(512) 463-580C

as Ethics Commission		HOLDER
CANDIDATE	/ OFFICE	DEDODT.
CANDIDATE CAMPAIGN F	INANCE	REPURI
CAMPAIGN .		

FORM C/OH COVER SHEET PG 1

ANDIDATE	INVICE KELVIV		
AMPAIGN F	INANCE REPORT		2 Total pages filed:
		1 ACCOUNT#	12
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Sworn to and subscribed before me	e me, by the said Tenty R. H. M.	day
of MAY , 20 07 , to	, to certify which, witness my hand and seal of office. Jeff Merriff oath Printed name of officer administering oath	Notary Public

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Principal occupation / Job title (See Instructions)

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

Employer (See Instructions)

Commission P.O. Box 12070 Austin, Texas 78711-	
exas Ethics Commission	SCHEDULE A
POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	
	1 Total pages Schedule A:
The instruction Guide explains how to complete this form.	2073
The Instruction Guide Capital	3 ACCOUNT # (Ethics Commission filers)
2 FILER NAME TOUCH A HILL	
7 C/ / / / / / / / / / / / / / / / / / /	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	Continuation
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Dallas, TR 75251	oyer (See Instructions)
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If contributor is out-or-state trees	

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

Ethics Cor	D CONTRIBUTIONS			SCHEDULE B
			1 Total pages this Sch	edule B:
The instruction	on Guide explains how to complete this form.		3 ACCOUNT # (Ethics	Commission filers)
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TOTAL	OF UNITEMIZED PLEDGES:	+ + +	\$	\$ In-kind description
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Ethics Commissio	n P.O. Box 12070 Austir	n, Texas 78711-2070		SCHEDULE E
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The Instruction Guide	explains how to complete this f		3 ACCOUNT # (Ethics C	ommission filers)
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√ .	EMY M.	<u> </u>	⇒ ⇒ \$	
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-14-07 -	1-exxy M. 1100	Zip Code		O Interest rate
8	Lender address; City; State,	Dellac TXTS	-238 L	1 Maturity date
Is lender a financial Institution?	Lender address; City; State;	Valiasin		1 Maturity date
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'		13 Employer (See	e Instructions)	
Principal occupation / J	ob title (See Instructions)			
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INFORMATION		. Zip Code		
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Principal Occupation	ATTACH ADDITIO	NAL COPIES OF THIS	AC NEEDED	

(512) 463-5800

S Ethics Com	MISSION P.O. Box 12070 Austin, Texas	A		SCHEDULE F
			1 Total pages Sche	dule F:
The Instruction	n Guide explains how to complete this form.		3 ACCOUNT # (Et	nics Commission filers)
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(512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS /// 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Amount 8 (\$) Payee name Date 4 City; State; Zip Code 6 Payee address; Reimbursement Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended (If travel outside of Texas, complete Schedule T) Amount (\$) Payee name Date City; State; Zip Code Payee address; Reimbursement from political contributions Purpose of expenditure (See instructions regarding type of information required.) intended (If travel outside of Texas, complete Schedule T) Amount (\$) Payee name Date City, State; Zip Code Payee address; Reimbursement from political contributions Purpose of expenditure (See instructions regarding type of information required.) intended (if travel outside of Texas, complete Schedule T) Amount (\$) Payee name Date City; State; Zip Code Payee address; Reimbursement Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended (If travel outside of Texas, complete Schedule T) Amount (\$) Payee name Date City; State; Zip Code Payee address; Reimbursement Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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N-KIND CON' FOR TRAVEL	TRIBUTION OR POLITICAL EXPENDITURE SCHEDULE TO
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	9 Destination city or name of destination location
Means of transportation	n 11 Purpose of travel (including name of conference, seminar, or other event)
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	Departure city or name of departure location
	Destination city or name of destination location
	Purpose of travel (including name of conference, seminar, or other event)
Means of transportation	