

*JOHN C. D. DROLLA, JR.
*BOARD CERTIFIED
COMMERCIAL REAL ESTATE LAW
TEXAS BOARD OF SPECIALIZATION
RESIDENTIAL REAL ESTATE LAW
TEXAS BOARD OF LEGAL SPECIALIZATION

Law Offices
of
John C. D. Drolla, Jr.

3575

July 16, 1997

*Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070*

Via Hand Delivery

RE: *Candidate/Officeholder Sworn Report of Contributions and Expenditures*
Due Date: 8th day before Election
Candidate: John C. D. Drolla, Jr.
Office Sought: Judge, 353rd Judicial District Court, Travis County, Texas

FILED
JUL 16 2 29 PM '97

Dear Sir/Madam:

This letter is to serve as an attachment to the hereinabove referenced report to explain my inadvertent failure to file said report on or before the 8th day before election.

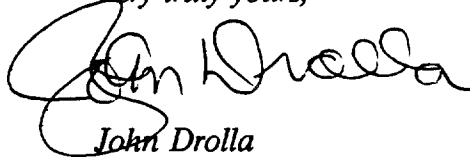
As previously reported, during July of 1996, the wife of my Campaign Treasurer, Ernest Garcia, became seriously ill. He was in and out of hospitals throughout the state and nation seeking treatment for her. I had spent most of that month in San Patricio County, Texas as Chief Counsel on a major jury trial. During August, I had served as the Head Official for the Tenth Paralympic Games for disabled athletes in Atlanta Georgia. Mr. Garcia's home burned down causing them to loose the majority of their possessions. Subsequent to my Campaign treasurer's house being destroyed by a fire on August 20, 1996, he and his wife burdened by her continuing ill health underwent major construction problems in November and December of 1996. Specifically, in late December as they were in the process of moving back into their newly reconstructed home, the water heater experienced a leak which lead to an explosion. The explosion damaged part of their newly constructed home. Mr. and Mrs. Garcia spent the better part of January and February 1997, getting their bearings back and locating paperwork, files, records, etc. Thereafter, for several months Mr. Garcia again had to take his wife to Dallas, sometimes for weeks at a time, so that she could undergo medical testing, etc., including a brain scan. His wife continues to be ill. He just returned the report which is attached to my office. It took a little time for my office to review and check for completeness.

*Texas Ethics Commission
July 16, 1997
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Please accept my apologies on behalf of Mr. Garcia. However, he and his family have endured very trying times to say the least.

Should you or any of your staff members have any questions that need to be answered, please feel free to call upon me.

Very truly yours,

A handwritten signature in black ink, appearing to read "John Drolla". The signature is fluid and cursive, with a large initial "J" and "D".

John Drolla

*Candidate - 353rd Judicial District Court
of Travis County, Texas*

JD/ac

Enclosures

dc: File

f:\users\data\campaign\letters\txethics.004

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Mr. JOHN	C.D.
		DROLLA,	Jr.
OFFICE USE ONLY			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
2005 South Oak Canyon Road, Austin, Tx. 78746			
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Mr. Ernest	C.
		Garcia	
Receipt #			
		HO / PM	Amount
Date Processed			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
5204 Kite Tail Drive, Austin, Texas 78730-1419			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 338-9425			
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 type="checkbox"/> July 15 <input checked="" 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
		9 / 27 / 96	THROUGH
		10 / 26 / 96	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		11 / 05 / 96	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
		None	Judge 353rd District Court, Travis Co.
13 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		
	None		
Address: PO Box Apt / Suite # City State Zip Code			
<input type="checkbox"/> additional pages			

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission files)
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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. **

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

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 710.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 14.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 242.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,200.00

18 AFFIDAVIT

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
John C.D. Drolla, Jr.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C.D. Drolla, Jr. this the _____ day of _____, 19____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A(J)

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J) 2	
2 FILER NAME JOHN C.D. DROLLA, JR.		3 ACCOUNT # (Ethics Commission files)	
4 Date 9-29-96	5 Full name of contributor <input type="checkbox"/> out of state PAC Gary Johnson Family Living Trust 6 Contributor address. City. State. Zip Code 4201 Spicewood Springs Rd. No. 212, Austin Texas 78759-8654	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10-8-96	Full name of contributor <input type="checkbox"/> out of state PAC Gerald T. Daugherty Contributor address. City. State. Zip Code 1115 Elm St., Austin, Texas 78703	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10-11-96	Full name of contributor <input type="checkbox"/> out of state PAC Jana Cervenka Contributor address. City. State. Zip Code 511 Brooks, Sugar Land, Texas 77473	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, parents' law firm(s) (if any)			

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 (JUDICIAL)

SCHEDULE A(J)

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)

2

2 FILER NAME

JOHN C.D. DROLLA, JR.

3 ACCOUNT # (Ethics Commission files)

4 Date

10-17-96

5 Full name of contributor

Deanna Bartlett

out of state PAC

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

6 Contributor address. City. State. Zip Code

11235 Armaga Springs Rd., Austin, Tx. 78727

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address. City. State. Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address. City. State. Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, parents' law firm(s) (if any)

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J)

1

2 FILER NAME

JOHN C.D. DROLLA, JR.

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$ 0.0

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address. City. State. Zip Code			

10 Pledgor's principal occupation	11 Pledgor's job title
12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
14 If pledgor is a child, law firm of parent(s) (if any)	

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address. City. State Zip Code			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind contribution description (if applicable)
Pledgor address. City. State. Zip Code			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 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 **JOHN C. D. DROLLA, JR.** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10-15-96	5 Payee name Gilbert Graphics 6 Payee address. City. State. Zip Code 7212 McNeil Rd. No. 104, Austin, Texas 78729	7 Amount (\$) \$233.24
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8 Purpose of expenditure Bumper Stickers	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held n/a
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Date	Payee name Payee address. City. State. Zip Code	Amount (\$)
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Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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Date	Payee name Payee address. City. State. Zip Code	Amount (\$)
------	--	-------------

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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Date	Payee name Payee address. City. State. Zip Code	Amount (\$)
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Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (JUDICIAL)

SCHEDULE E(J)

The INSTRUCTOR GUIDE explains how to complete this form.		1 Total pages Schedule E(J) 1
2 FILER NAME JOHN C. D. DROLLA, JR.		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0.0
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC n/a/	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address: City State Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor 20 Guarantor address: City State Zip Code	21 Amount Guaranteed (\$)
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G <u>1</u>
2 FILER NAME JOHN C. D. DROLLA, JR.		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name none. 6 Payee address. City State Zip Code	8 Amount (\$)
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address. City State Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address. City State Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address. City State Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address. City State Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H 1
2 FILER NAME JOHN C. D. DROLLA, JR.		3 ACCOUNT # (Ethics Commission files)

4 Date	5 Business name None.	7 Amount (\$)
	6 Business address. City. State. Zip Code	

8 Purpose of payment	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address. City. State. Zip Code	

Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address. City. State. Zip Code	

Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address. City. State. Zip Code	

Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I
1

2 FILER NAME

JOHN C. D. DROLLA, JR.

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name None..... 6 Payee address: City State Zip Code	8 Amount (\$)
	7 Purpose of expenditure	
	5 Payee name 6 Payee address: City State Zip Code	8 Amount (\$)
	Purpose of expenditure	
	5 Payee name 6 Payee address: City State Zip Code	8 Amount (\$)
	Purpose of expenditure	
	5 Payee name 6 Payee address: City State Zip Code	8 Amount (\$)
	Purpose of expenditure	
	5 Payee name 6 Payee address: City State Zip Code	8 Amount (\$)
	Purpose of expenditure	
	5 Payee name 6 Payee address: City State Zip Code	8 Amount (\$)
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional) **SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule K
1

2 FILER NAME **JOHN C. D. DROLLA, JR.** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name None 6 Payor address: City: State: Zip Code	8 Amount (\$)
	7 Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule L. 1
2 FILER NAME JOHN C. D. DROLLA, JR.		3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION	4 Name of lender John C.D. Drolla, Jr.
	5 Lender address. City. State Zip Code 2005 South Oak Canyon Road, Austin, Texas 78746

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor none.
	7 Guarantor address. City. State Zip Code

LENDER INFORMATION	Name of lender The Bank of New York (Delaware)
	Lender address. City. State Zip Code P.O. Box 6988, Newark, DE 19714-6988

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor none.
	Guarantor address. City. State Zip Code

LENDER INFORMATION	Name of lender
	Lender address. City. State Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor
	Guarantor address. City. State Zip Code

LENDER INFORMATION	Name of lender
	Lender address. City. State Zip Code

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor
	Guarantor address. City. State Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The instruction Guide explains how to complete this form.	1 Total pages Schedule M 1
2 FILER NAME JOHN C. D. DROLLA, JR.	3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset
None.

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED