

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Madeleine Connor

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political contributions accepted or political expenditures made 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$

125⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

4,919.48

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

125⁰⁰

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.

Madeleine Connor

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

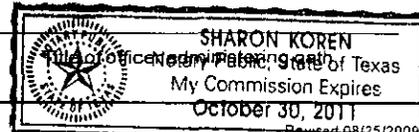
Sworn to and subscribed before me, by the said *Madeleine Connor*, this the *22nd* day of *Feb*, 20 *10*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Sharon Koren

SHARON KOREN

Printed name 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	
2 FILER NAME Madeleine Connor		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/13/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Plotts	7 Amount of contribution (\$) \$2500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 203 W. Mimosa San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attmy		10 Employer (See Instructions) Attorney General	
Date 2/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arthur Troilo III	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 E. 11th, Ste. 103 Austin, TX. 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attmy		Employer (See Instructions) SELF	
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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Madeline Connor

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
1/23/10	<p>Fed Ex Kinkos</p> <p>6317 Bee Caves Rd. Austin TX 78746</p> <p>Flyers</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>55.52</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
1/25/10	<p>Ampro Products</p> <p>7202 Smokey Hill Rd. Austin, TX 78736</p> <p>signs</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>2,607.74</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
1/25/10	<p>Bobby Vera</p> <p>12118 Walnut Park Crossing Austin, TX 78753</p> <p>large sign placement</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>\$1,250.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
2/6/10	<p>USPS</p> <p>3201 Bee Caves Rd, Ste. 120 Austin, TX 78746</p> <p>postage</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>\$6.66</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
2/7/10	<p>El Porrego de Oro</p> <p>3900 S. Congress Austin, TX 78704</p> <p>campaign volunteer lunch</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>\$29.01</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Madeleine Connor

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Speedy Stop</i>	8 Amount (\$) <i>\$40.96</i>
<i>2/7/10</i>	6 Payee address; City; State; Zip Code <i>3625 Bee Cave Rd Austin, TX 78746</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>volunteer gasoline/sign placement</i> (If travel outside of Texas, complete Schedule T)	

Date	Payee name <i>Speedy Stop</i>	Amount (\$) <i>\$10.57</i>
<i>2/11/10</i>	Payee address; City; State; Zip Code <i>3625 Bee Cave Road Austin, TX 78746</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>maps</i> (If travel outside of Texas, complete Schedule T)	

Date	Payee name <i>Mandola's Italian Market</i>	Amount (\$) <i>\$48.71</i>
<i>2/11/10</i>	Payee address; City; State; Zip Code <i>4700 W. Guadalupe Austin, TX</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>volunteer lunch</i> (If travel outside of Texas, complete Schedule T)	

Date	Payee name <i>FedEx Kinko</i>	Amount (\$) <i>\$4.02</i>
<i>2/11/10</i>	Payee address; City; State; Zip Code <i>6317 Bee Caves Rd. Austin, TX 78746</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>copies - canvas report maps</i> (If travel outside of Texas, complete Schedule T)	

Date	Payee name <i>Randall's</i>	Amount (\$) <i>\$32.81</i>
<i>2/12/10</i>	Payee address; City; State; Zip Code <i>3700 Bee Caves Rd. Austin, TX 78746</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>campaign photos/processing</i> (If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Maddeline Connor</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/12/10</i>	5 Payee name <i>Ampro Production</i>	8 Amount (\$) <i>\$ 138.02</i>
	6 Payee address; City; State; Zip Code <i>7202 Smulkey Hill Rd. Austin, TX. 78736</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>sicklers</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/13/10</i>	Payee name <i>Metro Mart</i>	Amount (\$) <i>\$ 10.72</i>
	Payee address; City; State; Zip Code <i>903 RR 620 S. Lakeview, TX 78734</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>maps - Lakeview</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/13/10</i>	Payee name <i>Bobby Vera</i>	Amount (\$) <i>\$ 625.00</i>
	Payee address; City; State; Zip Code <i>12118 Walnut Park Crossing Austin, TX. 78753</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>1st sign placement</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/15/10</i>	Payee name <i>FedEx Kinkos</i>	Amount (\$) <i>\$ 56.55</i>
	Payee address; City; State; Zip Code <i>6317 Bee caves Rd., Ste 240 Austin, TX 78746</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>flyers</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/15/10</i>	Payee name <i>FedEx Kinkos</i>	Amount (\$) <i>\$ 3.19</i>
	Payee address; City; State; Zip Code <i>6317 Bee caves Road, Ste. 240 Austin, TX 78746</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>copies</i> (If travel outside of Texas, complete Schedule T)	

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