

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3740 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: 17 |
|---|---|-------------------------|

| | | | | | |
|---------------------------------|----------|----------|--------|---|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | Mr. John | C. D. | Date Received FILED JAN 15 3 19 PM '98 CLERK OF COURTS TRAVIS COUNTY, TEXAS | |
| | LAST | Drolla | SUFFIX | | |

| | | | | | |
|--|---|----------------|-------|--------|----------|
| 4 CANDIDATE / OFFICEHOLDER ADDRESS | ADDRESS / PO BOX. | APT / SUITE #. | CITY: | STATE. | ZIP CODE |
| <input type="checkbox"/> Change of Address | 2005 South Oak Canyon Road Austin, Texas 78746 | | | | |

| | | | | | |
|---------------------------|----------|------------|--------|------------------------------|--------|
| 5 CAMPAIGN TREASURER NAME | TITLE | FIRST | MI | Receipt # | |
| | NICKNAME | Mr. Ernest | C. | HD / PM | Amount |
| | LAST | Garcia | SUFFIX | Date Processed: Jan 15, 1998 | |
| | | | | Date Imaged | |

| | | | | | |
|--|---|----------------|-------|--------|----------|
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE #. | CITY: | STATE: | ZIP CODE |
| | 5204 Kite Trail Drive Austin, Texas 78730-1419 | | | | |

| | | | |
|----------------------------|-----------|--------------|-----------|
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (512) | 338-9425 | |

| | | | | | | |
|---------------|---|--|--|--|--|--|
| 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 | THROUGH | Month | Day | Year |
| | 10 | 8 | 97 | | 1 | 15 | 98 |

| | | | | | | | |
|-------------|---------------|-----|------|---|---------------------------------|----------------------------------|----------------------------------|
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> General | <input type="checkbox"/> Special |
| | 3 | 10 | 98 | | | | |

| | |
|------------------------------|--------------------------------|
| 11 OFFICE | 12 OFFICE SOUGHT (if known) |
| OFFICE HELD (if any) None | Judge, 261st Judicial District |

| | | |
|---|---|--|
| 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 | |
| | N/A | |
| | Address / PO Box. Apt / Suite #. City. State. Zip Code | |
| <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
John C. D. Drolla, Jr.

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

N/A

-- 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. --

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | 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 \$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 700.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ - 0 -

4. TOTAL POLITICAL EXPENDITURES \$ 2,823.56

CONTRIBUTION BALANCE

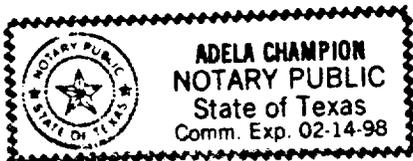
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 700.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,567.86

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.



John C. D. Drolla, Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C. D. Drolla, Jr. *Adela Champion* ^{ac}, this the 15th day of January 19 98, to certify which, witness my hand and seal of office.

Adela Champion
Signature of officer administering oath

Adela Champion
Print name of officer administering oath

Notary Public
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 filers) | |
| 4 Date 31 DEC 97 | 5 Full name of contributor Owen A. Reischman <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code 9501 Cap. of Tx. Hwy. N., No. 202 Austin, Texas 78759 | | | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title Attorney | |
| 11 Contributor's employer/law firm Sole Practitioner | | 12 Law firm of contributor's spouse (if any) N/A | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 10 JAN 98 | Full name of contributor William J. Brown <input type="checkbox"/> out of state PAC | Amount of contribution (\$) \$200.00 | In-kind contribution description(if applicable) |
| Contributor address; City; State; Zip Code 615 W. Martin Luther King Blvd. Austin, Texas 78701 | | | |
| Contributor's principal occupation Dry Cleaning/Laundry | | Contributor's job title Manager | |
| Contributor's employer/law firm Jack Brown Cleaners | | Law firm of contributor's spouse (if any) N/A | |
| 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): 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

John C. D. Drolla, Jr.

