

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7705

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 7663	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Michael D. NICKNAME LAST SUFFIX Cargill	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 0;">Date Received</p> <p style="font-size: small; margin: 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: small; margin: 0;">Receipt # Amount</p> <p style="font-size: small; margin: 0;">Date Processed</p> <p style="font-size: small; margin: 0;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10701 Claywood Drive Austin, Tx 78704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 697-3111		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Kory T NICKNAME LAST SUFFIX Zippeter		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 321 W Ben White Blvd Suite 203 Austin, Tx 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 788-6998		
9 REPORT TYPE	<input checked="" 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 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 11 / 10 / 2011 THROUGH 12 / 31 / 2011		
11 ELECTION	ELECTION DATE Month Day Year 04 / 03 / 2012	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) N/A	13 OFFICE SOUGHT (if known) Travis County Constable Precinct 2	

GO TO PAGE 2

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Michael D. Corgill		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 11/18/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kory Zipperer	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable) N/A
6 Contributor address; City; State; Zip Code 321 W Ben White Blvd Suite 203 Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mavreen Foley	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 3802 Brook Shadow Dr. Kingwood, TX 77345		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/4/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carl Meyer	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 4505 Spiceworld Rd Johnson City, TX 78669		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kurt Gross	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 3909 Gyr Falcon Cove Austin, TX 78738		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Shi	Amount of contribution (\$) \$160.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 8205 Spring Valley Ln Plano, TX 75025		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **2**

2 FILER NAME: **Michael D. Congill** 3 ACCOUNT # (Ethics Commission Filers): **7663**

4 Date 12/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CTCHGC LLC	7 Amount of contribution (\$) \$27.98	8 In-kind contribution description (if applicable) 500 sheets of red paper (for flyers)
6 Contributor address; City; State; Zip Code 321 W. Ben White Blvd Suite 203 Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 12/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Signs on The SPOT	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) Yard Signs(200)
Contributor address; City; State; Zip Code 3303 Rosefinch Trl Austin, TX 78746		(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)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS **SCHEDULE E**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: **1**

2 FILER NAME **Michael D. Corgill** 3 ACCOUNT # (Ethics Commission Filers) **7663**

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan **11/28/2011** 7 Name of lender out-of-state PAC (ID#: _____) **Michael D. Corgill** 9 Loan Amount (\$) **\$1,200.00**

6 Is lender a financial institution? **Y (N)** 8 Lender address; City; State; Zip Code **10701 Claywood Drive Austin, TX 78704** 10 Interest rate **N/A** 11 Maturity date **N/A**

12 Principal occupation / Job title (See Instructions) **N/A** 13 Employer (See Instructions) **N/A**

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable 17 Name of guarantor _____ 18 Guarantor address; City; State; Zip Code _____ 19 Amount Guaranteed (\$) _____

20 Principal Occupation (See Instructions) _____ 21 Employer (See Instructions) _____

Date of loan _____ Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$) _____
 Is lender a financial institution? **Y N** Lender address; City; State; Zip Code _____ Interest rate _____
 Maturity date _____

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions) _____

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor _____ Amount Guaranteed (\$) _____
 Guarantor address; City; State; Zip Code _____

Principal Occupation (See Instructions) _____ Employer (See Instructions) _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Michael D. Cargill	3 ACCOUNT # (Ethics Commission Filers) 7663
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4 Date 11/28/2011	5 Payee name Travis County Democratic Party
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1311 E 6th St. Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Filing Fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Michael D. Cargill		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 12/21/2011		5 Payee name Travis County Tax office			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$0.20		7 Payee address; City; State; Zip Code 5501 Airport Blvd Austin, TX 78751			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Voter History	
Date 12/27/2011		Payee name Travis County Tax office			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$54.40		Payee address; City; State; Zip Code 5501 Airport Blvd Austin, TX 78751			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Voting Data	
Date 12/27/2011		Payee name Travis County Constable Pct 2			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$2.50		Payee address; City; State; Zip Code 10409 Burnet Rd #150 Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Open Records Request	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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