

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
 Jude J.

Prather

OFFICE USE ONLY

Date Received City Clerk

OCT 4 2010

City of San Marcos

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

400 Browne Terrace
San Marcos, TX 78666

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 749-7311

Receipt # Amount

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
 Joe

DeLaCerde

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1506 S. IH-35
San Marcos, TX 78666

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 944-2544

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 11 / 02 / 2010 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

City Council, Place 2

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

N/A

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Jude Prather 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 36. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,620. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,414.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,241.95
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.



Jude Prather
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jude Prather, this the 4th day of October, 20 10, to certify which, witness my hand and seal of office.

Shelley Goodwin Shelley Goodwin Notary Public
Signature of officer administering oath Printed name of officer administering oath 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 Jude Prather		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/11/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jude Prather	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 400 Browne Terrace San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan West	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 803 Indiana St. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Veterans of Foreign Wars State Off	
Date 9/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Elder	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 Leisurewoods Dr. Buda, TX 78610		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas Veterans Commission	
Date 9/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Nichols	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2713 Handler Hollow San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas State University	
Date 9/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwayne Thomason	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 109 E. Sierra Cir San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Business Owner	

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Jude Prather

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

9/13/2010

Lina Okab
 2515 missum Pointe
 San Marcos, TX 78666

\$100.00

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

Student

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

9/13/2010

Robert McDonald
 2110 A Boca Raton Dr, Suite 201
 Austin, TX 78747

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

9/13/2010

Gary Tucker
 PO Box 1429
 San Marcos, TX 78666

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Broker

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

9/13/2010

Richard Skyles
 100 N Edward Gary, Suite A.
 San Marcos, TX 78666

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

9/13/2010

Kim Porterfield
 1010 Stage Coach Trail
 San Marcos, TX 78666

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Texas State University

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 Jude Prather		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/14/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jonny Finch	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 118 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) J & B Properties	
Date 9/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Monica McNabb	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 102 Wonder World Dr. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Monica McNabb Real Estate LLC	
Date 9/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Taylor	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 2229 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Wood	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1021 Stagecoach San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions)	
Date 9/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Clifford Narvaiz	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1507 Parkview Ln San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 Jude Prather		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/14/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Jones	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Texas State University	
Date 9/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stele James	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 315 Yale St. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas Veterans Commission	
Date 9/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Morris	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 333 Cheatham St. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna Hill	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 730 Belvin St. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Crawford	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17309 Ennis Trail Austin, TX 78717		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Graphic Design		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 <i>Jude Prather</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/23/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John David Carson</i>	7 Amount of contribution (\$) <i>\$ 350.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>911 Corporate Dr. San Marcos, TX 78666</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <i>Carson Properties</i>	
Date <i>9/23/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Carson</i>	Amount of contribution (\$) <i>\$ 150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>911 Corporate Dr. San Marcos, TX 78666</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Carson Select Investments</i>	
Date <i>9/23/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reagan Lehmann</i>	Amount of contribution (\$) <i>\$ 250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>911 Corporate Dr. San Marcos, TX 78666</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Brightleaf Partners</i>	
Date <i>10/14/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allan Cameron</i>	Amount of contribution (\$) <i>\$ 10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>San Marcos, TX 78666</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Silver Whiskers Productions</i>	
Date <i>10/14/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bucky Couch</i>	Amount of contribution (\$) <i>\$ 150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>203 Sierra Ridge San Marcos, TX 78666</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 <i>Jude Prather</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/4/2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Reyes</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3409 Trickling Springs Way Pflugerville, TX 78660</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Engineer</i>		10 Employer (See Instructions)	
Date <i>10/4/2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dave Adams</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>San Marcos, TX 78666</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired / Navy</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 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 <i>Jude Prather</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/30/2010</i>		5 Payee name <i>McLoys</i>			
6 Amount (\$) <i>\$86.38</i>		7 Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Other (campaign material)</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>t-posts</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/17/2010</i>		Payee name <i>Pargon Printing</i>			
Amount (\$) <i>\$1010.47</i>		Payee address; City; State; Zip Code <i>2001 W Koenig Ln Austin, TX 78756</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) <i>push cards/mailler</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/20/2010</i>		Payee name <i>Wells Fargo</i>			
Amount (\$) <i>\$12.50</i>		Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Accounting/ Banking</i>		Description (If travel outside of Texas, complete Schedule T) <i>Bank Fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/24/2010</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>\$37.88</i>		Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other (campaign supplies)</i>		Description (If travel outside of Texas, complete Schedule T) <i>Printing supplies</i>	
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>Jude Prather</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/28/2010</i>	5 Payee name <i>McCoy's</i>	
6 Amount (\$) <i>\$11.36</i>	7 Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other (campaign supplies)</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Zip ties for signs</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9/30/2010</i>	Payee name <i>Rhino Graphics</i>	
Amount (\$) <i>\$119.00</i>	Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other (campaign material)</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign t-shirts</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10/01/2010</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>\$17.31</i>	Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign supplies</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10/04/2010</i>	Payee name <i>Rhino Graphics</i>	
Amount (\$) <i>\$119.15</i>	Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other (campaign material)</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign t-shirts</i>
	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 | 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>Jude Prather</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/02/2010</i>	5 Payee name <i>Pargon Printing</i>	
6 Amount (\$) <i>\$660.06</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2001 W Koenig Ln Austin, TX 78756</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other (campaign supplies)</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>push cards</i>
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)
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