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

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

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)

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

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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LOANS (JUDICIAL)**SCHEDULE E (J)**

| | | | |
|---|---|--|-------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule E(J): Page 1 of 5 | |
| 2 FILER NAME John C. D. Drolla, Jr. | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED LOANS: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐ \$ | | | |
| 5 Date of loan 11 NOV 97 | 7 Name of lender <input type="checkbox"/> out of state PAC John C. D. Drolla, Jr. | | 9 Loan Amount (\$) \$17.32 |
| 6 Is lender a financial institution? Y N ___ | 8 Lender address: City: State: Zip Code 2005 South Oak Canyon Road Austin, Texas 78746 | | 10 Interest rate 0% |
| | | | 11 Maturity date 31 DEC 98 |
| 12 Lender's Pnncipal Occupation Attorney | | 13 Lender's Job Title Attorney | |
| 14 Lender's Employer/Law Firm Law Offices of John C. D. Drolla, Jr. | | 15 Law Firm of lender's spouse (if any) N/A | |
| 16 If lender is child, law firm of parent(s) (if any) N/A | | | |
| 17 Description of Collateral <input checked="" type="checkbox"/> none | | | |
| 18 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 19 Name of guarantor | | 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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

LOANS (JUDICIAL)**SCHEDULE E (J)**

| | | | |
|--|---|--|----------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule E(J): Page 2 of 5 | |
| 2 FILER NAME John C. D. Drolla, Jr. | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ | | | |
| 5 Date of loan 22 DEC 97 | 7 Name of lender <input type="checkbox"/> out of state PAC John C. D. Drolla, Jr. | | 9 Loan Amount (\$) \$1,200.00 |
| 6 Is lender a financial institution? Y N _ _ | 8 Lender address: City: State: Zip Code 2005 South Oak Canyon Road Austin, Texas 78746 | | 10 Interest rate 0% |
| | | | 11 Maturity date 31 DEC 98 |
| 12 Lender's Principal Occupation Attorney | | 13 Lender's Job Title Attorney | |
| 14 Lender's Employer/Law Firm Law Offices of John C. D. Drolla, Jr. | | 15 Law Firm of lender's spouse (if any) N/A | |
| 16 If lender is child, law firm of parent(s) (if any) N/A | | | |
| 17 Description of Collateral <input checked="" type="checkbox"/> none | | | |
| 18 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 19 Name of guarantor | | 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.

LOANS (JUDICIAL)**SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

Page 3 of 5

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

8 JAN 98

7 Name of lender

 out of state PAC

John C. D. Drolla, Jr.

9 Loan Amount (\$)

\$00.54

6 Is lender a financial institution?

Y

N

8 Lender address: City: State: Zip Code

2005 South Oak Canyon Road
Austin, Texas 78746

10 Interest rate

0%

11 Maturity date

31 DEC 98

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

Law Offices of John C. D. Drolla, Jr.

15 Law Firm of lender's spouse (if any)

N/A

16 If lender is child, law firm of parent(s) (if any)

N/A

17 Description of Collateral

 none

18 GUARANTOR INFORMATION

 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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

Page 4 of 5

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: = = = = = =

\$

5 Date of loan

9 JAN 98

7 Name of lender

First USA Visa

 out of state PAC

9 Loan Amount (\$)

\$300.00

6 Is lender a financial institution?

Y N

8 Lender address: City: State: Zip Code

P.O. Box 740115
Atlanta, Georgia 30374

10 Interest rate

11.15%

11 Maturity date

Revolving

12 Lender's Principal Occupation

Credit Card Services

13 Lender's Job Title

14 Lender's Employer/Law Firm

N/A

15 Law Firm of lender's spouse (if any)

N/A

16 If lender is child, law firm of parent(s) (if any)

N/A

17 Description of Collateral

 none

18 GUARANTOR INFORMATION

 not applicable

19 Name of guarantor

John C. D. Drolla, Jr.

20 Guarantor address: City: State: Zip Code

2005 South Oak Canyon Road
Austin, Texas 78746

21 Amount Guaranteed (\$)

\$300.00

22 Guarantor's Principal Occupation

Attorney

23 Guarantor's Job Title

Attorney

24 Guarantor's Employer/Law Firm

Law Offices of John C. D. Drolla, Jr.

25 Law Firm of guarantor's spouse (if any)

N/A

26 If guarantor is child, law firm of parent(s) (if any)

N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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): Page 5 of 5 |
| 2 FILER NAME John C. D. Drolla, Jr. | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ |
| 5 Date of loan 13 JAN 98 | 7 Name of lender First USA Visa <input type="checkbox"/> out of state PAC | 9 Loan Amount (\$) \$50.00 |
| 6 Is lender a financial institution? Y N ----- | 8 Lender address: City: State: Zip Code P.O. Box 740115 Atlanta, Georgia 30374 | 10 Interest rate 11.15% |
| | | 11 Maturity date Revolving |
| 12 Lender's Principal Occupation Credit Card Services | | 13 Lender's Job Title |
| 14 Lender's Employer/Law Firm N/A | | 15 Law Firm of lender's spouse (if any) N/A |
| 16 If lender is child, law firm of parent(s) (if any) N/A | | |
| 17 Description of Collateral <input checked="" type="checkbox"/> none | | |
| 18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 19 Name of guarantor John C. D. Drolla, Jr. 20 Guarantor address: City: State: Zip Code 2005 South Oak Canyon Road Austin, Texas 78746 | 21 Amount Guaranteed (\$) \$50.00 |
| 22 Guarantor's Principal Occupation Attorney | | 23 Guarantor's Job Title Attorney |
| 24 Guarantor's Employer/Law Firm Law Offices of John C. D. Drolla, Jr. | | 25 Law Firm of guarantor's spouse (if any) N/A |
| 26 If guarantor is child, law firm of parent(s) (if any) N/A | | |

