

*JOHN C. D. DROLLA, JR.
*BOARD CERTIFIED
COMMERCIAL REAL ESTATE LAW
TEXAS BOARD OF SPECIALIZATION
RESIDENTIAL REAL ESTATE LAW
TEXAS BOARD OF LEGAL SPECIALIZATION

Law Offices
of
John C. D. Drolla, Jr.

4270

18 January 1999

VIA HAND DELIVERY

Dana DeBeauvoir
Travis County Clerk
Travis County Courthouse
Election Division
2nd Floor, Rm 222
Austin, Texas 78701

FILED
JAN 19 2 31 PM '99

RE: **Candidate/Officeholder Sworn Report of Contributions and Expenditures**
Due Date: 15 January, 1999
Candidate: John C. D. Drolla, Jr.
Office Sought: Judge, 261st Judicial District Court, Travis County, Texas

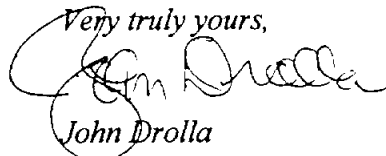
Dear Ms. DeBeauvoir:

This letter is to serve as an attachment to the hereinabove referenced report to explain my inadvertent failure to file said report on or before 15 January 1999.

Due to the death of my surrogate big brother in early December 1998 and the ensuing holiday period, I became somewhat behind on my work. I still do not have a full time secretary and/or notary. I was out of town in San Antonio on litigation matters for the State Bar of Texas Professional development program on 15 January and 16 January 1999. I was not able to complete the report with a notarized signature before leaving for San Antonio. The courthouse is closed today in remembrance of Martin Luther King, thus I am not and was not able to file the Report on 15 January 1999 or today, 18 January 1999.

Should you or any of your staff members have any questions that need to be answered, please feel free to call upon me.

Very truly yours,



John Drolla
Candidate - 261st Judicial District Court
of Travis County, Texas

JD: mm
Enclosures

dc: File

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)

2 Total pages filed

15

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Mr. John C. D.
NICKNAME LAST SUFFIX
Drolla, Jr.

OFFICE USE ONLY

Date Received

JAN 13 2 30 PM '99

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
2005 South Oak Canyon Road
Austin, Texas 78746

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Mr. John C. D.
NICKNAME LAST SUFFIX
Drolla, Jr.

Receipt #

NO. 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
512 East Riverside Drive, Suite 105
Austin, Texas 78704

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 445-6838

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 6th day before election Exceeded \$500 limit Final report (Attach JC/OH - FR)

9 PERIOD
COVERED

Month Day Year MONTH DAY YEAR
10 / 26 / 98 THROUGH 1 / 14 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 3 / 98 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

None

12 OFFICE SOUGHT (if known)

Judge, 261st Judicial District

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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME John C. D. Drolla, Jr.

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

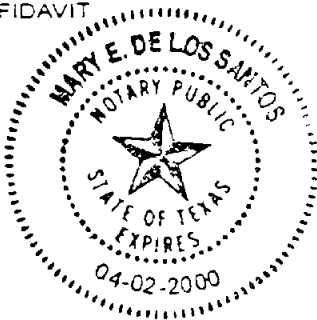
- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$ 1,275.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,975.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 81.34
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,163.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,638.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,043.45

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 C. D. Drolla, Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C. D. Drolla, Jr. this the 19th day of January 19 99, to certify which, witness my hand and seal of office.

