

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Michael E. Denton

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

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

\$

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,200

CONTRIBUTION BALANCE

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

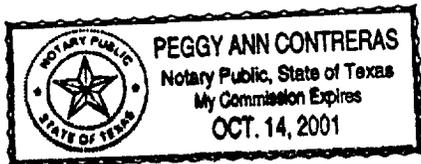
\$

OUTSTANDING LOAN TOTALS

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

\$

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.

Michael E. Denton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Denton this the 15 day of January

19 08, to certify which, witness my hand and seal of office.

Peggy A. Contreras
Signature of officer administering oath

Peggy A. Contreras
Print name of officer administering oath

Breanna Regal, Esq.
Title of officer administering oath

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 Michael E Denton

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/23/97

5 Payee name
Travis County Democratic Party
6 Payee address; City; State; Zip Code
Austin Texas 78748

8 Amount (\$)
1,200
 Reimbursement from political contributions intended

7 Purpose of expenditure
Filing Fee

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)
 Reimbursement from political contributions intended

Purpose of expenditure

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)
 Reimbursement from political contributions intended

Purpose of expenditure

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)
 Reimbursement from political contributions intended

Purpose of expenditure

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)
 Reimbursement from political contributions intended

Purpose of expenditure

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: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission files) |
| 4 Date | 5 Business name 6 Business address; City; State; Zip Code | 7 Amount (\$) |
| 8 Purpose of payment | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held |
| Date | Business name Business address; City; State; Zip Code | Amount (\$) |
| Purpose of payment | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held |
| Date | Business name Business address; City; State; Zip Code | Amount (\$) |
| Purpose of payment | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held |
| Date | Business name Business address; City; State; Zip Code | Amount (\$) |
| Purpose of payment | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held |
| Date | Business name Business address; City; State; Zip Code | Amount (\$) |
| Purpose of payment | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held |

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