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:

Page 1 of 2

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)**4** Date

11 NOV 97

5 Payee name

Compu Signs

7 Amount
(\$)

\$17.32

6 Payee address; City; State; Zip Code632 N. Lamar Blvd.
Austin, Texas 78703**8** Purpose of expenditure

Campaign Signs (Badges)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

22 DEC 97

Payee name

Travis County Republican Party

Amount
(\$)

\$1,200.00

Payee address; City; State; Zip Code

807 Brazos Street, Suite 304
Austin, Texas 78701

Purpose of expenditure

Campaign Filing Fee

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

Candidate / Officeholder name

Office sought / held

Date

9 JAN 98

Payee name

Travis County Bar Association

Amount
(\$)

\$300.00

Payee address; City; State; Zip Code

700 Lavaca Street
Austin, Texas 78701

Purpose of expenditure

Mailing Labels

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

Candidate / Officeholder name

Office sought / held

Date

9 JAN 98

Payee name

Miller Blueprint Co

Amount
(\$)

\$00.54

Payee address; City; State; Zip Code

501 West Sixth Street
Austin, Texas 78701

Purpose of expenditure

Campaign Sign (Badge) Repair

-- 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:
Page 2 of 2

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

13 JAN 98

Greater Austin Chamber of Commerce

\$50.00

6 Payee address; City; State; Zip Code
P.O. Box 1967
Austin, Texas 78767-1967

8 Purpose of expenditure

Mailing Labels

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

Office sought / held

Date

Payee name

Amount (\$)

10 JAN 98

Impressions Printing & Graphics

\$1,255.70

Payee address; City; State; Zip Code
5000 North Lamar Blvd.
Austin, Texas 78751

Purpose of expenditure

Printing Letter/Envelopes

-- 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: |

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission files)

| | | |
|--------|--|--|
| 4 Date | 5 Payee name See Schedule E (J) | 8 Amount (\$) |
| | 6 Payee address; City; State; Zip Code | |
| | 7 Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|--------------------------------------|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|--------------------------------------|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|--------------------------------------|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|--------------------------------------|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | 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: |
| 2 FILER NAME John C. D. Drolla, Jr. | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Business name None 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 |

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 filers)

| | | |
|--------------------------|--|---------------|
| 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 | 5 Payor name None 6 Payor address; City; State; Zip Code | 8 Amount (\$) |
| | 7 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 | |
| Date | Payor name Payor address; City; State; Zip Code | Amount (\$) |
| | Reason for credit | |

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: 1 | |
| 2 FILER NAME John C. D. Drolla, Jr. | | 3 ACCOUNT # (Ethics Commission filers) | |
| LENDER INFORMATION | 4 Name of lender First USA Visa | | |
| | 5 Lender address: | City: | State: Zip Code |
| | P.O. Box 740115 | Atlanta, | Georgia 30374 |
| GUARANTOR INFORMATION | 6 Name of guarantor John C. D. Drolla, Jr. | | |
| <input type="checkbox"/> not applicable | 7 Guarantor address: | City: | State: Zip Code |
| | 2005 South Oak Canyon Road, | Austin, | Texas 78746 |
| LENDER INFORMATION | Name of lender | | |
| | Lender address: | City: | State: Zip Code |
| GUARANTOR INFORMATION | Name of guarantor | | |
| <input type="checkbox"/> not applicable | Guarantor address: | City: | State: Zip Code |
| LENDER INFORMATION | Name of lender | | |
| | Lender address: | City: | State: Zip Code |
| GUARANTOR INFORMATION | Name of guarantor | | |
| <input type="checkbox"/> not applicable | Guarantor address: | City: | State: Zip Code |
| LENDER INFORMATION | Name of lender | | |
| | Lender address: | City: | State: Zip Code |
| GUARANTOR INFORMATION | Name of guarantor | | |
| <input type="checkbox"/> not applicable | Guarantor address: | City: | State: Zip Code |

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: |

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

None

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED