		TE / OFFICEHOLDER N 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	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY  Date Received
		NICKNAME LAST  PANGU	SUFFIX	AUSTIN RE 2011 APR
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY:  RO BOX 18233 AVST	STATE; ZIP CODE	Date Hand-delivered Dostm Fred
	change of address			Receipt # Amdunt
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 736-7887	EXTENSION	Date Processed
6	CAMPAIGN TREASURER NAME	MS MRS / MR FIRST	MI	Date Imaged
		NICKNAME LAST	SUFFIX	
7	CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #;  15450 + 1325 + 736	CITY; STATE:	ZIP CODE
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 363-426(	EXTENSION	
9	REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10	PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 2011
11	ELECTION	ELECTION DATE Month Day Year  Composite Composition Co	Runoff	General Special
2	OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	TY connect
4	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
	BY OTHER INDIVIDUALS	Name		
_	additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

**GO TO PAGE 2** 

Austin, Texas 78711-2070

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

(512) 463-5800

15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME		
GENERAL COMMITTEE ADDRESS				
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	,	
COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1200.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		ized \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,912.84	
CONTRIBUTION BALANCE	TOTAL POLITICAL EXPENDITURES      TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD      STANDARD STAND			
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
19 AFFIDAVIT				
	BRUCE DANE ORMANI NOTARY PUBLIC State of Texas	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report information required to be reported by	
	Comm. Exp. 07/21/20		didate or Officeholder	
AFFIX NOTARY STAME		- 0	,	
Sworn to and subs	, ,	me, by the said <u>Ezic J. Kan</u>		
14m	of April	, 20 _// , to certify which, witness r	ny hand and seal of office.	
Fine Ima	1	BRUCE DANCE ORMAND II	NOTARY RUBLIC	
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath	

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

				· · · · · · · · · · · · · · · · · · ·
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
2 FILER NAME	thic J. PANGAL	-	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	)	7 Amount of cantribution (\$)	8 In-kind contribution description (if applicable)
(,[,,]	6 Contributor address; City; State; Zip Code		45.00	
	AUSTIN, TX		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor  uut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
ا، ۱۷.۱۷	Contributor address; City; State; Zip Code		100-60	
	Austin, TX		(If travel outside (	of Texas, complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See I		JI lexas, complete ochodele ./
Date	Full name of contributor out-of-state PAC (ID#_ COGAN PODE GUA		Amount of contribution (\$)	In-kind contribution description (if applicable)
<u>                                     </u>	Contributor address; City; State; Zip Code	Table 1	(06-	   
			·	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.22:11	Contributor address; City; State; Zip Code  MGT(N TX		76.ª	
	Aves 12,17		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
26.11	Contributor address; City; State; Zip Code		50.	<del> </del>  -
	AUSTIN TX		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(512) 463-5800

# **POLITICAL CONTRIBUTIONS**

P.O. Box 12070

# SCHEDULE A

OTHER	THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	1 Total pages Schedule A:		
2 FILER NAME	EPIL S. PANGE	3 ACCOUNT# (E	thics Commission Filers)	
4 Date	Date 5 Full name of contributorout-of-state PAC (ID#:)  PAWK OFMAND		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2.2-11 6 Contributor address; City; State; Zip Code  AUST(NIX			350.	
			`	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date Q.B.U	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
W.D.VI	Contributor addréss; City; State; Zip Code		26.	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2.7-U	Contributor address; City; State; Zip Code  AUST[ H , T ]		20.	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2.14.11	Contributor address; City; State; Zip Code		20.00	
Principal occup	action / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_	177	Amount of contribution (\$)	In-kind contribution description (if applicable)
2(5.11	Contributor address; City; State; Zip Code		100.	
Principal occup	ation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES O			requirements.

# **POLITICAL CONTRIBUTIONS**

#### SCHEDULE A

(512) 463-5800

OTALA	THAN PLEDGES OR LOA			
The	Instruction Guide explains how to complete this	1 Total pages Schedule A:		
2 FILER NAME EPIC J. PIANGEL			3 ACCOUNT# (E	(thics Commission Filers)
4 Date	LOPI PANGAL - POMPA		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2(5.11	6 Contributor address; City; State; Zip Code	r	20.	ł [
	LOCKHAPT, TX 736	47	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
218 M	Contributor address; City; State; Zip Code  AUSATN TX		20,3	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 222- V	Full name of contributor   out-of-state PAC (ID#:_  # 2ATH		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Dation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#_	App	Amount of contribution (\$)	In-kind contribution description (if applicable)
2.23.V	Contributor address; City; State; Zip Code		40 ex	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete schedule 1)
Date V. W. W	Full name of contributor   out-of-state PAC (ID#:_  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	. ,	of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

