

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

7935

**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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael	MI D
	NICKNAME Cargill	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: P.O. BOX 82303	APT / SUITE #:	CITY: Austin, TX STATE: TX ZIP CODE: 78708
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (512) PHONE NUMBER: 788-6998 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Kory	MI T
	NICKNAME Zipperer	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 321 W Ben White Blvd #202		
	CITY: Austin, TX STATE: TX ZIP CODE: 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 788-6998 EXTENSION:		
	9 REPORT TYPE		
<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)			
10 PERIOD COVERED		11 ELECTION	
Month Day Year 7 / 1 / 12 THROUGH Month Day Year 7 / 21 / 12		ELECTION DATE Month Day Year: 7 / 31 / 12 ELECTION TYPE: <input type="checkbox"/> Primary <input checked="" 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 Candidate PCT 2	
GOTO PAGE 2			

OFFICE USE ONLY

Date Received: **2012 JUL 23 PM 5: 2**

Date Hand-delivered or Postmarked: **2012 JUL 23 PM 5: 2**

Receipt # Amount:

Date Processed: **2**

Date Imaged:

FILED FOR RECORD
Dana DeBeauvoir
County Clerk
Travis County, Texas

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Michael Cargill

15 ACCOUNT # (Ethics Commission Filers)

7663

16 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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

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

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

1,500.00

CONTRIBUTION BALANCE

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

\$

2,747.64

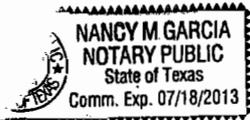
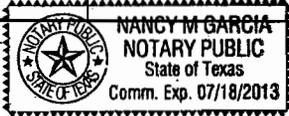
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael D. Cargill, this the 22 day of July, 20 12, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Nancy M. Garcia

Printed name of officer administering oath

Notary

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:

3

2 FILER NAME

Michael Cargill

3 ACCOUNT # (Ethics Commission Filers)

7663

4 Date

7-8-2012

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

Rex Crowder

7 Amount of contribution (\$)

10.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

17302 W First St
Lago Vista, TX 78645

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7-8-2012

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

Ed Sanchez

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7 Longwood Rd
Cedar Park, TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-8-2012

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

Ken Febbo

Amount of contribution (\$)

34.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3110 Point Cove
Lago Vista, TX 78645

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-8-2012

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

Robert Love

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5612 E. Martin Luther King
Austin, TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-8-2012

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

Tom Hegedus

Amount of contribution (\$)

14.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2 Meadows Way
Round Rock, TX 78664

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	
2 FILER NAME Michael Cargile		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 7-7-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eagle Peak Shooting Range	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 20026 Lindeman LN Leander, TX 78641		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-19-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Accountable Govt	Amount of contribution (\$) 539.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 1306 Baronets TRL Austin, TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-20-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Accountable Govt	Amount of contribution (\$) 595.38	In-kind contribution description (if applicable) Signs
Contributor address; City; State; Zip Code 1306 Baronets TRL Austin, TX 78753		(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 SCHEDULE 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: 3	
2 FILER NAME Michael Cargill		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 7-8-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parish Elliott	7 Amount of contribution (\$) 7.50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6508 Shady LN Lago Vista, TX 78645		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Joseph A	Amount of contribution (\$) 7.50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Dover Lane Lago Vista, TX 78645		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Hilgart	Amount of contribution (\$) 7.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12343 Hunters Chase Dr. Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard Chapu	Amount of contribution (\$) 7.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 81236 Austin, TX 78708		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-7-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Walker	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20120 Lindeman Lane Leander, TX 78641		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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:	2 FILER NAME <i>Michael Caruth</i>	3 ACCOUNT # (Ethics Commission Filers) <i>7663</i>
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4 Date <i>7-13-12</i>	5 Payee name <i>Signs on the Spot</i>
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6 Amount (\$) <i>1,500.00</i>	7 Payee address; City; State; Zip Code <i>3303 Rosefinch Trail Austin, TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Signs</i>
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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
Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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