

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3871

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Judge</i>	FIRST <i>JAN</i>	MI
	NICKNAME	LAST <i>Breland</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>10409 Burnet, ste 100 Austin, TX 78758</i>		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST <i>Randy</i>	MI
	NICKNAME	LAST <i>LANITT</i>	SUFFIX <i>T.</i>
	Receipt #		
	HD / RM	Amount	
Date Processed			
Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>1100 GUADALUPE Austin, TX 78701</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>476-4873</i>	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 98</i> <i>1 / 29 / 98</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>3 / 10 / 98</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace, Pet 2</i>	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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		
	Address / PO Box: Apt. / Suite #: City: State: Zip Code		

OFFICE USE ONLY
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 CLERK OF COURTS
 TRAVIS COUNTY, TEXAS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 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)

\$

750.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2091.44

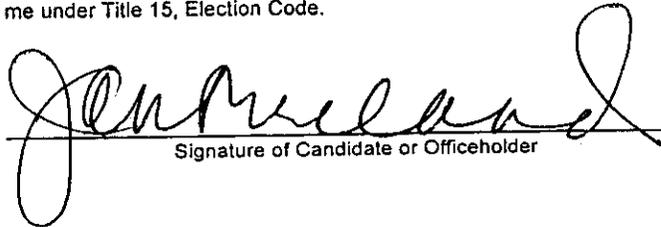
OUTSTANDING
LOAN TOTALS

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

\$

19 AFFIDAVIT

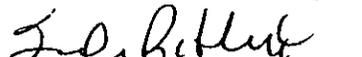
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

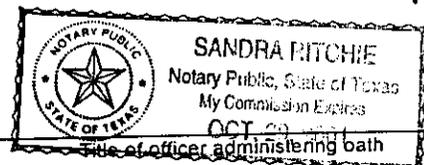
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jan Breland, this the 9th day of February

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


Signature of officer administering oath

Sandra Ritchie
Print name of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

See Attached List

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Judge Jan Baerland

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Fox, C. Bruce
Attorney at Law
404 West 13th
Austin, Texas 78701
\$100.00
12/10/97

Marsteller, Bobby
\$50.00
1/21/98

Russell, Steven H.
11213 Slippery Elm Trl
Austin, Texas 78750
\$100.00
1/3/97

Smith, Lang
Law Office
220 West 7th Street
Suite 101
Austin, Texas 78701
\$50.00
1/21/98

Torrey, W.W.
P. O. Box 1060
Georgetown, Texas 78627
\$100.00
1/5/98

Turro, Steve
404 West 13th Street
Austin, Texas 78701
\$100.00
9/22/97

Waldron, Chip
Law Office of
811 Nueces Street
Austin, Texas 78701
\$100.00
1/14/98

Watkins, Carolyn
Lewis, Watkins & Farmer
\$50.00
01/21/98

Watkins, David
Lewis, Watkins & Farmer
\$50.00
01/21/98

Watkins, Patrick
Lewis, Watkins & Farmer
\$50.00
01/21/98

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>Judge Jan Baranid</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)	
		15 Guarantor address; City; State; Zip Code	
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code	
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender 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:

FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Date 1/21/98	5 Payee name JUDY BAITTAIN	7 Amount (\$) 311.14
6 Payee address; City; State; Zip Code 1210 Nueces #100 Austin, TX 78701		

Purpose of expenditure REIMBURSE FOR POSTAGE + OFFICE SUPPLIES	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

Date 1/23/98	Payee name STATE BAR OF TEXAS	Amount (\$) 15.50
Payee address; City; State; Zip Code Austin, TX		

Purpose of expenditure LABELS	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date 1/22/98	Payee name NEIB	Amount (\$) 92.16
Payee address; City; State; Zip Code Austin, TX		

Purpose of expenditure GROCERIES	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date 1/22/98	Payee name U.S. POSTAL OFFICE	Amount (\$) 1320.00
Payee address; City; State; Zip Code Austin, TX		

Purpose of expenditure STAMPS	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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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 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
1/16/98	N.E.B. 6 Payee address: City: State: Zip Code AUSTIN, TX	54.01
8 Purpose of expenditure GROCERIES		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
1/16/98	F.W. Bell Payee address: City: State: Zip Code Houston, TX	36.00
Purpose of expenditure CASH NOTES DEPOSIT		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
1/16/98	N.E.B. Payee address: City: State: Zip Code Austin, TX	61.00
Purpose of expenditure STAMPS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
1/16/98	Office Depot Payee address: City: State: Zip Code Austin, TX	98.63
Purpose of expenditure SUPPLIES FOR OFFICE		-- 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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/22/98

Twin Liquors

200.00

6 Payee address; City; State; Zip Code

Austin, TX

8 Purpose of expenditure

Entertainment

9 -- 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

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

Judge Dan Bredano

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 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

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains, how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Judge Tom BACHAND

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)

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