

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**4215**

**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

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Judge John K.  
NICKNAME LAST SUFFIX  
DIETZ

**OFFICE USE ONLY**

Date Received  
FEB 13 2000

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
1900 Steamboat Springs Cove  
Austin, Tx 78746

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
John K.  
NICKNAME LAST SUFFIX  
DIETZ

Receipt #  
HD / PM Amount  
Date Processed  
Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
1900 Steamboat Springs Cove Austin, Tx 78746

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 512 ) 329-0525

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 JC/OH - FR)

9 PERIOD  
COVERED

Month Day Year MONTH DAY YEAR  
07 / 01 / 98 THROUGH 12 / 31 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Specia

11 OFFICE

OFFICE HELD (if any)

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  
n/a

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

additional pages

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

JOHN K. DIETZ

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

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ -0-

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION BALANCE

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

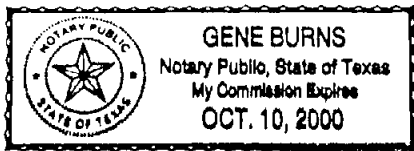
\$ -0-

OUTSTANDING LOAN TOTALS

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

\$ -0-

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 K. Dietz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN K. DIETZ, this the 11th day of January, 19 99, to certify which, witness my hand and seal of office.

*Gene Burns*  
Signature of officer administering oath

GENE BURNS  
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)	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code			

9 Contributor's principal occupation	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 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)			

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)	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)			

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E(J)**2** FILER NAME**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 (\$)**6** Is lender a  
financial institution?**8** Lender address    City,    State,    Zip Code**10** Interest rate

Y    N

**11** Maturity date**12** Lender's Principal Occupation**13** Lender's Job Title**14** Lender's Employer/Law Firm**15** Law Firm of lender's spouse (if any)**16** If lender is child, law firm of parent(s) (if any)**17** Description of Collateral none**18** GUARANTOR  
INFORMATION**19** Name of guarantor**21** Amount Guaranteed (\$) not applicable**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.**

# 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 files)

**4** Date

**5** Payee name

**7** Amount (\$)

**6** Payee address, City, State, Zip Code

**8** Purpose of expenditure

**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

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# 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name ..... 6 Payee address, City, State, Zip Code 7 Purpose of expenditure	8 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address, City, State, Zip Code Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address, City, State, Zip Code Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address, City, State, Zip Code Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address, City, State, Zip Code Purpose of expenditure	Amount (\$)  <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
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Business name  ..... <b>6</b> Business address, City, State, Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment		<b>9</b> ** 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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# 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

3 ACCOUNT # (Ethics Commission filers)

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

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

<b>4</b> Date	<b>5</b> Payor name <hr/> <b>6</b> Payor address;      City, State, Zip Code <hr/> <b>7</b> Reason for credit	<b>8</b> Amount (\$)
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Date	Payor name <hr/> Payor address;      City, State, Zip Code <hr/> Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr/> Payor address;      City, State, Zip Code <hr/> Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr/> Payor address;      City, State, Zip Code <hr/> Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr/> Payor address;      City, State, Zip Code <hr/> Reason for credit	Amount (\$)
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# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address, City, State, Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

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# 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	3 ACCOUNT # (Ethics Commission filers)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH - FR

## DESIGNATION OF FINAL REPORT

The JC/OH Instruction Guide explains how to complete this form.  
 -- Complete only if "Report Type" on JC/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 appointment on file.

\_\_\_\_\_  
 Signature of Officeholder