Mary E. De Los Santos Mary E. De Los Santos NOTARY PUBLIC
Signature of officer administering oath Print name of officer administering oath 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) <u>1</u> of <u>2</u>	
2 FILER NAME <u>John C. D. Drolla Jr.</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>27 OCT 98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Gregory Cervenka</u>	7 Amount of contribution (\$) <u>\$300.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <u>4913 B Cana Cove Austin, TX 78749</u>			
9 Contributor's principal occupation <u>Real Estate Management</u>		10 Contributor's job title <u>In House Attorney</u>	
11 Contributor's employer/law firm <u>The Anderson Group</u>		12 Law firm of contributor's spouse (if any) <u>N/A</u>	
13 If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			
Date <u>29 OCT 98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Harold U. Simpson</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>512 East Riverside Drive, Suite 200 Austin, TX 78704</u>			
Contributor's principal occupation <u>Certified Public Accountant</u>		Contributor's job title <u>Self-Employed</u>	
Contributor's employer/law firm <u>Self-Employed</u>		Law firm of contributor's spouse (if any) <u>N/A</u>	
If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			
Date <u>2 NOV 98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>J. Kevin Irons, D.M.D.</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>3901 S. Lamar, Suite 391 Austin, TX 78704</u>			
Contributor's principal occupation <u>Dentist</u>		Contributor's job title <u>Dentist</u>	
Contributor's employer/law firm <u>Irons & Associates, D.D.S.</u>		Law firm of contributor's spouse (if any) <u>N/A</u>	
If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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)
1 of 2

2 FILER NAME John C. D. Drolla, Jr. 3 ACCOUNT # (Ethics Commission form)

4 Date <u>4 NOV 98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>John M. & Cindy K. Hagler</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <u>7905 Downing Austin, TX 78759</u>			

9 Contributor's principal occupation Self Employed - Computer Technician 10 Contributor's job title
Owner

11 Contributor's employer/law firm hasen-Toner Supply Co., Inc. 12 Law firm of contributor's spouse (if any)
N/A

13 If contributor is a child, law firm of parent(s) (if any)
N/A

Date <u>27 OCT 98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>James W. Lawson, Jr.</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable) <u>Food and Drink for Fundraiser</u>
Contributor address: City, State, Zip Code <u>300 Deer Lake Estates Wimberley, TX 78676</u>			

Contributor's principal occupation Self Employed Contributor's job title
Owner

Contributor's employer/law firm TURNER RESTAURANT Law firm of contributor's spouse (if any)
N/A

If contributor is a child, law firm of parent(s) (if any)
N/A

Date <u>23 DEC 98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Robert P. Smolie</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>2505 Bridle Path Austin, TX 78703</u>			

Contributor's principal occupation Certified Public Accountant Contributor's job title
President / CEO

Contributor's employer/law firm Modern Banking Systems Law firm of contributor's spouse (if any)
N/A

If contributor is a child, law firm of parent(s) (if any)
N/A

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)
1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission Form)

4 TOTAL OF UNITEMIZED PLEDGES:

0 0 0 0 0 0

\$

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

None

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

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

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)

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)

1 of 2

2 FILER NAME

John C. D. Drolla, Jr

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: = = = = = =

\$

5 Date of loan

26 Oct 98 - 31 Dec 98

7 Name of lender

John C. D. Drolla, Jr

out of state PAC

9 Loan Amount (\$)

200⁰⁰

6 Is lender a financial institution?

Y

(N)

8 Lender address City, State, Zip Code

2005 South Oak Canyon Road
Austin, TX 78746

10 Interest rate

0%

11 Maturity date

30 JUN 99

12 Lenders Principal Occupation

Attorney

13 Lenders Job Title

Attorney

14 Lenders Employer/Law Firm

Law Offices of John C. D. Drolla, Jr.

