

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

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

14 C/OH NAME Janet Stockard **15 ACCOUNT # (Ethics Commission files)**

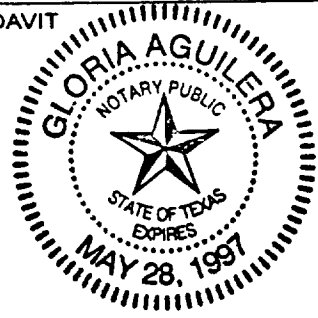
16 SUPPORTING POLITICAL COMMITTEE(S)

-- 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. **

<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	\$
	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.

Janet Stockard
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Janet Stockard this the 16 day of January 19 98, to certify which, witness my hand and seal of office.

Gloria Aguilera Signature of officer administering oath
Gloria Aguilera Print name of officer administering oath
Notary Public Title of officer administering oath

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14 C/OH NAME

Janet Stockard

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COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

FILED
JAN 16 12 02 PM '98
DARRELL G. COVIN
COUNTY CLERK
TRAVIS COUNTY, TEXAS

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

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\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,200

CONTRIBUTION BALANCE

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OUTSTANDING LOAN TOTALS

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

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Gloria Aguilera
Signature of officer administering oath

Gloria Aguilera
Print name of officer administering oath

Notary Public
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:

2 FILER NAME

Janet Stockard

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-31-97

5 Payee name

Travis County Democratic Party

8 Amount (\$)

\$1,200.⁰⁰

6 Payee address: City: State: Zip Code

1900 Lamar, Aust, Texas 78701

7 Purpose of expenditure

feeling fee

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
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

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