

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

FILED FORM JC/OH  
COVER SHEET PG 1

Jul 19 99

The JC/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI ..... JUDGE ..... JOHN ..... K ..... NICKNAME LAST SUFFIX <b>DIETZ</b>	OFFICE USE ONLY Date Received
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>1900 STEAMBOAT SPRINGS COVE AUSTIN, TEXAS 78746</b>
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5 CAMPAIGN TREASURER NAME	TITLE FIRST MI ..... JOHN ..... K ..... NICKNAME LAST SUFFIX <b>DIETZ</b>	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 <b>1900 STEAMBOAT SPRINGS COVE, AUSTIN, TEXAS 78746</b>
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 512 ) 329-0525</b>
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8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)
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9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01 / 01 / 99    THROUGH    06 / 30 / 99</b>
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10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
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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 <b>n/a</b>	
	Address / PO Box Apt / Suite # City State Zip Code	

**GO TO PAGE 2**

**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)
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



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

# 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  <input type="checkbox"/> not applicable	6 Name of guarantor ..... 7 Guarantor address:                      City:                      State:                      Zip Code	
LENDER INFORMATION	Name of lender ..... Lender address:                      City:                      State:                      Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address:                      City:                      State:                      Zip Code	
LENDER INFORMATION	Name of lender ..... Lender address:                      City:                      State:                      Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address:                      City:                      State:                      Zip Code	
LENDER INFORMATION	Name of lender ..... Lender address:                      City:                      State:                      Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address:                      City:                      State:                      Zip Code	

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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 files)
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**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