

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST DAVID	MI A
	NICKNAME	LAST BUTTROSS	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; P.O. Box 5396	APT / SUITE #.	CITY; STATE; ZIP CODE AUSTIN TX 78763
	AREA CODE (512)	PHONE NUMBER 970-8932	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR MRS.	FIRST KAREN	MI K
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST HOFFMAN	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7901 CAMERON RD BLDG 3-100 AUSTIN, TX 78754		
	AREA CODE (512)	PHONE NUMBER 320-0888	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 THROUGH Month Day Year 3 / 1 / 2009 4 / 9 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 5 / 9 / 2009		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) MAYOR
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		

AUSTIN CITY CLERK
POSTING: DATE / TIME
2009 APR 9 PM 4 01

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

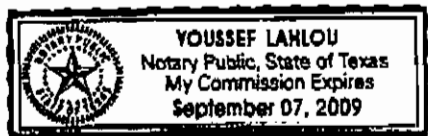
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission File#)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5250.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1850.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00

19 AFFIDAVIT



YOUSSEF LAHLOU
Notary Public, State of Texas
My Commission Expires
September 07, 2009

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 David A. Balthus, this the 4th day of April, 2009, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath Youssef Lahlou Printed name of officer administering oath Notary 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:

2 FILER NAME **DAVID A. BUTTROSS**

3 ACCOUNT # (Ethics Commission files)

4 Date
3/22/09

5 Full name of contributor out-of-state PAC (ID#)
Philip C. Joseph

7 Amount of contribution (\$) **\$200.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
524 North Lamar #201 Austin TX 78703
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney at Law

10 Employer (See Instructions)

Date
3/28/09

Full name of contributor out-of-state PAC (ID#)
Thomas Baggett Jr.

Amount of contribution (\$) **\$350.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7620 Tallow Dr. Irving, TX 75063
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
INVESTOR

Employer (See Instructions)

Date
4/4/09

Full name of contributor out-of-state PAC (ID#)
Randall Beaman

Amount of contribution (\$) **\$350.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1402 Lakeway Blvd. Lakeway TX 78734
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Realtor

Employer (See Instructions)

Date
4/6/09

Full name of contributor out-of-state PAC (ID#)
Emily Saab Messerschmitt

Amount of contribution (\$) **\$100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4310 Bouna Vista #2 Dallas, TX 75205
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Financial Broker

Employer (See Instructions)

Date
4/3/09

Full name of contributor out-of-state PAC (ID#)
Stan Wang

Amount of contribution (\$) **\$350.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4010 Long Champ #7 Austin, TX 78746
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Fund Manager

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM 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 **DAVID A. BUTTROSS**

3 ACCOUNT # (Ethics Commission files):

4 Date **4/9/09** 5 Full name of contributor out-of-state PAC (ID# _____)
YOUSSEF LAHLOO

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$100.00

6 Contributor address; City; State; Zip Code

**2600 PENNINGTON #123
AUSTIN, TX 78757**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

FINANCE MAN

10 Employer (See Instructions)

Date **4/18/09** Full name of contributor out-of-state PAC (ID# _____)
JENNI FER KIM

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$50.00

Contributor address; City; State; Zip Code

**755 E. DORTCH ST #201
AUSTIN TX 78757**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF EMPLOYED

Employer (See Instructions)

Date **4/8/09** Full name of contributor out-of-state PAC (ID# _____)
SILWAN CHEDID

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$350.00

Contributor address; City; State; Zip Code

**701 E. BLUFF ST #2205
FT WORTH, TX 76102**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

Date _____ Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____ Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E:
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2 FILER NAME DAVID A. BUTTROSS	3 ACCOUNT # (Ethics Commission Alters)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan 4/1/2009	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) BDL-RED INC	9 Loan Amount (\$) \$30,000.00
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6 Is lender a financial institution? Y (N)	8 Lender address: City: State: Zip Code 7901 CAMERON RD AUSTIN, TX 78754	10 Interest rate: 5.710
		11 Maturity date: 4/1/2010

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME **DAVID A. BUTTROSS**

3 ACCOUNT # (Ethics Commission files)

4 Date
3/26/09

5 Payee name
DAN WAL INC

7 Amount (\$)
\$3258.15

6 Payee address; City; State; Zip Code
12404 Hwy 155 South Tyler, TX 75703

8 Purpose of payment (See instructions regarding type of information required.)
SIGN, DOOR HANGERS, BUMPER STICKERS.
(If travel outside of Texas, complete Schedule T)

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

Date
4/1/09

Payee name
STEVE RAY ASSOCIATES

Amount (\$)
\$1992.55

Payee address; City; State; Zip Code
**8011 A CAMERON RD SUITE 104
AUSTIN, TX 78754**

Purpose of payment (See instructions regarding type of information required.)
LIST FOR CAMPAIGN CALLS, DESIGN WORK
(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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
(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

BUTTROSS PROPERTIES

AUSTIN CITY CLERK
POSTING: DATE/TIME
2009 APR 9 PM 4 01

FACSIMILE TRANSMITTAL SHEET

TO: <i>City Clerk</i>	FROM: <i>David Buttross</i>
FAX NUMBER: <i>974-2374</i>	DATE: <i>4/9/09</i>
COMPANY:	NO. OF PAGES INCLUDING COVER: <i>7</i>
PHONE NUMBER:	
RE: <i>FINANCIAL REPORT</i>	

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

**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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. DAVID A NICKNAME LAST SUFFIX BUTTRESS	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 5396 AUSTIN TX 78763		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 970-8932		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. KAREN K NICKNAME LAST SUFFIX HOFFMAN		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 4901 CAMERON RD BLDG 3-100 AUSTIN, TX 78754		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 520-8888		
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"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 9 / 2009 THROUGH 5 / 1 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 5 / 9 / 2009	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) MAYOR	
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		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Files)
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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. ***

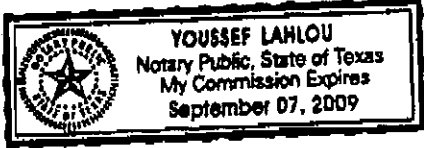
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	<div style="text-align: right;"> <i>3/1/09 - 4/19/09</i> <i>4/19/09 5/1/09</i> \$ 50.00 300.00 </div>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<div style="text-align: right;"> <i>1850.00 1700.00</i> \$ </div>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	<div style="text-align: right;"> <i>5250.00 5862.89</i> \$ </div>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,550.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00

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 DAVID A. BUTTROSS, this the 1st day of May, 20 09, to certify which, witness my hand and seal of office.

 _____ Signature of officer administering oath	Youssef Lahlou _____ Printed name of officer administering oath	M 20 2009 _____ Title of officer administering oath
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**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 **DAVID A. BUTTROSS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/16/09

5 Full name of contributor out-of-state PAC (ID# _____)

Florida Chedid

6 Contributor address; City; State; Zip Code

**2660 BERING DR.
HOUSTON, TX 77057**

7 Amount of contribution (\$)

350⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

PASADENA I.S.D.

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

4/16/09

Samia Chedid

Contributor address; City; State; Zip Code

**5810 Melinda Lane
PASADENA, TX 77505**

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LOCKHEED MARTIN

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

4/20/09

AILDRED JOSEPH

Contributor address; City; State; Zip Code

**2511 BRIDLE PATH
AUSTIN TX 78703**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

4/20/09

ALPHONSE BUTTROSS SR

Contributor address; City; State; Zip Code

**109 ROLLINGWOOD Rd
Natchez, MS 39120**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 FORM 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

DAVID A. BUTTROSS

3 ACCOUNT # (Ethics Commission files)

4 Date

4/21/09

5 Full name of contributor out-of-state PAC (ID# _____)

ELISE MARIE JARB

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4121 Mc Kinnon Ave #22
Dallas, TX 75204

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

DESIGNER

10 Employer (See Instructions)

EIGHT CENTURIES

Date

4/24/09

Full name of contributor out-of-state PAC (ID# _____)

