Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

CAMPAIG	N FINANCE REPORT	Cover Sheet PG 1
The C/OH Instruction	Guide explains how to complete this form. 1 ACCOUNT# (Etnics Commission filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MR, DAVID A NICKNAME LAST SUFFIX BUTTROSS	OFFICE USE ON PC STING:
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX; APT/SUITE#: CITY; STATE: ZIP CODE P. D. BOX 5396 AUSTIN TV 18763	Date Hand-delivered or Date Postmarked
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (5/2) 970-8932	Receipt # Amount Date Processed
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MRS KAREN L NICKNAME CAST SUFFIX	Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE & CITY: STATE; 7901 CAMERON RD BUG3-100	AUSTIN , TX 18754
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (5/2) 320-0888	
REPORTTYPE	July 15 Bth day before election Runoff Bunoff Bunoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officenoder only) Final report (Atlach C/OH - FR)
PERIOD COVERED	Month Day Year Month De 3 / 1 / 2009 THROUGH 4 / 9	/2109
ELECTION	SLECTION DATE SLECTION TYPE MONIN Day Year 5 4 / 2009 Printery Runoff	General Special
2 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if Max	own)
NOTICE OF DIRECT CAMPAIGN EXPENDITURE	 Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive hotification 	it the candidate's prior consent or approval, of the direct campaign expenditure.
BY OTHER INDIVIDUALS	Name Acdress / PO Box: Apt. / Suite #: City: 5:ste, Zip Code	_
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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 483-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

JOFFORT	<u> </u>		COVER SHEET PG Z
15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers
17 NOTICE FROM POLITICAL	candidate / officehol	otice of political contributions accepted or political expenditures made bider. These expenditures may have been made without the candidate's operations are required to report this information only if they receive notice	r officeholder's knowledge or consent
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
D admilonal pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	——————————————————————————————————————
S CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.40
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00 \$ 1850.00
EXPENDITURE 3. TOTAL TOTALS		POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
 	4. TOTAL	POLITICAL EXPENDITURES	\$ 5250.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		s 1850.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 30,000.00
Notary My	USSEF LAHLOU Public, State of Texas Commission Expires	I swear, or affirm, under penalty of pe is true and correct and includes all int me under Title 15. Election Code.	, , ,
201	otember 07, 2009	Signature of Candid	ate or Officeholder
AFFIX NOTARY STAMP : Sworn to and subscribe of	ed before me, by th	ne said Dawl A Rothog Ty which, witness my hand and seal of office.	, this the day
111	<u>-</u>	10 111 3	4

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-850ô

POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER	R THAN PLEDGES OR LOAI	NS 		
The Instruct	ion Gulde explains how to complete this form.		1 Total pages Sche	zedule A:
2 FILER NAM	ME DAVID A. BUTTROSS		3 ACCOUNT# (Eu	vics Commission (Ners)
4 Date 3/22/09	5 Full name of contributoracdate PACIDE_ Philip.C. JOSUPH 6 Contributor address; City; State; Zip Code 524 North Lamae + 201 A x	to The more	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occ	upgion, / Job title (See Instructions) HHOONELL OF LOW!	10 Employer (See In	•	of Texas, complete Schedule T)
0ate 3128/09	Full name of contributor Condition Thomas Baggett JL. Contributor address: City: State: Zip Code 7620 Tallow DR. Tell	ling, Tk 75063	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	upation / Job title (See Instructions) INVESTOR	Employer (See In	1	f Texas, complete Schedule T)
4/4/01	Full name of contributor Constitute PAC (10# Randall Blaman Contributor address; City; State: Zip Code 1902 Lake	uku Tr 42934	Amount of contribution (\$)	In-kind contribution description (if applicable) In-kind contribution description (if applicable)
Principal occu	cpation / Job title (See Instructions)	Employer (See In		Tokas, complete donedate 17
Date #16/04	Full name of contributor cut-of-atene PAC (IDW	191 H 5. Tx 75205	Amount of contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions), Financial Broker	Employer (See In		
H/3/01	Full name of contributor Contributor Contributor address; City; State; Zip Code HOID LONG Champ # 7 Augh;	n. TK 18746	Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occu	pation / Job Atla (Saa Marructiona) Wha Manager	Employer (See Ins		
10	ATTACH ADDITIONAL COPIES			

