

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3551 FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 104
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Judge Jade M</i> NICKNAME LAST SUFFIX <i>meeker</i>		OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>3301 Cherry Lane Austin TX 78703</i>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>W. Scott</i> NICKNAME LAST SUFFIX <i>McCollough</i>		Receipt # HD / PM Amount Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <i>Same as above</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 479.8579</i>		
8 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 97 7 / 15 / 97</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>3 / 8 / 98</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>Justice of Peace, Pct 5 Travis County</i>	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>.. 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. ..</p> <p>Name</p> <p>Address / PO Box, Apt / Suite #, City, State, Zip Code</p> <p><input type="checkbox"/> additional pages</p>		

FILED
JUL 15 10 03 AM '97
CLERK OF COURT
TRAVIS COUNTY, TEXAS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/QH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)
23009

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)

\$ - 0

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 52.50
30.00
1300.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1179.50

CONTRIBUTION BALANCE

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

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 15710.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, 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

Sworn to and subscribed before me, by the said Jade Meeker, this the 14 day of July

19 97 to certify which, witness my hand and seal of office.

Jeanette DeLeon
Signature of officer administering oath

Jeanette DeLeon
Print name of officer administering oath

Title of officer administering oath

LOANS (JUDICIAL)

SCHEDULE E(J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): 450	
2 FILER NAME Jade Meeker		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 15710.00	
5 Date of loan 6/27/97	7 Name of lender Jade Meeker <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) 3000.00	
6 Is lender a financial institution? Y (N)	8 Lender address: City: State: Zip Code 3301 Cherry Lane Austin Tx 78703	10 Interest rate 10%	
		11 Maturity date indef.	
12 Lender's Principal Occupation Judge		13 Lender's Job Title Judge	
14 Lender's Employer/Law Firm: TRAVIS COUNTY		15 Law Firm of lender's spouse (if any) W. SCOTT McCallough, P.C.	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input checked="" type="checkbox"/> none			
18 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address: City: State: Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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:
309 +

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7/11/97

BFLC/O

82.50

6 Payee address: City State Zip Code
PO Box 18200 Austin TX 78760

8 Purpose of expenditure

ad in brochure

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

2/11/97

womens way FESTIVAL

30.00

6 Payee address: City State Zip Code
PO Box 33311 Austin TX 78764

Purpose of expenditure

ad in magazine

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

6/20/97

Pat Crow

500.00

7/11/97

1914 Patton Austin TX 78723

500.00

Purpose of expenditure

consultation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address: City State Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED