

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

additional pages

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 \$

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

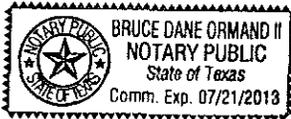
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 223.²⁹

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.



[Handwritten 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.

[Handwritten 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
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2 FILER NAME ERIC J. PANZEL	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-11-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DANE ORMAND	7 Amount of contribution (\$) 45.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code AUSTIN, TX		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 1-11-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATT RUSSO	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN, TX		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 1-11-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LOGAN RODRIGUEZ	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN, TX		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 1-28-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JEB BOYT	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN, TX		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2-6-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PITA GARCIA	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN, TX		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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. PANBELL		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2.8.11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRUCE DRMAND 6 Contributor address; City; State; Zip Code AUSTIN, TX	7 Amount of contribution (\$) 350.⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2.8.11	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2.8.11	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2.14.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SALWINDRA HALL 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)		Employer (See Instructions)	
Date 2.15.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DOLORIS SCHEETZ Contributor address; City; State; Zip Code AUSTIN, TX	Amount of contribution (\$) 100.⁰⁰	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. PANBOL

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2.15.11

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

LOPI PANBOL-POMPA

6 Contributor address; City; State; Zip Code

LOCKHART, TX

7 Amount of contribution (\$)

20.⁰⁰

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

2.18.11

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

PANBOL ASKARI

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

2.22.11

Full name of contributor 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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.23.11

Full name of contributor 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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.24.11

Full name of contributor 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)

(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 <i>EPH J. FANSEL</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>OTWEN 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	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 ERIC J. PANGAL	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1.28.11	5 Payee name FWD EX
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6 Amount (\$) 23.25	7 Payee address; City; State; Zip Code AUSTIN, TX
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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)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1.29.11	Payee name ALB
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Amount (\$) 86.58	Payee address; City; State; Zip Code AUSTIN, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1.29.11	Payee name CRISTVIEW MINIMAY
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Amount (\$) 91.88	Payee address; City; State; Zip Code AUSTIN, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3.9.11	Payee name JACK BURTON
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Amount (\$) 200.00	Payee address; City; State; Zip Code KYLE, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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. PANZU</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
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 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 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 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	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 G:	2 FILER NAME ERIK J. PANEM	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-11-11	5 Payee name ONION CREEK CLUB
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6 Amount (\$) 1,104.⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code AUSTIN, TX
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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)
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Date 1-28-11	Payee name WAL-MART
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Amount (\$) 8.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code AUSTIN, TX
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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
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Date 1-28-11	Payee name ACE MART
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Amount (\$) 31.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code AUSTIN, TX
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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
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Date 2-26-11	Payee name TRE BELMONT
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Amount (\$) 475 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code AUSTIN, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	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 P6 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	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 G:	2 FILER NAME <i>EPU J. PANLOW</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3.11.11</i>	5 Payee name <i>KELLY GRAPHICS</i>
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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>
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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)
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Date <i>4.2.11</i>	Payee name <i>AMPRO</i>
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Amount (\$) <i>709.04</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>AUSTIN, TX</i>
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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)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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:

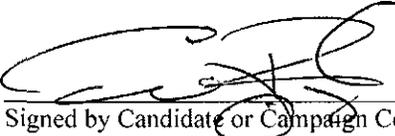
PANGOL ERIC J.
(Last) (First) (Middle)

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.