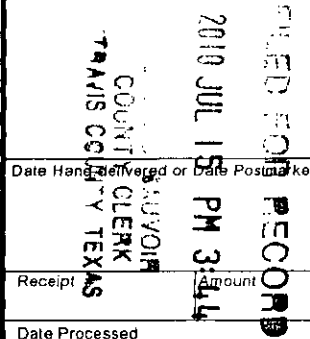


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7413

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  7
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: Mr.      FIRST: David      MI: Anthony NICKNAME:      LAST:      SUFFIX: <b>Buttross</b>	<b>OFFICE USE ONLY</b>  Date Received Date Hand Delivered or Date Postmarked Receipt Amount Date Processed Date Imaged 	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: PO Box 5396 APT / SUITE #:      CITY: Austin, Texas, 78763      STATE:      ZIP CODE: <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: ( 512 )      PHONE NUMBER: 9708932      EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR:      FIRST: Betsy      MI:      NICKNAME:      LAST:      SUFFIX: <b>Buttross</b>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <i>(Residence or business)</i>	STREET ADDRESS (NO PO BOX PLEASE): PO Box 203174 APT / SUITE #:      CITY: Austin, Texas, 78720      STATE:      ZIP CODE:		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: ( 512 )      PHONE NUMBER: 970-8932      EXTENSION:		
<b>9 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>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 4 / 1 / 2010      6 / 30 / 2010		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 6 / 30 / 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> County Commissioner in District #2	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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**  
David Buttross

**16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**


additional pages

\*\* 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. \*\*

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

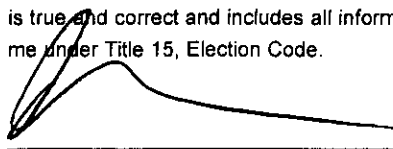
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 485.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12.86
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**19 AFFIDAVIT**



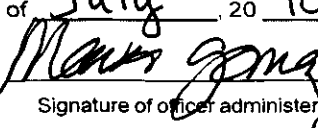
**MARISA GOMEZ**  
Notary Public, State of Texas  
My Commission Expires  
August 20, 2013

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.

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Buttross, this the 15<sup>th</sup> day of July, 20 10, to certify which, witness my hand and seal of office.

  
\_\_\_\_\_  
Signature of officer administering oath

Marisa Gomez  
\_\_\_\_\_  
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

David Buttross

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

**4** Date

4/13/2010

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Regina Buttross Dargahi

**6** Contributor address; City; State; Zip Code

9603 Kangaroo Lane  
AUSTIN, TX 78748

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

25.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

Attorney

**10** Employer (See Instructions)

Law Office of Regina Buttross, P.C.

Date

4/13/2010

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

Payman Dargahi

Contributor address; City; State; Zip Code

9603 Kangaroo Lane  
AUSTIN, TX 78748

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

General Manager

Employer (See Instructions)

Home Depot

Date

4/21/2010

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

Scott Shirey

Contributor address; City; State; Zip Code

10409 Snapdragon  
Austin, TX 78739

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

4/23/2010

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

Jay Marie Buttross

Contributor address; City; State; Zip Code

8701 Ampezo Trl  
austin, TX 78749

Amount of contribution (\$)

5.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

None

Date

4/23/2010

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

youssef Lahlou

Contributor address; City; State; Zip Code

2600 Penny Ln #123  
Austin, TX 78757

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)

Manager

Employer (See Instructions)

Administaff

**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 2

2 FILER NAME

David Buttross

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/23/2010

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

Loubna Tahiri

6 Contributor address; City; State; Zip Code

8600 RR 620 north apt:1524  
Austin, TX 78726

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Periodontist

10 Employer (See Instructions)

Carus Dental

Date

4/23/2010

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

Anass Bennani

Contributor address; City; State; Zip Code

15312 Morgan Creekk Ct  
Austin, TX 78717

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MIS Director

Employer (See Instructions)

Michael Angelos

Date

4/23/2010

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

Bahija Joudar

Contributor address; City; State; Zip Code

11701 Sarducci Ln  
Austin, TX 78748

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

5/3/2010

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

Bryan Kastleman

Contributor address; City; State; Zip Code

2714 Bee Cave Road Ste 204  
Austin, TX 78746

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Kastleman & Associates, Inc

Date

5/8/2010

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

George Sears McGee

Contributor address; City; State; Zip Code

1623 Watchhill Road  
Austin, TX 78703

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

self

**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 of 3

**2** FILER NAME  
David Buttross

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

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
4/13/2010	Piryx, Inc.	
	<b>6</b> Payee address; City; State; Zip Code	1.13
	401 W 15th Street Suite 520	
	Austin, TX 78701	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> .. Complete if direct expenditure to benefit C/OH ..		
Transaction fee	Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

Date	Payee name	Amount (\$)
4/13/2010	Piryx, Inc.	
	Payee address; City; State; Zip Code	1.13
	401 W 15th Street Suite 520	
	Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH ..		
Transaction fee	Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

Date	Payee name	Amount (\$)
4/21/2010	Piryx, Inc.	
	Payee address; City; State; Zip Code	0.45
	401 W 15th Street Suite 520	
	Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH ..		
Transaction fee	Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

Date	Payee name	Amount (\$)
4/23/2010	Piryx, Inc.	
	Payee address; City; State; Zip Code	0.23
	401 W 15th Street Suite 520	
	Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH ..		
Transaction fee	Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

**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:  
2 of 3

2 FILER NAME  
David Buttross

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Piryx, Inc.	7 Amount (\$)
4/23/2010	6 Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	4.50

8 Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
-------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

Date	Payee name Piryx, Inc.	Amount (\$)
4/23/2010	Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	1.13

Purpose of payment (See instructions regarding type of information required.)  Transaction fee (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 Piryx, Inc.	Amount (\$)
4/23/2010	Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	0.90

Purpose of payment (See instructions regarding type of information required.)  Transaction fee (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 Piryx, Inc.	Amount (\$)
4/23/2010	Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	1.13

Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**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:  
3 of 3

**2** FILER NAME  
David Buttross

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

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
5/3/2010	Piryx, Inc.	
	<b>6</b> Payee address; City; State; Zip Code	1.13
	401 W 15th Street Suite 520	
	Austin, TX 78701	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> .. Complete if direct expenditure to benefit C/OH ..
Transaction fee	Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
5/8/2010	Piryx, Inc.	
	Payee address; City; State; Zip Code	1.13
	401 W 15th Street Suite 520	
	Austin, TX 78701	

Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH ..
Transaction fee	Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH ..
(If travel outside of Texas, complete Schedule T)	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.)	.. Complete if direct expenditure to benefit C/OH ..
(If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**