

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

(Does NOT APPLY)

2 Total pages filed:

7

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
EDUARDO

NICKNAME LAST SUFFIX
EDDIE ARREDONDO

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
**400 GREAT WESTERN
MARBLE FALLS, TX 78657**

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
DAVID A

NICKNAME LAST SUFFIX
SCHAEFER

Receipt # Amount

Date Processed

Date Imaged

FILED
 04 JAN 5 PM 3:39
 JAMES PARKER
 COUNTY CLERK
 BURNET COUNTY, TEXAS

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
**100 SENISA COURT
BUCHANAN DAM, TX, 78609**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 793-6421

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 16 / 2003 THROUGH 12 / 31 / 2003

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

03 / 09 / 2004

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

**(BURNET Co., TX)
COUNTY ATTORNEY**

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME **EDUARDO ARREDONDO**

15 ACCOUNT #(Ethics Commission files)
(DOES NOT APPLY)

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. **

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

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

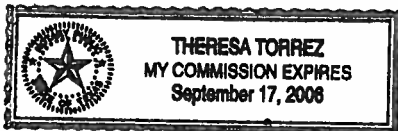
18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,426.40
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 72.96
4. TOTAL POLITICAL EXPENDITURES	\$ 1,962.15
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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.

Eduardo Arredondo
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eduardo Arredondo, this the 5 day of January, 2004, to certify which, witness my hand and seal of office.

Theresa Torrez
 Signature of officer administering oath

Theresa Torrez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **1**

2 FILER NAME **EDUARDO ARREDONDO**

3 ACCOUNT # (Ethics Commission filers)
(Does Not Apply)

4 Date
**SEPT. 15
2003**

5 Full name of contributor out-of-state PAC (ID#:
EDUARDO ARREDONDO
6 Contributor address; City; State; Zip Code
**400 GREAT WESTERN
MARBLE FALLS, TX 78657**

7 Amount of contribution (\$)
\$837.50

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)
ATTORNEY

10 Employer (Optional)
SELF-EMPLOYED

Date
**DEC. 15
2003**

Full name of contributor out-of-state PAC (ID#:
EDUARDO ARREDONDO
Contributor address; City; State; Zip Code
**400 GREAT WESTERN
MARBLE FALLS, TX 78657**

Amount of contribution (\$)
\$5298.96

In-kind contribution description (if applicable)

Principal occupation (Optional)
ATTORNEY

Employer (Optional)
SELF-EMPLOYED

Date
**SEPT. 05
2003**

Full name of contributor out-of-state PAC (ID#:
D.A. & ANGELA HARRAL
Contributor address; City; State; Zip Code
**P.O. Box 869
FT. STOCKTON, TX 79735**

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)
RANCHER

Employer (Optional)
SELF-EMPLOYED

Date
**SEPT. 09
2003**

Full name of contributor out-of-state PAC (ID#:
DAVID & BETTY SKINNER
Contributor address; City; State; Zip Code
**134 FIRESTONE PLACE
MEADOWLAKES, TX 78654**

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
**DEC. 15
2003**

Full name of contributor out-of-state PAC (ID#:
JEFF & B. SUE SCHAEFER
Contributor address; City; State; Zip Code
**6306 ELMGROVE RD
SPRING, TX 77389**

Amount of contribution (\$)
\$140

In-kind contribution description (if applicable)
**18 MONOGRAMMED
HATS**

Principal occupation (Optional)

Employer (Optional)

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

P 1 of 4

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME EDUARDO ARREDONDO		3 ACCOUNT # (Ethics Commission filers) (DOES NOT APPLY)
4 Date JULY 25 2003	5 Payee name THE PICAYUNE	7 Amount (\$) 176.22
6 Payee address; City; State; Zip Code 1007 AVE. K MARBLE FALLS, TX 78654		
8 Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADVERTISING		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date JULY 28 2003	Payee name BURNET COUNTY	Amount (\$) \$ 23.53
Payee address; City; State; Zip Code 220 S. PIERCE BURNET, TX 78611		
Purpose of payment (See instructions regarding type of information required.) DEMOGRAPHIC DATA VOTER Box RESULTS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date AUGUST 01 2003	Payee name THE HIGHLANDER	Amount (\$) \$132.00
Payee address; City; State; Zip Code 304 GATEWAY LOOP MARBLE FALLS, TX 78654		
Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADVERTISING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date AUGUST 29 2003	Payee name PRINTWORKS	Amount (\$) \$246.91
Payee address; City; State; Zip Code 314 MAIN ST. MARBLE FALLS, TX 78654		
Purpose of payment (See instructions regarding type of information required.) ADVERTISING = PRINTED MATTER		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

P. 2 of 4

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **EDUARDO ARREDONDO**

3 ACCOUNT # (Ethics Commission filers)
(DOES NOT APPLY)

4 Date
**AUGUST
29
2003**

5 Payee name
SIGNOGRAPHICS
6 Payee address; City; State; Zip Code
**705 FIRST ST.
MARBLE FALLS, TX 78654**

7 Amount (\$)
\$77.94

8 Purpose of payment (See instructions regarding type of information required.)
ADVERTISING: BANNERS X2

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
**SEPT.
15
2003**

Payee name
PRINTWORKS
Payee address; City; State; Zip Code
**314 MAIN ST
MARBLE FALLS, TX 78654**

