

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)

2 Total pages filed:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
EDUARDO
NICKNAME LAST SUFFIX
EDDIE ARREDONDO

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED
2004 MAR 2 - 1 AM 11:48
BURNET COUNTY, TEXAS
CLERK OF COUNTY CLERK'S OFFICE

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
DAVID A
NICKNAME LAST SUFFIX
SCHAEFER

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
**100 SENISA CT. 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
01 / 30 / 2004 THROUGH 02 / 29 / 2004

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 filers)
(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

\$

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

\$ 2,350.00

EXPENDITURE TOTALS

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

\$ 27.33

4. TOTAL POLITICAL EXPENDITURES

\$ 1,605.10

OUTSTANDING LOAN TOTALS

5. 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward Arredondo, this the 1st day of March, 2004, to certify which, witness my hand and seal of office.

Nancy K Collins

Signature of officer administering oath

NANCY K. COLLINS

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 2/12/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DIANE & EDDIE ARREDONDO	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 400 GREAT WESTERN MARBLE FALLS, TX 78657			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/20/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MICHAEL & SALLY LUCKSINGER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 520 BURNET, TX 78611			
Principal occupation (Optional)		Employer (Optional)	
Date 2/20/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MIKE CENTER	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1532 MARBLE FALLS, TX 78654			
Principal occupation (Optional)		Employer (Optional)	
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			
Principal occupation (Optional)		Employer (Optional)	
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			
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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME **EDUARDO ARREDONDO**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/9/2004

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

7 Amount (\$)
\$379.96

8 Purpose of payment (See instructions regarding type of information required.)
**CAMPAIGN ADVERTISING
PRINTED MATTER**

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

Date
2/20/2004

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

Amount (\$)
\$305.81

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

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

Date
2/12/2004

Payee name
K BAY RADIO STATION
Payee address; City; State; Zip Code
**W. HWY 2147
HORSESHOE BAY, TX 78657**

Amount (\$)
\$892.00

Purpose of payment (See instructions regarding type of information required.)
**CAMPAIGN ADVERTISING
BY RADIO ANNOUNCEMENTS**

.. 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED