

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

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
EDUARDO
NICKNAME LAST SUFFIX
EDDIE ARREDONDO

OFFICE USE ONLY

Date Received

FILED
2005 JUL 13 AM 8:48
BURNET COUNTY, TEXAS

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

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
01/01/2005 THROUGH 06/30/2005

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any) **COUNTY ATTORNEY
OF BURNET COUNTY, TEXAS**

12 OFFICE SOUGHT (if known)

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

15 ACCOUNT # (Ethics Commission files)

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. **

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ _____

EXPENDITURE TOTALS

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

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 100.00

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 Eddie Arredondo, this the 13th day of July, 20 05, 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
Title 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)

4 Date
**FEB. 1,
2005**

5 Payee name
MARBLE FALLS CHAMBER OF COMMERCE

7 Amount (\$)
100.00

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

8 Purpose of payment (See instructions regarding type of information required.)
**CHAMBER OF COMMERCE
DINNER & POLITICAL EVENT**

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~~

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED