

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:

3
2004 JUL 15 PM 1:21
FILED
CLERK OF COUNTY CLERK
BURNET COUNTY, TEXAS

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

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
03 / 01 / 2004 THROUGH 06 / 30 / 2004

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / / 2004 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

**COUNTY ATTORNEY OF
BURNET COUNTY, TX**

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 **\$50.00**

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

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$50.75**

4. TOTAL POLITICAL EXPENDITURES **\$1,661.67**

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 **E. Arredondo**, this the **15th** day of **July**, 20 **04**, to certify which, witness my hand and seal of office.

Signature of officer administering oath



DEANNA G. HAWKINS
Notary Public
STATE OF TEXAS

Printed name of officer administering oath

Notary Public

Type of officer administering oath

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)
DOES NOT APPLY

4 Date
3/23/04

5 Payee name
HILL COUNTRY POUTICS

7 Amount (\$)
\$786.00

6 Payee address; City; State; Zip Code
**1502 FLAG
LLANO, TX 78643**

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

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

Date
3/31/04

Payee name
HIGHLANDER NEWSPAPER

Amount (\$)
\$60.00

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

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

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

Date
4/9/04

Payee name
VICTORY PUBLISHING

Amount (\$)
\$67.79

Payee address; City; State; Zip Code
MARBLE FALLS, TX 78654

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

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

Date
3/9/04

Payee name
EDUARDO ARREDONDO

Amount (\$)
\$697.13

Payee address; City; State; Zip Code
**400 GREAT WESTERN
MARBLE FALLS, TX 78657**

Purpose of payment (See instructions regarding type of information required.)
**REIMBURSEMENT FOR PURCHASE OF
ADVERTISING SIGNS**

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED