) Automated Telephone Calls  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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