SUE SHIEH

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2901 WINDSOR RD
AUSTIN, TEXAS 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

AUSTIN REGIONAL CLINIC

Date

4/27/09

Full name of contributor out-of-state PAC (ID# _____)

DEAN McINTIRE

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2604 MARCUS ABRAMS BLVD.
AUSTIN, TEXAS 78748

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4/29/09

Full name of contributor out-of-state PAC (ID# _____)

RAYMOND BARBARA FOG

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6131 SAVID DR.
ST LOUIS, MO 63123

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4/21/09

Full name of contributor out-of-state PAC (ID# _____)

JIANHONG ZHU & XING REN

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4801 SCOTTISH THISTLE DR
AUSTIN, TX 78739

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

BUTTROSS GROUP

ATTACH ADDITIONAL COPIES OF THIS FORM 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 **DAVID A. BUTTROSS**

3 ACCOUNT # (Ethics Commission files)

4 Date
4/12/09

5 Full name of contributor out-of-state PAC (ID# _____)
JOSEPH KAMINSKI

7 Amount of contribution (\$)
\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**9009 HEMPSTEAD AVE
BETHESDA, MD 20817**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
PHYSICIAN

10 Employer (See Instructions)
FDA

Date
4/14/09

Full name of contributor out-of-state PAC (ID# _____)
FRANK DREW

Amount of contribution (\$)
\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**8318 BOWLING GREEN UNIT B
AUSTIN, TX 78751**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
SALES

Employer (See Instructions)
TENBINTERNET, INC.

Date
4/14/09

Full name of contributor out-of-state PAC (ID# _____)
WALT FAIR

Amount of contribution (\$)
\$350.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**20374 CHINA SPRING RD
VALLEY MILLS, TX 76689**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF EMPLOYED

Date
4/16/09

Full name of contributor out-of-state PAC (ID# _____)
JENNIFER BURNS

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**3015 DOLPHIN DR
AUSTIN, TX 78704**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
BROKER / CONSULTANT

Employer (See Instructions)
SELF EMPLOYED

Date
4/20/09

Full name of contributor out-of-state PAC (ID# _____)
REGINA DARGAHE

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**9603 KANEVARD LANE
AUSTIN, TX 78748**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

DAVID A. BUTTROSS

3 ACCOUNT # (Ethics Commission files)

4 Date

4/16/09

5 Payee name

LA VOZ NEWSPAPER

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

P.O. Box 19457
AUSTIN, TX 78760

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

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4/15/09

Payee name

STEVE RAY ASSOCIATES

Amount (\$)

\$906.01

Payee address; City; State; Zip Code

8011 A CAMERON RD SUITE 104
AUSTIN TX 78754

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

OPINION ANALYSTS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4/28/09

Payee name

STEVE RAY ASSOCIATES

Amount (\$)

\$1086.54

Payee address; City; State; Zip Code

8011 A CAMERON RD SUITE 104
AUSTIN TX 78754

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

PUSH CARDS, DOOR HANGERS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4/17/09

Payee name

DESIGNER GRAPHICS

Amount (\$)

\$1670.32

Payee address; City; State; Zip Code

12404 STATE HIGHWAY 155S
TYLER, TX 75703

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

SIGNS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

DAVID A. BUTTROSS

3 ACCOUNT # (Ethics Commission file #)

4 Date

4/11/10

5 Payee name

DESIGNER GRAPHICS

7 Amount (\$)

\$2,100.00

6 Payee address; City; State; Zip Code

12404 STATE HWY 1555
TYLER, TX 75703

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

SIGNS

(If travel outside of Texas, complete Schedule T)

9 ** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

BUTTROSS PROPERTIES

FACSIMILE TRANSMITTAL SHEET

TO: *City Clerk* FROM: *DAVID BUTTROSS*
 FAX NUMBER: *474-2374* DATE: *5/1/09*
 COMPANY: NO. OF PAGES INCLUDING COVER: *8*
 PHONE NUMBER:

RE: *FINANCIAL REPORT 4/9/09 - 5/1/09*

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS: