

*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.

3576

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: January 15, 1997
Candidate: John C. D. Drolla, Jr.
Office Sought: Judge, 353rd Judicial District Court, Travis County, Texas

FILED
JUL 16 2 20 PM

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 January 15, 1997. This is a final report.

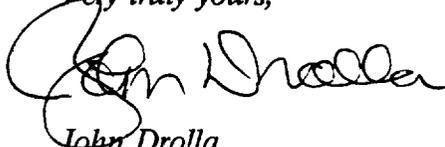
As previously reported, during July of 1996, the wife of my Campaign Treasurer, Ernest Garcia, became seriously ill. He was in and out of hospitals throughout the state and nation seeking treatment for her. I had spent most of that month in San Patricio County, Texas as Chief Counsel on a major jury 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
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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.003

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. **

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 168.01
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$
	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	\$ 6,914.35

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) 1	
2 FILER NAME JOHN C.D. DROLLA, JR.		3 ACCOUNT # (Ethics Commission files)	
4 Date 11-3-96	5 Full name of contributor Jim Hartnett, Jr. <input type="checkbox"/> out of state PAC 6 Contributor address. City. State. Zip Code 1601 Elm St., 4900 Thanksgiving Tower, Dallas, Texas 75201	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney at Law		10 Contributor's job title	
11 Contributor's employer/law firm The Harnett 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 <input type="checkbox"/> out of state PAC Contributor address City. State. Zip Code	Amount of contribution (\$)	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	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address. City. State. Zip Code	Amount of contribution (\$)	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.

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 3 ACCOUNT # (Ethics Commission filers)

JOHN C. D. DROLLA, JR.

4 Date	5 Payee name	7 Amount (\$)
10-29-96	ACE Printing	\$844.35
	6 Payee address: City State Zip Code	
	P.O. Box 13522, Austin, Texas 78711	

8 Purpose of expenditure Campaign Signs	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held n/a
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Date	Payee name	Amount (\$)
10-31-96	The Davis Group, Inc.	\$3,870.00
	Payee address: City State Zip Code	
	811 Barton Springs Rd., Suite 808, Austin, Tx. 78704	

Purpose of expenditure T.V. and newspaper advertisement	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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Date	Payee name	Amount (\$)
11-4-96	The Davis Group	\$54.13
	Payee address: City State Zip Code	
	(see entry above)	

Purpose of expenditure KVUE campaign expense	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought / held
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Date	Payee name	Amount (\$)
	Payee address: City State Zip Code	

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 instruction 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 10-29-96	7 Name of lender <input type="checkbox"/> out of state PAC The Bank of New York (Delaware)		9 Loan Amount (\$) \$4,714.35
6 Is lender a financial institution? Y N	8 Lender address: City. State. Zip Code P.O. Box 6988, Newark, DE 19714-6988		10 Interest rate 17.49%
			11 Maturity date 10-29-97
12 Lender's Principal Occupation Banking		13 Lender's Job Title Bank	
14 Lender's Employer/Law Firm n/a		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 checked="" type="checkbox"/> none			
18 GUARANTOR INFORMATION <input checked="" 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>
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2 FILER NAME JOHN C. D. DROLLA, JR.	3 ACCOUNT # (Ethics Commission filers)
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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
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
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
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

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	8 Amount (\$)
	6 Payee address: City State Zip Code	
7 Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address: City State Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address: City State Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address: City State Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address: City State Zip Code	
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 11-4-96	5 Payor name ACE Printing 6 Payor address: City: State: Zip Code P.O. Box 13522, Austin, Texas 78711	8 Amount (\$) \$168.87
7 Reason for credit Refund on 200 yard signs		

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

SCHEDULE L

STANDING LOANS

INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

1

3 ACCOUNT # (Ethics Commission files)

2 LENDER NAME JOHN C. D. DROLLA, JR.

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

6 Name of guarantor none.
7 Guarantor address City State Zip Code

not applicable

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

Name of guarantor none.
Guarantor address City State Zip Code

not applicable

LENDER INFORMATION

Name of lender
Lender address City State Zip Code

GUARANTOR INFORMATION

Name of guarantor
Guarantor address City State Zip Code

not applicable

LENDER INFORMATION

Name of lender
Lender address City State Zip Code

GUARANTOR INFORMATION

Name of guarantor
Guarantor address City State Zip Code

not applicable

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 files)

4 Description of Asset

None.

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM JC/OH - FR

The JC/OH Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" --

1 C/OH NAME

John C. D. Drolla, Jr.

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

John C. D. Drolla, Jr.

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.

Signature of Officeholder