Texas Ethica Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instruct	ion Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAM	DAVID A. BUTTROSS		3 ACCOUNT# (Et	nics Commission filers)
4 Date 49/09	5 Full name of contributor GOAD STATE PAC(100) 6 Contributor address; City: State; Zip Code 2000 Punn have \$125	7v16-1	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occ	upation / Ob title (See Instructions)	10 Employer (See	•	i taxes, complete octioners i)
Date	Full name of contributor	.,	Amount of contribution (\$)	In-kind contribution description (if applicable)
418/09	2.17	n Tr 78757		d Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See 1	nstructions)	
H8/07	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
		x 76107	•	of Texas, complete Schedule T)
Principal occi	pation / Jobalite (See Instructions)	Employer (See I	national)	
Date	Full name of contributor 🗍 ಇಟಡುವಾ ೧೭೧(ರಿಕ್ Contributor address; City; State; Zip Code		Amount of contribution (S)	In-kind contribution description (if applicable)
Principal accu	pation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
Fillicipal occu	pano// Job the (See manuctions)	Employer (See II	13(10CHQ113)	
Date	Full name of contributor cut-of-state PAC (IDE:	, [Amount of contribution (5)	in-kind contribution description (if applicable)
	Contributor addrasa; City; Stete; Zip Code		 	
				f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
If co	ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see instru			requirements.

No. 89/8 Apr. 9, 2009 2:44PM P. 6// 1-800-325-8506 (512) 463-5800 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 LOANS SCHEDULE E Total pages Schedule 2: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME DAVID .A. BUTTROSS 4 TOTAL OF UNITEMIZED LOANS: \$ 7 Name of lender BOL-REQ INC Loan Amount (\$) ___ out-of-state PAC (ID#; 8 Lenderaddress; City; State; Zip 7901 CHMERON RD la lender a financial institution? N, 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral none. 15 GUARANTOR 16 Name of guarantor 18 Amount Guaranteed (\$) INFORMATION 17 Guarantor address; City: State; Zip Çode nol applicable 19 Principal Occupation 20 Employer Date of loan Name of lender Out-of-state PAC (IDE) Loan Amount (S) la lender a Lender address; State; Zip Code Interest rate financial Institution?

Principal occupation / Job title (See Instructions)

Description of Collateral
none

GUARANTOR
INFORMATION

Guarantor address: City: State: Zip Code

Principal Occupation

Employer (See Instructions)

Amount Guaranteed (5)

Principal Occupation

Employer

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

(If travel outside of Texas, complete Schedule T)

(512) 463-5800 1-800-325-8506 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction Guide explains how to complete this form. DAVIDA. BUTTROSS 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Amount Date 6 Payee address; City; State; Zip Code 12404 Hwy 155 South Tykes TK 75703 Purpose of payment (See Instructions regarding type of information •• Complete if direct expanditure to benefit C/OH •• Office held Candidate / Officeholder name Office sought SIGN, DOOR HANGERS, BUMPER STREETS (if travel outside of Texas, complete Schedule T) Payee name Date Amount STEVE RAY ASSOCIATES
Payae address: City: State; Zip Code BOILA CAMERON RD SUITE 104 Purpose of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH -Candidate / Officeholder name Office sought Office held LIST FOR CAMPAIGN CALLS, DESIGN WORK (If travel outside of Texas, complete Schedule T) Date Payee name Amount (S) Pevee addrese: City; State; Zip Code Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office aought Office held (If travel outside of Texas, complete Schedule T) Date Payee name **Amount** (5) Payee address; City; State; Zip Code Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to penefit C/OH ... required.\

Candidate / Officeholder neme

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Office held

Office sough:

