Minton, Burton, Foster & Collins

Attorneys at Law, P.C., 1100 Guadalupe, Austin, Texas 78701, (512) 476-4873, FAX: 479-8315

October 6, 1998

OCT 8 8 42 AM '98

Ms. Dana DeBeauvoir
Travis County Clerk
P. O. Box 1748
Austin, Texas 78767

Dear Ms. DeBeauvoir:

Enclosed for a file-mark, please find a copy of our Candidate/Officeholder Campaign Finance Report. The original report was mailed yesterday.

If you have any questions concerning this, please don't hesitate to call.

Sincerely,

Randy T. Leavitt

RTL:sr

Enclosure

sr documents

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4162 COPY

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: Judge FIRST: Jan MI:

NICKNAME: LAST: Breland SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:

10409 Burnet Road, Suite 180
Austin, Texas 78758

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: Randy MI: T.

NICKNAME: LAST: Leavitt SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:

1100 Guadalupe
Austin, Texas 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:

(512) 476-4475

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month / Day / Year: 7 / 15 / 98 THROUGH Month / Day / Year: 10 / 05 / 98

10 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 98

ELECTION TYPE: ☐ Primary ☐ Runoff XXXXX ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Justice of the Peace, Pct. 2

12 OFFICE SOUGHT (if known):

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

Address / PO Box: Apt / Suite #: City: State: Zip Code:

☐ [illegible]

OFFICE USE ONLY

Date Received

Receipt #

Amount

Date Processed

Date Imaged

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

[ ] GENERAL

[ ] SPECIFIC

[ ] additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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)	$ 6300.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 4981.93
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 23,046.31

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.

CHARLES ERIC SANCHEZ
Notary Public, State of Texas
My Commission Expires
MARCH 13, 2001

Jan Breland

Signature of Candidate or Officeholder

APPOINT NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Jan Breland this the 5 day of October 19 98 at the city which, witness my hand and seal of office.

[illegible]

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

OFFICE USE ONLY

Date Received

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: JUDGE | FIRST: JAN | MI:

NICKNAME: | LAST: BRYLAND | SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 10401 Burnet Rd Suite 180 | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

Austin, TX 78758

5 CAMPAIGN TREASURER NAME

TITLE: | FIRST: [illegible] | MI: —

NICKNAME: | LAST: Leavitt | SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 400 GUADALUPE | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

Austin, TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE: (5A) | PHONE NUMBER: 476-[illegible] | EXTENSION:

8 REPORT TYPE

2

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month / Day / Year: 7 / 15 / 98 THROUGH Month / Day / Year: 10 / 5 / 98

10 ELECTION

2

ELECTION DATE: Month / Day / Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Justice of the Peace Pct 2

12 OFFICE SOUGHT (if known):

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

Address / PO Box | Apt / Suite # | City | State | Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (if the 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. ••

COMMITTEE TYPE

[ ] GENERAL

[ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

[ ] additional pages

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)	$ 6,300.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	TOTAL POLITICAL EXPENDITURES	$ 1451.13

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 23,046.31

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.

BRENDA G. SASAKI
Notary Public, State of Texas
My Commission Expires Feb. 8, 1998

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jan Brekenridge, this the 15 day of July 19 96, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 FILER NAME: JUDGE JAN BRCHAM

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor ☐ out of state PAC 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation | Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B

2 FILER NAME

3 ACCOUNT # (Black Ink Only)

4 TOTAL OF UNITEMIZED PLEDGES: $

5 Date	6 Full name of pledgor ☐ out of state PAC 7 Pledgor address, City, State, Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation	11 Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address, City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address, City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address, City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address, City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

[illegible] out-of-state PAC, please [illegible] for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1/2

2 FILER NAME: JUDGE JAN BREAND

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: $

5 Date of loan	7 Name of lender ☐ out of state PAC	9 Loan Amount ($)
4/9/98	JOHN LIPSCOMB	500.00
6 Is lender a financial institution? Y (N)	8 Lender address, City, State, Zip Code: 8236 SUMMERSIDE DR. AUSTIN, TX 78759	10 Interest rate: 11.26%
		11 Maturity date: 3/16/01

