

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3692

FORM JC/OH  
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed.</b>  3																				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">TITLE</td> <td style="width:35%;">FIRST</td> <td style="width:10%;">MI</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td>Judge</td> <td>Jon</td> <td>N.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Wisser</td> <td></td> <td></td> </tr> </table>	TITLE	FIRST	MI			Judge	Jon	N.	NICKNAME	LAST	SUFFIX			Wisser			<b>OFFICE USE ONLY</b>  Date Received JAN 13 4 26 PM '98 DAVID L. ... COUNTY CLERK TRAVIS COUNTY, TEXAS FILED					
TITLE	FIRST	MI																					
	Judge	Jon	N.																				
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	Wisser																						
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td>ADDRESS / PO BOX.</td> <td>APT / SUITE #.</td> <td>CITY.</td> <td>STATE.</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">7882 Lakewood Dr. Austin, TX 78750</td> </tr> </table>			ADDRESS / PO BOX.	APT / SUITE #.	CITY.	STATE.	ZIP CODE	7882 Lakewood Dr. Austin, TX 78750														
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<b>11 OFFICE</b>	<b>OFFICE HELD (if any)</b> 294 <sup>th</sup> Judicial Dist. Ct.	<b>12 OFFICE SOUGHT (if known)</b> 294 <sup>th</sup> Judicial Dist. Ct.																					
<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** 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																						

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

**14 C/OH NAME** Jon Wissler **15 ACCOUNT # (Ethics Commission filers)**

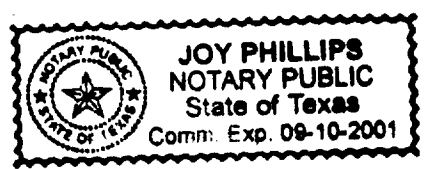
**16 SUPPORTING POLITICAL COMMITTEE(S)** -- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to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

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

additional pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1200 <sup>00</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 700 <sup>00</sup>

**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.



AFFIX NOTARY STAMP / SEAL ABOVE

Jon N. Wissler  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jon N. Wissler this the 13<sup>th</sup> day of January

19 98, to certify which, witness my hand and seal of office.

Joy B. Phillips Joy Phillips Notary Public  
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): <b>1</b>	
2 FILER NAME <b>Jon Wisser</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12-15-97</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>Ned Grunyer</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>605 W 10<sup>th</sup> Austin, TX 78701</b>			
9 Contributor's principal occupation <b>Lawyer</b>		10 Contributor's job title	
11 Contributor's employer/law firm <b>Self-employed.</b>		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	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 <input type="checkbox"/> 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)			

**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):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:		\$	
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 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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Jon Wisser

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-6-47

5 Payee name

Traavis County Democratic Party

6 Payee address; City; State; Zip Code

1906 N. Lamar Austin, Texas 78703

7 Amount (\$)

1200<sup>00</sup>

8 Purpose of expenditure

Filing Fee

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

Office sought / held

Jon Wisser, 244 Dist Ct.

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

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

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

## LOANS (JUDICIAL)

## SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): 1	
2 FILER NAME Jon Wisser		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date of loan 12-6-98	7 Name of lender Jon Wisser <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) 700 <sup>00</sup>	
6 Is lender a financial institution? Y   (N)	8 Lender address;   City;   State;   Zip Code 7882 Lakewood Av. Tx 78756	10 Interest rate -0-	
		11 Maturity date N/A	
12 Lender's Principal Occupation Judge		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 checked="" 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.