

JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00037318	2 Total pages filed FIVE
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Ms. NICKNAME	FIRST Marian LAST	MI C. SUFFIX
OFFICE USE ONLY		Date Received	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #.	CITY, STATE, ZIP CODE
<input type="checkbox"/> Change of Address	P.O. Box 9130		Austin, TX 78766-9130
5 CAMPAIGN TREASURER NAME	TITLE Ms. NICKNAME	FIRST Marian LAST	MI C. SUFFIX
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
	2907 Pinecrest Drive		Austin, TX 78757-2015
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	454-4144	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach JC/OH - FR)
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10 / 25 / 98		12 / 31 / 98
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11 / 3 / 98		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	n.a.	District Judge, 14th Dist.	
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		
<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 <i>Marian C. Bloss</i>	15 ACCOUNT # (Ethics Commission files) <i>00037318</i>
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16 SUPPORTING POLITICAL COMMITTEE(S)

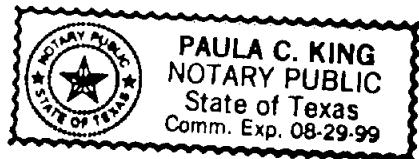
-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive 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: _____
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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>100.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>450.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <i>277.52</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3003.94</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>-0-</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>27,687.85</i>

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Marian C. Bloss
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Marian C. Bloss*, this the *11th* day of *January* 19 *99*, to certify which, witness my hand and seal of office.

<i>Paula C. King</i> Signature of officer administering oath	Paula C. King Print name of officer administering oath	_____ Title of officer administering oath
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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): <i>01E</i>	
2 FILER NAME Marian C. Bloss		3 ACCOUNT # (Ethics Commission files) 00037318	
4 Date <i>12/11/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Jan Galbraith</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Austin, TX</i>			
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 <i>11/9/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Julie Stone</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>759 Orchard Court Louisville, CO 80027</i>			
Contributor's principal occupation <i>SISTER</i>		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 <i>11/9/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Anné Jack Wilhelm</i>	Amount of contribution (\$) <i>\$150⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6211 Indian Canyon Dr. Austin, TX 78748</i>			
Contributor's principal occupation <i>Oil Company Exec.</i>		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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): <i>ONE</i>
2 FILER NAME <i>Marian C. Bloss</i>		3 ACCOUNT # (Ethics Commission files) <i>00037318</i>
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <i>12/31/98</i>	7 Name of lender <i>Marian C. Bloss</i> <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) <i>\$ 2553.94</i>
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code <i>P.O. Box 9130 Austin, TX 78766-9130</i>	10 Interest rate <i>6%</i>
		11 Maturity date <i>12/18/99</i>
12 Lender's Principal Occupation <i>self</i>		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 <input checked="" type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

ONE

2 FILER NAME

Marian C. Bloss

3 ACCOUNT # (Ethics Commission files)

00037318

4 Date

5 Payee name

7 Amount (\$)

10/26/98

Austintrends

6 Payee address: City: State: Zip Code

7101 Highway 71 West, #213
Austin, TX 78735

\$494.71

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 (\$)

11/10/93

GTE

Payee address: City: State: Zip Code

Austin, TX

\$125.71

Purpose of expenditure

phone-mobile

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

Office sought / held

Date

Payee name

Amount (\$)

11/11/93

JAMES COOKES

Payee address: City: State: Zip Code

11000 Applewood Drive
Austin, TX 78758

\$122.00

Purpose of expenditure

sign pickup

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

Office sought / held

Date

Payee name

Amount (\$)

10/26/98

Postmaster

Payee address: City: State: Zip Code

Austin, TX 78757

\$1984.00

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

JANA DEBEAUVOIR
DAVIS COUNTY CLERK
0000 GUADALUPE ST RM 222
PO Box 1748
AUSTIN TX 78767-1748

JAN 14 12 10 PM '99



CERTIFIED

P 166 835 660

MAIL



U.S. POSTAGE
PAID
AUSTIN, TX
78701
JAN 13 1999
FIMOUNT
00042333-18
\$2.65
0000

MARIAN CHARITY BLOSS



Marian Bloss
P.O. Box 9130
Austin, TX 78766-9130

County Clerk
Elections Division
Box 1748
Austin, TX 78767