12 Description of Collateral: ☑ none

13 GUARANTOR INFORMATION ☐ 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 ☐ out of state PAC	Loan Amount ($)
3/1/98	Travis County Credit Union	2678.15
Is lender a financial institution? (Y) N	Lender address, City, State, Zip Code: 1101 N IH 35 Austin TX 78702	Interest rate: 14.0%
		Maturity date: 1/31/01

Description of Collateral: ☑ none

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed ($)
	Guarantor address, City, State, Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 OF 3

2 FILER NAME: JUDGE JAN BRAHAM

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
9/16/95	S.W. Bell PO Box 4099 Austin, TX 77097	335.55

8 Purpose of expenditure: Phone

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
9/16/95	Judy Barham 3801 Manchaca #33 Austin, TX 78704	1000.00

Purpose of expenditure: CONSULTANT

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
9/15/95	John Lipscomb 5236 Summerside Dr Austin, TX 78759	50.00

Purpose of expenditure: SUPPLIES

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
9/15/95	John Lipscomb 5236 Summerside Dr Austin, TX 78759	50.00

Purpose of expenditure: SUPPLIES

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 2 of 2

2 FILER NAME: Judge Dan Boyland

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan: 3/1/98

7 Name of lender: JOHN LASCOMB ☐ out of state PAC

9 Loan Amount ($): 5000.00

6 Is lender a financial institution? Y (X)

8 Lender address, City, State, Zip Code: 8236 SUMMERSIDE DR. Austin, TX 78759

10 Interest rate: 11.26%

11 Maturity date: 3/1/01

12 Description of Collateral: ☑ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address, City, State, Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan: 3/1/98

Name of lender: TRAVIS COUNTY CREDIT UNION ☐ out of state PAC

Loan Amount ($): 10,368.16

Is lender a financial institution? (Y) N

Lender address, City, State, Zip Code: 1101 N. I.H. 35 Austin, TX 78702

Interest rate: 8.10%

Maturity date: 12/31/02

Description of Collateral: ☐ none 1994 JEEP GRAND CHEROKEE

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address, City, State, Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 OF 3

2 FILER NAME: JUDGE JAN BRELAND

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
8/26/98	TRAVIS COUNTY DEMOCRATIC PARTY 1905 N HAMAR Austin, TX 78705	1000.00

8 Purpose of expenditure: COORDINATED CAMPAIGN DONATIONS

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
8/26/98	AFLCIO Austin, TX	165.00

Purpose of expenditure: Advertising

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
8/26/98	SW Bell PO Box 4699 Houston, TX 77097	145.92

Purpose of expenditure: Phone

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
9/14/98	Bremham Lockreham 1210 Nueces #100 Austin, TX 78701	755.94

Purpose of expenditure: Fabric & Mileage

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
9/23/98	The Villager 1223 Rosewood Austin, TX 78702	100.00

8 Purpose of expenditure: Advertising

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
9/26	Fams Austin, TX	64.00

Purpose of expenditure: Supplies

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
9/26/98	Brennan Courseham 1210 Nueces # 100 Austin, TX 78701	

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: 1

2 FILER NAME: Judge Jan Blackard

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: JUDGE JAN BRELAND

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City, State, Zip Code / 7 Purpose of expenditure	8 Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City, State, Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City, State, Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City, State, Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City, State, Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: /

2 FILER NAME: Judge Tom Cleland

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address, City, State, Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address, City; State; Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: Judge Ben Ahland

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 ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 / 6 Payee address, City, State, Zip Code	7 Amount ($)

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

6 Payee address: City: State: Zip Code

7 Amount ($)

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought / held

Date

Payee name

Payee address: City: State: Zip Code

Amount ($)

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought / held

Date

Payee name

Payee address: City: State: Zip Code

Amount ($)

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought / held

Date

Payee name

Payee address: City: State: Zip Code

Amount ($)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on C/OH page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

Contributions October 5, 1998

Avitt, Linda J.
1500 Brentwood St.
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9/24/98

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