BUTTROSS PROPERTIES

AUSTIN CITY CLERK
POSTING: DATE/TIME
THE POSTING APR 9 PM 4 01

FA	ACSIMILE TRANSMITTAL SHEET
TO City CLERK	DAVID BUHLEUSO
FAX NUMBER 914-2374	DATE: 4/9/09
COMPANY	NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	
FINANCIAL ,	CEPCET
☐ URGENT ☐ FOR REVIEW	□ PLEASE COMMENT □ PLEASE REPLY □ PLEASE RECYCLE
NOTES/COMMENTS:	

May. 1. 2009 12:42PM No. 9165 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: (Ethics Commission filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER NAME Date Received 4 CANDIDATE / OFFICEHOLDER MAILING Date Hand-delivered or Date Postmarkod **ADDRESS** Change of Address AREA CODE EXTENSION CANDIDATE/ PHONE MUMBER Receio: # Amount OFFICEHOLDER PHONE Date Processed **CAMPAIGN** Date Imaged TREASURER NAME CAMERON RO BUG3-100 AUSTINS TH 78754 CAMPAIGN TREASURER ADDRESS (Residence or pusiness) EXTENSION 8 CAMPAIGN TREASURER PHONE 9 REPORTTYPE 15th day after campaign treasurer 30th day before election January 15 Runoff appointment (officeholder only) 9th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) Day Mooth 10 PERIOD THROUGH COVERED 5/1/2009 **ELECTION DATE ELECTION TYPE** 11 ELECTION Month Specie: **Runoff** 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE

GO TO PAGE 2

Zio Coca

State

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.

Condidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

14 NOTICE

OF DIRECT

CAMPAIGN EXPENDITURE

BY OTHER INDIVIDUALS

Espaç lanotibba

Name

Acdress / PO Box;

Apr. / Suge #

City

(512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT # (Eithics Commission Files
17 NOTICE FROM POLITICAL	candidate / officehol	notice of political contributions accepted or political expenditures made bilder. These expenditures may have been made without the candidate's obsciolers are required to report this information only if they receive not	r officeholder's knowledge or consent.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	-
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
= adddonel pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
· · · · · · · · · · · · · · · · · · ·	***		31/109 - 4/9/04-
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF 550 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00 300.00
, 		PÓLITICAL CONTRIBUTIONS THAN PLEÒGES, LOANS, OR GUARANTEES OF LOANS)	\$ 185000 170000
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$5250.D 5862.89
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PRING PERIOD	\$ 3, 550.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 3, 550.00 \$ 30,000.00
e AFFIDAVIT	YOUSSEF LAHLOU	I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Titls 15, Election Code.	· · ·
No.	nary Public, State of T My Commission Expl September 07, 200	(a)	ete or Officeholder
Sworn to and subscribe	ed before me, by th	ne said <u>DAVID A BUTTROSS</u> y which, witness my hand and seal of office.	this the day
110-N	1/	Yousself hahlas	Manager
Signature of officer adm	instering oath	Printed name of officer administering cath Title	of officer administering oath

(512) 463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS

SCHEDULE A

The instruc	tion Guide explains how to complete this form.		1 Total pages Sch	edule A:
FILER NA	ME DAVID A. BUTTROSS		3 ACCOUNT# (Et	nics Commission filers)
Date	5 Full name of contributor Gasassine PAC(ID))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
416/09	6 Contributor address; City: State; 21p Code 2660 Bening Dr.		350 0	; ; ;
B to stand and	HOUSTON, TK 7705		,	of Texas, complete Schedule T
Principal oc	Cupation / Job title (See Instructions)	10 Employer (See	inatructions)	
Date	Full name of contributor and and asset PAC(IDE	<u>_</u>	Amount of contribution (5)	In-kind contribution description (if applicable
4716/09	Contributor address: City: State: Zip Code 58 10 Melinde Lane		3000	
	Pasadena, TV 715			f Texas, complete Schedule T)
Principal occ	Supelion / Job title (See/Instructions)	Employer (\$ ee	Instructions)	
Date	Full name of contributor Goodstate PAC (IDF		Amount of contribution (\$)	In-kind contribution description (if applicable
1/20/09	ALDRED JOSEPH Contributor address: City: State: Zip Code 2511 BLDLE Path		100 0	acatheor (ii appress)
	AUSTIN TY 1876	13	(If travel outside o	f Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (Şee	Instructions)	
Date	ALPHONSE BUTTROSS SR		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/20/04	Contributor address: City: State: Zip Gode	_	10000	
	Natchez, Ms 3	39120	(If travel outside of	Texas, complete Schedule T)
Principal occu	ipetion / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributorout-of-table PAC (IDIT)	Amount of contribution (S)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		Commoddon (s)	acsorption (is applicable)
Principal occu	pation / Job title (See Instructions)	Employer (\$ee	~	Texas, complete Schedule T)

(512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

THE INSULE	tion Guide explains how to complete this form	١.	1 Total pages Sch	edule A:
FILER NA	DAVID A. BUTTROSS		3 ACCOUNT # (Et	nica Commission filers)
Date /	5 Full name of contributor agothera PACHO	•	7 Amount of contribution (\$)	8 In-kind contribution description (If applicable
4/21/09	6 Contributor address; City: State; Zip Co	# # # # # # # # # # # # # # # # # # #	\$50°C	
	Datlas,	TV 75304	(If travel outside o	i of Texas, complete Schedule 1
Principal occ	upation / Job title (See Instructions)	10 Employer (Sea	Instructions)	IRIB
Dete /	Full name of contributor and state PAC (ID=	:	Amount of contribution (\$)	in-kind contribution description (if applicable
4/24/01	Contributor address: City: State: Zip Co	ode	\$1000	
	AUSTIN, TEXAS		if travel nutside o	f Texas, complete Schedule T
Principal occi	upation)// Job title (See Instructions)	Employer (See	Instructions) -	GIONAL CLINE
Date	Full name of contributor out-of-state PAC (IC#)	Amount of contribution (5)	In-kind contribution description (if applicable
1/27/09	DEAN ME INTIRE Contributor address: City: State; Zip Co 26 04 MAR CVS ABRA		\$5100	
Principal occu	pation / Job title (See Instructions)	145 78748 Employer (See	•	f Texas, complete Schadule T
	~ / /			
Date	Full name of contributor Out-of-stee PAC (ICH RAYMOND + BAEBALA	FOG	Amount of contribution (\$)	In-kind contribution description (if applicable
Date 1/81/09	RAMMOND & BALBALA Contributor address: City: State: Zip Contributor address: Zip Contributor ad			In-kind contribution description (if applicable
Date	RAMMOND & BALBALA Contributor address: City: State: Zip Contributor address: Zip Contributor ad		Contribution (\$)	description (if applicable
Janlon 	RAYMOND: BALBARA		Contribution (\$)	description (if applicable
Janlon	RAYMOND BALBALA Contributor address: City: State: Zip Contributor Address: City: State: Zip Contributor Address: The Con	Employer (See	Contribution (\$)	description (if applicable Texas, complete Schedule T) In-kind contribution
Principal occu	Contributor address: City: State: Zip Cost 13	Employer (See	(If travel outside of	description (if applicable
Principal occu	Contributor address: City: State: Zip Contributor address: City: State: Zip Contributor	Employer (See	(If travel outside of matructions) Amount of contribution (\$)	description (if applicable Texas, complete Schedule T) In-kind contribution

(512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruct	on Guide explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAM	ME DAVID A. BUTTROSS		3 ACCOUNT# (E	hics Commission filens)
4 Date 4/12/09	5 Full name of contributor occlusive PAC (ICH		7 Amount of contribution (5)	8 In-kind contribution description (if applicable)
	BETHES DAY,	4D 20817	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions) FD	A
Date	Full name of contributor Gazorstata PAC (IDA)		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/14/09	Contributor address: City: State: Zip Code 8318 BOWLING GREEN AVSTIN, TV T		2500	!
		<u>, </u>		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (\$ee is	TENBOIN	TERNET, INC.
Data	Full name of contributor ox-of-state PAC(10=		Amount of contribution (\$)	In-kind contribution description (if applicable)
AlAlon	Contributor address; City; State: Zip gage 20379 (MINGSPRINGE)		35000	
	Valley Mills, Te	76689	(If travel outside o	 rf Техав, complete Schedule T)
Principal occup	pation / Job title (See Instructions) ATTORNAY	Employer (See In	structions)	EMPLBUED
Date	Full name of contributor autor-size PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16/09	Contributor address: City: State: Zip Code 3015 DOLPHIN DL		\$5000	
	AUSTING TX 9	8704	! (If trave! outside o	f Texas, complete Schedule T)
Principal occup	BROKEK (See Instructions)	Employer (See In	atructions)	(ED)
Data // /	Full name of contributor oa-of-size PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
418904	Contributor address; City: State; ZIp Code	WE.	\$5000	
Ĺ	HUSIN, TI	18/48	(if travel outside of	Texas, complete Schedule T)
Principal occupa	ation Job title (See Instructions)	Employer (See Ins	structions)	9194EO
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS N	IEEDED	

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

1-800-325-8506 (512) 463-5800 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Flers) 2 FILER NAME DAVID A. BUTTROSS 5 Payee name

LA VOZ NEWSPAPER AUSTIN, TL 78760 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office heid (If travel outside of Texas, complete Schedule T) Amount Payee name

STEVE RAY ASSOCIATES

Payee address: City: State: Zip Code

BOIL A CAMERON ROSVITE 104 (5) AUSTIN TI 18754 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office sought Office held OPINION ANALYSTS (If travel outside of Texas, complete Schedule T) STEVE RAY ASSOCIATES Amount (5) Payee address; City: State: Zip Codo
BOIL A CHMERON RO JUTE 104 AUSTIN TV 78754 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Cantidate / Officeholder name Office held USH LARDS, DOOR HANGERS (If travel outside of Texas, complete Schedule T)

Date	DESIGNER GRAPHICS		Amount (S)
4/11/01	Payec address; City; State; Zip Code	\$ 1410.32	
	TYLER, TX 1:	5103	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct exper	nditure to benefit C/OH ↔ Cffice spugাৰ সৈতিe held

SIGNS

(If travel outside of Texas, complete Schedule T)

Texas Ethics	Commission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	1-800-325-850
POLIT	ICAL EXPENDITURES		so	CHEDULE F
The instru	ction Guide explains how to complete this form		1 Total pages Schedule	F:
2 FILER NAM	DANID A. BUTSROSS		3 ACCOUNT# (Elires Co	ommission filets)
4 Date 4/24/09	5 Payee name DESIGNER GRAPHI 8 Payee address; City; State; Zip Cod 13404 STATE HWY TYLER, TV 157	95 1558 03	7 \$2,	Amount (S) , 100, 02
required.)	yment (See instructions regarding type of information JUNG de of Texas, complete Schedule T)	_	rect expenditure to benefit aame Office sough	
Date.	Payee name Payee address; City; State; Zip Code			Amount (\$)
required.)	rment (See instructions regarding type of information of Texas, complete Schedule T)	er Complata If dir Candidate / Officeholder n	act expenditure to benefit (ame Office sought	
Date	Payee name Payee address; City; State; Zip Code			Amount (S)
(.beniuper	ment (See instructions regarding type of Information de of Texas, complete Schedule Ti	•• Complete if dire Candidate / Officenoider na	ect expenditure to benefit C arms Office sought	Office held
Date	Payee name Payee address; City: State; Zip Code	, , , , , , , , , , , , , , , , , , , ,		Amount (\$)
nequiped.)	nent (See instructions regarding type of information of Texas, complete Schedule T)	Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/ me Office sought	Office held
···	:			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

BUTTROSS PROPERTIES

FACSIMILE TRANSMITTAL SHEET				
TO CITY CLERK	FROM: DAVID BUTTLE	CC 155		
FAX NUMBER 974-2374	DATE: 5/1/64	, <u>a</u>		
COMPANY:	NO. OF PAGES INCLUDING COV	ER:		
PHONE NUMBER:	· · · · · · · · · · · · · · · · · · ·			
FWANCIAL RI	EPORT 4/9/09-51/09			
☐ URGENT ☐ FOR REVIE	w □ please comment □ please reply	☐ please recycle		
NOTES/COMMENTS:		<u> </u>		