15 Law Firm of lenders spouse (if any)

N/A

16 If lender is child, law firm of parent(s) (if any)

N/A

17 Description of Collateral:

none

18 GUARANTOR INFORMATION

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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J) 2 of 2
2 FILER NAME John C. D. Drolla, Jr.		3 ACCOUNT # (Ethics Commission fees)
4 TOTAL OF UNITEMIZED LOANS: = = = = = =		\$
5 Date of loan 31 DEC 98	7 Name of lender <input type="checkbox"/> out of state PAC John C. D. Drolla, Jr.	9 Loan Amount (\$) \$2,217.32
6 Is lender a financial institution? Y <input type="radio"/> (N)	8 Lender address City, State, Zip Code 2005 South Oak Canyon Road Austin, TX 78746	10 Interest rate 0%
		11 Maturity date 30 JUN 99
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Law Offices of John C. D. Drolla, Jr.		15 Law Firm of lender's spouse (if any) N/A
16 If lender is child, law firm of parent(s) (if any) N/A		
17 Description of Collateral <input checked="" type="checkbox"/> none		
18 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	19 Name of guarantor	21 Amount Guaranteed (\$)
	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)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>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

1 of 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	7 Amount (\$)
21 DEC 98	MBNA America Payee address: P.O. Box 15027 City: State: Zip Code Wilmington, DE 19886-5025	\$ 258.00

8 Purpose of expenditure Principal & Interest on loan	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name Office sought / held
--	---

Date	Payee name	Amount (\$)
2 NOV 98	MBNA America Payee address: P.O. Box 15027 City: State: Zip Code Wilmington, DE 19886-5028	\$ 258.00

Purpose of expenditure Principal & Interest on loan	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name Office sought / held
--	---

Date	Payee name	Amount (\$)
29 OCT 98	U.S. Post Office Payee address: Austin Downtown Station 570 Guadalupe Street Austin, TX 78701	\$ 64.00

Purpose of expenditure Stamps for mail out	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder name Office sought / held
---	---

Date	Payee name	Amount (\$)
2 NOV 98	Impressions Printing & Graphics Payee address: 5000 North Lamar City: State: Zip Code Austin, TX 78751	\$ 100.00

Purpose of expenditure Printing Expense	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officer/holder 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 of 2
2 FILER NAME John C. D. Droll, Jr		3 ACCOUNT # (Ethics Commission fees)
4 Date 31 DEC 98	5 Payee name Impressions Printing & Graphics 6 Payee address. City, State, Zip Code 5000 North Lamar Austin, TX 78751	7 Amount (\$) \$ 202.37
8 Purpose of expenditure Printing Expense		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 26 OCT 98 to 31 DEC 98	Payee name Law Offices of John C. D. Droll, Jr Payee address. City, State, Zip Code 512 East Riverside Drive, Suite 105	Amount (\$) \$ 200.00
Purpose of expenditure R/O Maintenance, Supplies, Copies, Postage, Telefax, etc		-- 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G
1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

See Schedule E (J)

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



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 of 1

2 FILER NAME

John C. D. Drolla, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

None

7 Amount (\$)

6 Business address: City: State: Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name None	8 Amount (\$)
	6 Payee address: City, State, Zip Code	
	7 Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	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.

1 of 1

2 FILER NAME

John C. D. Droll, Jr.

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payor name <u>None</u>	8 Amount (\$)
	6 Payor address: City: State: Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

First USA Visa

5 Lender address:

City:

State:

Zip Code

P.O. Box 740115

Atlanta, GA 30374

GUARANTOR INFORMATION

6 Name of guarantor

John C. D. Drolla, Jr.

7 Guarantor address:

City:

State:

Zip Code

 not applicable

2005 South Oak Canyon Road, Austin, TX 78746

LENDER INFORMATION

Name of lender

MBNA America, N.A.

Lender address:

City:

State:

Zip Code

P.O. Box 15720 Wilmington, DE 19850

GUARANTOR INFORMATION

Name of guarantor

John C. D. Drolla, Jr.

Guarantor address:

City:

State:

Zip Code

 not applicable

2005 South Oak Canyon Road Austin, TX 78746

LENDER INFORMATION

Name of lender

John C. D. Drolla, Jr.

Lender address:

City:

State:

Zip Code

2005 South Oak Canyon Road Austin, TX 78746

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M

1 of 1

2 FILER NAME

John C. D. Drolla, Jr

3 ACCOUNT # (Ethics Commission files)

4 Description of Asset

None

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