

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3678

## 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
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	Judge	Joseph	H.
	NICKNAME	LAST	SUFFIX
	Joe	Hart	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX.	APT / SUITE #.	CITY. STATE. ZIP CODE
	1403 W. 9th St.		Austin TX 78703
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
		John	W.
	NICKNAME	LAST	SUFFIX
		Stayton	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE).	APT / SUITE #.	CITY. STATE. ZIP CODE
	3413 Cascadera		Austin TX 78703
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	452-0583	
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	7	1	97
	THROUGH		Month Day Year
			12 / 31 / 97
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input 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)	
	Judge, 126th District Court	Judge, 126th District Court	
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		
	Address / PO Box. Apt / Suite #. City. State Zip Code		
	<input type="checkbox"/> additional pages		

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

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

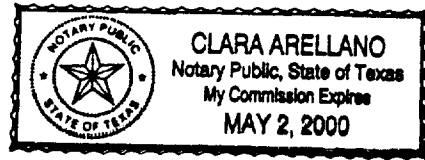
**16 SUPPORTING POLITICAL COMMITTEE(S)** -- This listing includes political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

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

<b>17 CONTRIBUTION TOTALS</b>	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-
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,251.25
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,574.55
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

**18 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.



*Joseph H. Hart*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph H. Hart this the 12th day of January 1998, to certify which, witness my hand and seal of office.

*Clara Arellano* Clara Arellano Notary Public  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL  
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Joseph H. Hart		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/5/97	5 Payee name American Bar Association 6 Payee address: City: State: Zip Code P. O. Box 4747 Carol Stream, IL 60197-4747	7 Amount (\$) 241.25
8 Purpose of expenditure Dues		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 8/24/97	Payee name AYLA Foundation Payee address: City: State: Zip Code 700 Lavaca, #602 Austin, TX 78701	Amount (\$) 450.00
Purpose of expenditure Advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 8/24/97	Payee name Austin AFL-CIO Council Payee address: City: State: Zip Code P. O. Box 684644 Austin, TX 78768-4644	Amount (\$) 295.00
Purpose of expenditure Advertisement		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/17/97	Payee name American Inn of Court CXVIII Payee address: City: State: Zip Code 1301 W. 25th St., Suite 525 Austin, TX 78705	Amount (\$) 250.00
Purpose of expenditure Dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL  
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Joseph H. Hart		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/30/97	5 Payee name State Bar of Texas 6 Payee address: City: State: Zip Code P. O. Box 13007 Austin, TX 78711	7 Amount (\$) 15.00
8 Purpose of expenditure CLE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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