

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST ERIC	MI D
	NICKNAME	LAST PANZAR	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	PO BOX 18233 AUSTIN, TX 78760		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	736-7882	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST HEATHER	MI
	NICKNAME	LAST PANZAR	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	15450 FM 1325 #736 AUSTIN, TX 78728		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	393-4261	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	12	01	2010
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05		14	2011
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			AUSTIN CITY COUNCIL
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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 TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)

\$

1225.⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

4,708.⁴⁶

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

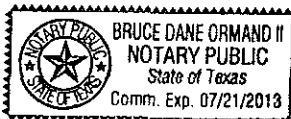
223.²⁹

OUTSTANDING LOAN TOTALS

6. 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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ERIC J. RANGEL, this the 6th day of MAY, 20 11, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

BRUCE DANE ORMAND II
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME

ERIC J. PANBEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-11-11

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

DANE ORMAND

6 Contributor address; City; State; Zip Code

AUSTIN, TX

7 Amount of contribution (\$)

45.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-11-11

Full name of contributor

☐ out-of-state PAC (ID# _____)

MATT RUSSO

Contributor address; City; State; Zip Code

AUSTIN, TX

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-11

Full name of contributor

☐ out-of-state PAC (ID# _____)

LOGAN RODRIGUEZ

Contributor address; City; State; Zip Code

AUSTIN, TX

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-11

Full name of contributor

☐ out-of-state PAC (ID# _____)

JEB BOYT

Contributor address; City; State; Zip Code

AUSTIN, TX

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-6-11

Full name of contributor

☐ out-of-state PAC (ID# _____)

RITA GARCIA

Contributor address; City; State; Zip Code

AUSTIN, TX

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ERIC J. PANBAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2.8.11

5 Full name of contributor

☐ out-of-state PAC (ID#)

BRUCE ORMAND

6 Contributor address; City; State; Zip Code

AUSTIN, TX

7 Amount of contribution (\$)

350.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2.8.11

Full name of contributor

☐ out-of-state PAC (ID#)

CODY GEORGE

Contributor address; City; State; Zip Code

AUSTIN, TX

Amount of contribution (\$)

20.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.8.11

Full name of contributor

☐ out-of-state PAC (ID#)

APRIL BESAN

Contributor address; City; State; Zip Code

AUSTIN, TX

Amount of contribution (\$)

20.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.14.11

Full name of contributor

☐ out-of-state PAC (ID#)

SALWINDA HALL

Contributor address; City; State; Zip Code

AUSTIN, TX

Amount of contribution (\$)

20.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.15.11

Full name of contributor

☐ out-of-state PAC (ID#)

DOLORES SCHLEETZ

Contributor address; City; State; Zip Code

AUSTIN, TX

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME ERIC J. PANBAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2.15.11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CORI PANBAC-POMPA 6 Contributor address; City; State; Zip Code LOCKHART, TX	7 Amount of contribution (\$) 26.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 2.18.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PANBAC ASKARI Contributor address; City; State; Zip Code AUSTIN, TX	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 2.22.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HEATHER BRADY Contributor address; City; State; Zip Code AUSTIN, TX	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 2.23.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OLGA MALDONADO Contributor address; City; State; Zip Code AUSTIN, TX	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 2.24.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THOMAS SCHATTE Contributor address; City; State; Zip Code KLYE, TX	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>EPH J. FANGLER</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2.24.11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>STEVEN SALAZAR</i>	7 Amount of contribution (\$) <i>20.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>AUSTIN, TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3.10.11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>LATOYA SMITH</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>HOUSTON, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4.13.11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>KRISTY PUMA</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>ALBUQUERQUE, NM</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4.6.11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>HECTOR BASQUET</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>AUSTIN, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4.27.11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>JOAQUIN GREGO</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>ALBUQUERQUE, NM</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR 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/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME ERIC J. RANGAL		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1.28.11		5 Payee name FWD EX			
6 Amount (\$) 23.25		7 Payee address; City; State; Zip Code AUSTIN, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1.29.11		Payee name ALB			
Amount (\$) 86.58		Payee address; City; State; Zip Code AUSTIN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD / BEVERAGE		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1.29.11		Payee name CRISTVIEW MINIMAX			
Amount (\$) 91.88		Payee address; City; State; Zip Code AUSTIN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD / BEVERAGE		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3.9.11		Payee name JACK BURTON			
Amount (\$) 200.00		Payee address; City; State; Zip Code KYLE, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>ERIC J. PANGL</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3.13.11</i>	5 Payee name <i>CITY OF AUSTIN</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>AUSTIN, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FEES</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR 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/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME ERIC J. RANGEL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-11-11	5 Payee name ONION CREEK CLUB	
6 Amount (\$) 1,104.⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code AUSTIN, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
Date 1-28-11	Payee name WAL-MART	
Amount (\$) 8.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code AUSTIN, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DECORATION	Description (If travel outside of Texas, complete Schedule T) FOR AN EVENT
Date 1-28-11	Payee name ACE MART	
Amount (\$) 31.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code AUSTIN, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DECORATION	Description (If travel outside of Texas, complete Schedule T) FOR AN EVENT
Date 2-26-11	Payee name TREA BELMONT	
Amount (\$) 475 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code AUSTIN, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR 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/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME ERIC J. PANBAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12.14.10	5 Payee name USPS PO BOXES	
6 Amount (\$) 24.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code WASHINGTON DC	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER (MAIL)	(b) Description (If travel outside of Texas, complete Schedule T)
Date 12.14.10	Payee name GODADDY.COM	
Amount (\$) 90.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code AZ	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING / WEBSITE	Description (If travel outside of Texas, complete Schedule T)
Date 12.22.10	Payee name JANICA PAGES PHOTOGRAPHY	
Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code AUSTIN, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING / PHOTOS	Description (If travel outside of Texas, complete Schedule T)
Date 12.30.10	Payee name GOT PRINT.COM	
Amount (\$) 36.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code CA	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR 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/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>FRU J. PANKAU</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3.11.11</i>		5 Payee name <i>Kelly Graphics</i>			
6 Amount (\$) <i>927.66</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>AUSTIN, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
Date <i>4.2.11</i>		Payee name <i>AMPRO</i>			
Amount (\$) <i>709.04</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>AUSTIN, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

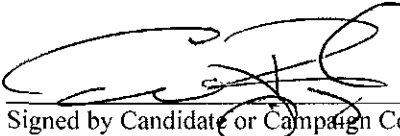
PANGOL ERIC J.
(Last) (First) (Middle)

ADDRESS: 1500 E. RIVERSIDE DR., #537 AUSTIN, TX 78741

DATE OF FILING: 5.6.11

STATEMENT

I/we, ERIC J. PANGOL (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 JANUARY, 20 11 through MAY, 20 11. Therefore, I/we 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

5.6.11
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.