(512) 463-5800

# **POLITICAL CONTRIBUTIONS**

# SCHEDULE A

OTHER THAN PLEDGES OR LOANS				
The Instr	uction Guide explains how to complete this	1 Total pages Sch	edule A:	
2 FILER NAME ERIC J. RANJEL			3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#)  TWAN SALATAY  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
6 C	Contributor address; City; State; Zip Code		20.=	of Toyon, complete Schedule T)
9 Principal occupation	/ Job title (See Instructions)	10 Employer (See I	·	of Texas, complete Schedule T)
0.1011	Full name of contributor   out-of-state PAC (ID#_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	416USTON, TX			of Texas, complete Schedule T)
Principal occupation	/ Job title (See Instructions)	Employer (See I	nstructions)	
	Full name of contributor   out-of-state PAC (ID#_  DWW Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	ACROQUEROUS, NM  / Job title (See Instructions)	Employer (See I	<del>. `</del>	of Texas, complete Schedule T)
				HAMP F
Date F	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(if travel outside o	of Texas, complete Schedule T)
Principal occupation	/ Job title (See Instructions)	Employer (See In	nstructions)	
Date F	ulf name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
C	contributor address; City; State; Zip Code			4 Towns consolide Cobadula T
Principal occupation	/ Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1.28.11	5 Payee name FAD tX		A LONG THE REAL PROPERTY OF THE PROPERTY OF TH	
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code		
1315	AUSTIN,	TX		
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule) (b) Descript	ion (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	ADVAPTISING	EXPENSE		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	e Office so	ught Office held	
Date 129.11	Payee name HMB			
Amount (\$)	Payee address; City; S	tate; Zip Code		
91.22	AUSTINITY	•		
PURPOSE OF	Category (See categories listed at the to	p of this schedule) Descript	ion (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	FOOD/FAVERAGE	EXPENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office so	ught Office held	
Date	Payee name			
5-1-11	JACK Prupa	ON		
Amount (\$)	Payee address; City; St	ate; Zip Code		
300.	XYU,TX			
PURPOSE OF	Category (See categories listed at the to	p of this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	EVENT EXPEN	SF		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office so	ught Office held	
Date	Payee name			
5.18.U	CITY OF AN	SETIN		
Amount (\$)	Payee address; City; St	ate; Zip Code		
500	AUSTIN, T)	C		
PURPOSE OF	Category (See categories listed at the to	p of this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	TEPS			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ught Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

(512) 463-5800

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

P.O. Box 12070

# SCHEDULE G

Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labo Accounting/Banking Legal Services Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete telephone		Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee  OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME	ATTENDED TO THE PROPERTY OF TH	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name  ONION CRAN  7 Payee address; City; Sta	e curb	,
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; Sta		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top		iption (If travel outside of Taxas, complete Schedule T)
1.28 · W	Payee name  WAV WART		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; Sta	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top-		iption (If travel outside of Texas, complete Schedule T)
1-28.U	Payee name  ACT WAP	Т	
Amount (\$)  3 ( . 13)  Relmbursement from political contributions intended	Payee address; City; Stai	te; Zip Code	
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226. U	Payee name THE BEUM	740	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; Stat	te; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) Descri	ption (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE	AS NEEDED

# **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

## SCHEDULE G

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel in District Travel Out Of Distr	sing Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 685	The Instruction Guide	Office Overhead/Re explains how to c	•	OTHER (enter a category not listed above) m,
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
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6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
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Reimbursement from political contributions intended	AZ			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVATISING / WA	ARSITE		
Date	Payee name			
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVANTISING/DAG	Rote		
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#### (TDD 1-800-735-2989)

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

### SCHEDULE G

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Advertising Expense	Gift/Awards/Memorials Expense			Loan Repayment/Reimbursement
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4 Tatal agence Cahadula Co				3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Lanca Containsaion Chors,
4 Date	5 Payee name			
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6 Amount (\$)	7 Payee address; City; St	State; Zip Code		
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PURPOSE	Category (See categories listed at the top	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE		,		ļ
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	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS N	NEEDED

# AUSTIN CITY CLERK RECEIVED

2011 APR 14 PM 4 08

#### **EXEMPTION STATEMENT PER 2-2-26**

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:
RANGEL ERIC J (Last) (First) (Middle)
ADDRESS: 1500 E. RIVERSIDE DRIVE Austin Tx 78741
DATE OF FILING: 4.14.11
STATEMENT
I/we, E2:c 5, Pand (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of Tankay, 20 11 through May 14, 20 11. Therefore, I/w will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.
Signed by Candidate or Campaign Committee
4-13-11 Date
NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.

Office of the City Clerk 20.36 F3