

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

NICKNAME

REN
LAST

F
SUFFIX

MORRISON

OFFICE USE ONLY

Date Received

APR - 3 2006

By _____
Date Delivered or Date Postmarked

12:13 PM CH P

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

8 OAK VIEW

ROUND ROCK, TX

78664

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 255-1268

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

JAMES
LAST

SUFFIX

KRUGGER

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

1901 MEADOW LANE

TAYLOR, TX 76594

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 365-5194

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

02 / 25 / 06

03 / 31 / 06

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

04 / 11 / 06

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Wm C. Commissioner Per 4

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

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME REN E. MORRISON **16 ACCOUNT #** (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

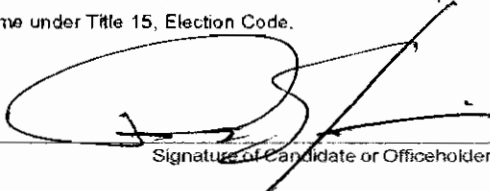
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> additional pages	<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	\$ 25 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3776 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 6170 ⁷⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4876 ⁸⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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 Ren E Morrison, this the 3 day of April, 2006, to certify which, witness my hand and seal of office.

Luz Cantu Luz Cantu
 Signature of officer administering oath Printed name 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 1-3	
2 FILER NAME REN F. MARRION		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/17/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KEN BURGE	7 Amount of contribution (\$) 500⁻	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code 3109 STONEY POINT ROUND ROCK, TX 78664			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/14/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) T.B. ARRINGTON	Amount of contribution (\$) 300⁻	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 2101 CR 107 HURTT, TX 78634			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GEORGE WILLIAMS	Amount of contribution (\$) 50⁻	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code P.O. Box 219 ROUND ROCK, TX 78680			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/12/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MORRIS FRASER	Amount of contribution (\$) 100⁻	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 1207 WROXTON WAY ROUND ROCK, TX 78664			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GEORGE & SALLY WHITE	Amount of contribution (\$) 250⁻	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 25 WILDERNESS WAY ROUND ROCK, TX 78664			
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 2-3	
2 FILER NAME REN E. MORRISON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FLOYD HACKER	7 Amount of contribution (\$) 50-	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code 1400 RABBIT LN ROUND ROCK, TX 78664			
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 3/1/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TIM & VICKY REBINS	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 2384 WOODWAY ROUND ROCK, TX 78681			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/13/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT & MICHELE SCHWARTZ	Amount of contribution (\$) 100/100	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 4105 CAT MOUNTAIN DRIVE AUSTIN, TX 78731			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/10/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DARRELL & JANET POEL	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 1809 WIND SPIRIT ROUND ROCK, TX 78681			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCOTT SWINDALL	Amount of contribution (\$) 200-	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 1903 WEST CREEK LOOP ROUND ROCK, TX 78681			
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

3-3

2 FILER NAME

REN E. MERRISON

3 ACCOUNT # (Ethics Commission files)

4 Date

3/24/06

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

SITANE SITHAR

6 Contributor address, City, State, Zip Code

116 SKYLINE ROAD
GEORGETOWN, TX 77624

7 Amount of contribution (\$)

200⁻

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/24/06

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

BROCKE HALLGREN

Contributor address, City, State, Zip Code

P.O. Box 555
ROUND ROCK, TX 78680

Amount of contribution (\$)

100⁻

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/06

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

DEAN HARRIS

Contributor address, City, State, Zip Code

29 MEADOW RUN
ROUND ROCK, TX 78664

Amount of contribution (\$)

100⁻

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/06

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

NANCY RABB

Contributor address, City, State, Zip Code

2604 SUNRISE
ROUND ROCK, TX 78664

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/06

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

DAVID & VICKI BREWSTER

Contributor address, City, State, Zip Code

1407 PINE CREEK
ROUND ROCK, TX 78681

Amount of contribution (\$)

500⁻

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 1

2 FILER NAME RON E. MORRISON 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/1/06</u>	5 Payee name <u>CARMEN DOMAZOSA</u>	7 Amount (\$) <u>100.49</u>
6 Payee address, City, State, Zip Code <u>4611 TIFFANY NICOLE RIVER ROAD, TX 78664</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>SIGN MATERIALS</u>	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)	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)	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)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

1

2 FILER NAME

ROD E. MORRISON

3 ACCOUNT # (Ethics Commission files)

4 Date

3/2/06

5 Payee name

MINUTEMAN Press

6 Payee address: City, State, Zip Code

2080 S IH 35 # E-5
ROUND ROCK TX 78681

8 Amount (\$)

6,064²⁷

7 Purpose of expenditure (See instructions regarding type of information required)

PRINTING, POSTAGE

Reimbursement from political contributions intended

Date

Payee name

Payee address: City, State, Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City, State, Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City, State, Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City, State, Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required)

Reimbursement from political contributions intended

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