

**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
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME: Jude	FIRST LAST: Prather	MI S	OFFICE USE ONLY City Clerk <hr/> Date Received <p style="font-size: 1.2em; margin: 5px 0;">OCT 26 2010</p> <hr/> Date Hand-delivered or Date Postmarked <p style="font-size: 1.2em; margin: 5px 0;">City of San Marcos</p>
	SUFFIX			

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 400 Browne Terrace San Marcos TX 78666				<input type="checkbox"/> Change of Address	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE 512	PHONE NUMBER 749-7311	EXTENSION	Receipt #	Amount	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST LAST: Joe DeLaCerdá	MI	Date Processed	Date Imaged	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1506 South I-35 San Marcos, TX 78666					
8 CAMPAIGN TREASURER PHONE	AREA CODE 512	PHONE NUMBER 944-2544	EXTENSION			

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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
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10 PERIOD COVERED	Month: 11 / Day: 02 / Year: 2010	THROUGH	Month: / / Day: / / Year: / /
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11 ELECTION	ELECTION DATE Month: 11 / Day: 02 / Year: 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any): N/A	13 OFFICE SOUGHT (if known): City Council, Place 2
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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 #: N/A; City; State; Zip Code: N/A						

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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

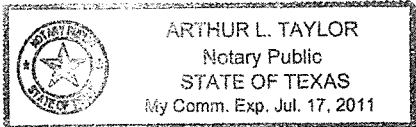
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,275.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,371.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 145.78
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.



ARTHUR L. TAYLOR
Notary Public
STATE OF TEXAS
My Comm. Exp. Jul. 17, 2011

Jude Frazier
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jude Frazier, this the Nov 25th day of Oct, 20 10, to certify which, witness my hand and seal of office.

Arthur L. Taylor
Signature of officer administering oath

Arthur L. Taylor
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: 2	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-14-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TREPAC/Texas Association of Realtors	7 Amount of contribution (\$) \$1,000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code P.O. Box 2246 Austin, TX 78768		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Home Builders Association PAC	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 8140 Exchange Dr Austin, TX 78754		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Peggy Carrasquillo	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1367 Patterson Rd. Austin, TX 78733		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Marran K. Wallace	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 5004 Tiger Lily Way Austin TX 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dirk Gosda	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code P.O. Box G Aspen, CO 81612-7407		(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

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10-14-10

Drew Hardin

\$50⁰⁰

6 Contributor address; City; State; Zip Code

16900 Crystal Caves Rd.
Austin TX 78737-9014

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-14-10

Judd T. Willmann

\$50⁰⁰

Contributor address; City; State; Zip Code

7304 Via Correto Dr.
Austin, TX 78749-2746

(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)

10-20-10

Dr. Jack Weatherford

\$25⁰⁰

Contributor address; City; State; Zip Code

508 Craddock Ave
San Marcos TX 78644

(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)

10-20-10

Charles Sims

\$200⁰⁰

Contributor address; City; State; Zip Code

3041 Oakridge San Marcos, TX
78644

(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)

10-25-10

Becca Conley

\$100⁰⁰

Contributor address; City; State; Zip Code

914 Tate Trail San Marcos TX 78644

(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		2 FILER NAME Jude Prather		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-12-10		5 Payee name San Marcos Daily Record			
6 Amount (\$) \$325⁰⁰		7 Payee address: City; State; Zip Code 1910 South I-35 San Marcos TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Campaign Advertisement	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-13-10		Payee name Academy Sports			
Amount (\$) \$54.11		Payee address: City; State; Zip Code 550 Barnes Dr San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other (Campaign Material)		Description (If travel outside of Texas, complete Schedule T) Campaign Tent	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-14-10		Payee name Texas State University Star			
Amount (\$) \$100⁰⁰		Payee address: City; State; Zip Code 6001 University Dr. San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign advertisement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-14-10		Payee name Paragon Printing & Mailing			
Amount (\$) \$465.17		Payee address: City; State; Zip Code 10423 Mc Kalla Place Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Push cards / mailer	
Complete ONLY 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	2 FILER NAME Jude Rafter	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-18-10	5 Payee name Rhino Graphics
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6 Amount (\$) \$119.07	7 Payee address: City: State: Zip Code 133 South LBJ Dr San Marcos TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other (Campaign Material)	(b) Description (if travel outside of Texas, complete Schedule T) Campaign T-shirts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10-19-10	Payee name Lowes
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Amount (\$) \$12.90	Payee address: City: State: Zip Code 2011 South I-35 San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other (Campaign Material)	Description (if travel outside of Texas, complete Schedule T) Zip ties for signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10-20-10	Payee name Paragon Printing & Mailing
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Amount (\$) \$2,514.80	Payee address: City: State: Zip Code 10423 Mc Kalla Place Austin, TX 78758
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (if travel outside of Texas, complete Schedule T) Push Cards / Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10-14-10	Payee name Jude Rafter
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Amount (\$) \$660.06	Payee address: City: State: Zip Code 400 Browne Terrace San Marcos TX 78404
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (if travel outside of Texas, complete Schedule T) Reimbursement from personal funds for Paragon Mailer See Oct 4 Schedule G
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: 1	2 FILER NAME Jude Prather	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-19-10	5 Payee name San Marcos Mercury
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6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1703 N. Burleson, Kyle TX 78640
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Web Advertising
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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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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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