Amount (\$)
\$210.00

Purpose of payment (See instructions regarding type of information required.)
ADVERTISING: PRINTED MATTER

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
**OCT.
16
2003**

Payee name
OUT-OF-THE-BOX
Payee address; City; State; Zip Code
**5709 WOODWAY
HOUSTON, TX 77057**

Amount (\$)
\$13.53

Purpose of payment (See instructions regarding type of information required.)
ADVERTISING: HATS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
**NOV
19
2003**

Payee name
AMERICAN BANK OF TEXAS
Payee address; City; State; Zip Code
**AMERICAN BANK OF TEXAS, N.A.
P.O. Box 888, MARBLE FALLS, TX 78654**

Amount (\$)
\$2.95

Purpose of payment (See instructions regarding type of information required.)
BANK ACCOUNT FEE

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

P. 3 OF 4

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **EDUARDO ARREDONDO**

3 ACCOUNT # (Ethics Commission filers)
(DOES NOT APPLY)

4 Date
**DEC.
04
2003**

5 Payee name
BURNET CO. REPUBLICAN PARTY

7 Amount (\$)
\$750.00

6 Payee address; City; State; Zip Code
**228 S. MAIN
BURNET, TX 78611**

8 Purpose of payment (See instructions regarding type of information required.)
**FEE TO ENTER MARCH 2004
PRIMARY ELECTION**

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
**DEC.
17
2003**

Payee name
AMERICAN BANK OF TEXAS

Amount (\$)
\$2.95

Payee address; City; State; Zip Code
**P.O. Box 888
MARBLE FALLS, TX 78654**

Purpose of payment (See instructions regarding type of information required.)
BANK ACCOUNT FEE

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
**DEC.
19
2003**

Payee name
THE PICAYUNE

Payee address; City; State; Zip Code
**1007 AVE. K
MARBLE FALLS, TX 78654**

Amount (\$)
\$176.22

Purpose of payment (See instructions regarding type of information required.)
NEWSPAPER ADVERTISING

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
**DEC
19
2003**

Payee name
THE HIGHLANDER

Payee address; City; State; Zip Code
**304 GATEWAY LOOP
MARBLE FALLS, TX 78654**

Amount (\$)
\$120.00

Purpose of payment (See instructions regarding type of information required.)
NEWSPAPER ADVERTISING

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F
P. 4 of 4

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME EDUARDO ARREDONDO		3 ACCOUNT # (Ethics Commission filers) (DOES NOT APPLY)
4 Date DEC. 29 2003	5 Payee name CITY OF MARBLE FALLS	7 Amount (\$) \$30.00
6 Payee address; City; State; Zip Code 800 THIRD ST. MARBLE FALLS, TX 78654		
8 Purpose of payment (See instructions regarding type of information required.) SIGN PERMIT		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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IN KIND CONTRIBUTIONS -POLITICAL CAMPAIGN OF EDUARDO ARREDONDO

	Contributor	Date	Amount	Description	TOTAL
1	Jeff & B. Sue Schaefer	12/15/03	\$140.00	Monogrammed hats X18	\$140.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00
13					\$0.00
14					\$0.00
15					\$0.00
16					\$0.00
17					\$0.00
18					\$0.00
19					\$0.00
20					\$0.00
21					\$0.00
22					\$0.00
23					\$0.00
24					\$0.00
25					\$0.00

SUM OF IN KIND CONTRIBUTIONS

\$140.00

Contributors Addresses

Arredondo, Eduardo Arredondo, 400 Great western, Marble Falls, TX, 78657, (830) 693-5775
Harral, D.A. or Angela Harral, P.O. Box 869, Ft. Stockton, TX, 79735, (432) 395-2419
Schaefer, Jeff & Billie Sue Schaefer, 6306 Elmgrove Rd, Spring, TX, 77389, (281) 370-9186
Skinner, David W. & Betty Skinner, 134 Firestone Place, Meadowlakes, TX, 78654

Payee Addresses

American Bank of Texas, N.A., P.O. Box 888, Marble Falls, TX, 78654, (830) 693-3676
Burnet County Republican Party, 228 S. Main, Burnet, TX, 78611, (512) 756-7799
Burnet County, 220 S. Pierce, Burnet, TX, 78611, (512) 756-5420
Highlander, 304 Gateway Loop, Marble Falls, TX, 78654, (830) 693-7152
Marble Falls (City of), 800 Third St., Marble Falls TX, 78654, (830) 693-3615
Out-Of-The-Box, 5709 Woodway, Houston, 77057, (832) 252-6222
Picayune, The Picayune, 1007 Ave. K, Marble Falls, TX, 78654, (830) 693-7152
Printworks, 314 Main St., Marble Falls, TX, 78654, (830) 693-3024
Signographics, 705 First St., Marble Falls, TX, 78654, (830) 693-3331