

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3616 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: |
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS | ADDRESS / PO BOX | APT / SUITE #. | CITY. STATE. ZIP CODE |
| <input type="checkbox"/> Change of Address | | | |
| 5 CAMPAIGN TREASURER NAME | TITLE | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE #. | CITY. STATE. ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach JC/OH - FR) | | |
| 9 PERIOD COVERED | Month | Day | Year |
| | 10 | 29 | 97 |
| | THROUGH | | |
| | 11 | 7 | 97 |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | 3 | 10 | 98 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) | |
| | TRAVIS County Criminal MAGISTRATE (Appointed) | DISTRICT Judge 261 st | |
| 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 | | |
| | N/A | | |
| <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

Jim Coronado

15 ACCOUNT # (Ethics Commission filers)

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 **

NONE

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

NONE

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

0

EXPENDITURE
TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

0

CONTRIBUTION
BALANCE

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

0

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

\$

0

OUTSTANDING
LOAN TOTALS

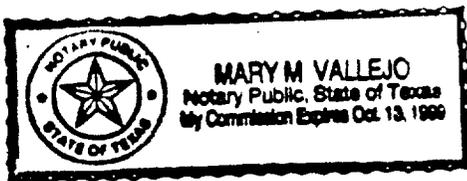
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Santiago S. Coronado this the 7 day of November 19 97, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Mary M Vallejo
Print name of officer administering oath

Notary
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

JIM CORONADO

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

~~1/1/17~~

5 Full name of contributor

NONE

out of state PAC

7 Amount of contribution (\$)

0

8 In-kind contribution description(if applicable)

6 Contributor address: City: State: Zip Code

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)

NONE

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)

NONE

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

Jim CORONADO

3 ACCOUNT # (Ethics Commission filers)

N/A

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

0

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

NONE

7 Pledgor address. City. State. Zip Code

0

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

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

NONE

Pledgor address. City. State. Zip Code

0

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

out of state PAC

Amount of pledge (\$)

In-kind contribution description (if applicable)

NONE

Pledgor address. City. State. Zip Code

0

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.

LOANS (JUDICIAL)

SCHEDULE E(J)

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule E(J): <u>1</u> | |
| 2 FILER NAME <u>JIM CORONADO</u> | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | | \$ <u>NONE</u> |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out of state PAC <u>NONE</u> | | 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 checked="" type="checkbox"/> not applicable | 19 Name of guarantor <u>NONE</u> | | 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:

1

2 FILER NAME

Jim CORONADO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

NONE

7

Amount (\$)

6 Payee address: City, State, Zip Code

0

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

NONE

Amount (\$)

Payee address: City, State, Zip Code

0

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

NONE

Amount (\$)

Payee address: City, State, Zip Code

0

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

NONE

Amount (\$)

Payee address: City, State, Zip Code

0

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

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

JIM CORONADO

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

NONE

6 Payee address: City: State: Zip Code

8 Amount (\$)

~~0~~

7 Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

NONE

Payee address: City: State: Zip Code

Amount (\$)

~~0~~

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

NONE

Payee address: City: State: Zip Code

Amount (\$)

~~0~~

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

NONE

Payee address: City: State: Zip Code

Amount (\$)

~~0~~

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

NONE

Payee address: City: State: Zip Code

Amount (\$)

~~0~~

Purpose of expenditure

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

JIM CORONADO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

NONE

7 Amount (\$)

6 Business address: City, State, Zip Code

0

8 Purpose of payment

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

NONE

Amount (\$)

Business address: City, State, Zip Code

0

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

NONE

Amount (\$)

Business address: City, State, Zip Code

0

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date

Business name

NONE

Amount (\$)

Business address: City, State, Zip Code

0

Purpose of payment

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

JIM CORONADO

3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------------------------|--|--------------------|
| 4 Date | 5 Payee name NONE | 8 Amount (\$) 0 |
| | 6 Payee address: City: State: Zip Code | |
| 7 Purpose of expenditure | | |

| | | |
|------------------------|--------------------------------------|------------------|
| Date | Payee name NONE | Amount (\$) 0 |
| | Payee address: City: State: Zip Code | |
| Purpose of expenditure | | |

| | | |
|------------------------|--------------------------------------|------------------|
| Date | Payee name NONE | Amount (\$) 0 |
| | Payee address: City: State: Zip Code | |
| Purpose of expenditure | | |

| | | |
|------------------------|--------------------------------------|------------------|
| Date | Payee name NONE | Amount (\$) 0 |
| | Payee address: City: State: Zip Code | |
| Purpose of expenditure | | |

| | | |
|------------------------|--------------------------------------|------------------|
| Date | Payee name NONE | Amount (\$) 0 |
| | 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

Jim CORONADO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

None

6 Payor address: City: State: Zip Code

7 Reason for credit

8

Amount (\$)

0

Date

Payor name

None

Payor address: City: State: Zip Code

Reason for credit

Amount (\$)

0

Date

Payor name

None

Payor address: City: State: Zip Code

Reason for credit

Amount (\$)

0

Date

Payor name

None

Payor address: City: State: Zip Code

Reason for credit

Amount (\$)

0

Date

Payor name

None

Payor address: City: State: Zip Code

Reason for credit

Amount (\$)

0

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: <u>1</u> |
|---|---------------------------------------|

| | |
|-------------------------------------|--|
| 2 FILER NAME <u>Jim CORONADO</u> | 3 ACCOUNT # (Ethics Commission filers) |
|-------------------------------------|--|

| | |
|--------------------|---|
| LENDER INFORMATION | 4 Name of lender <u>None</u> 5 Lender address: City: State: Zip Code |
|--------------------|---|

| | |
|-----------------------|--|
| GUARANTOR INFORMATION | 6 Name of guarantor <u>None</u> 7 Guarantor address: City: State: Zip Code <input type="checkbox"/> not applicable |
|-----------------------|--|

| | |
|--------------------|---|
| LENDER INFORMATION | Name of lender <u>None</u> Lender address: City: State: Zip Code |
|--------------------|---|

| | |
|-----------------------|--|
| GUARANTOR INFORMATION | Name of guarantor <u>None</u> Guarantor address: City: State: Zip Code <input type="checkbox"/> not applicable |
|-----------------------|--|

| | |
|--------------------|---|
| LENDER INFORMATION | Name of lender <u>None</u> Lender address: City: State: Zip Code |
|--------------------|---|

| | |
|-----------------------|--|
| GUARANTOR INFORMATION | Name of guarantor <u>None</u> Guarantor address: City: State: Zip Code <input type="checkbox"/> not applicable |
|-----------------------|--|

| | |
|--------------------|---|
| LENDER INFORMATION | Name of lender <u>None</u> Lender address: City: State: Zip Code |
|--------------------|---|

| | |
|-----------------------|--|
| GUARANTOR INFORMATION | Name of guarantor <u>None</u> Guarantor address: City: State: Zip Code <input type="checkbox"/> 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

Jim CORONADO

3 ACCOUNT # (Ethics Commission files)

4 Description of Asset

NONE

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

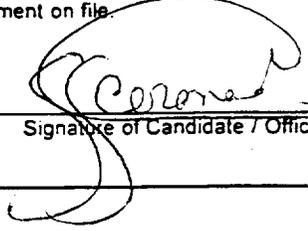
Jim CORONADO

2 ACCOUNT # (Ethics Commission files)

N/A

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

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

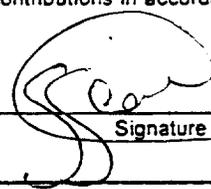
Check only one:



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