

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

4365

**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** 12

3 CANDIDATE / OFFICEHOLDER NAME
 TITLE FIRST MI
 Mr. John C. D.
 NICKNAME LAST SUFFIX
 Drolla Jr.

OFFICE USE ONLY
 Date Received
 COUNTY CLERK
 COUNTY, TEXAS
 FILED
 1 50 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 #
 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
 512 East Riverside Drive, Suite 105
 Austin, Texas 78746

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 8th day before election Exceeded \$500 limit Final report (Attach JC/OH - FR)

9 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 1 / 15 / 99 THROUGH 7 / 14 / 99

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

11 OFFICE
 OFFICE HELD (if any) OFFICE SOUGHT (if known)
 None 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

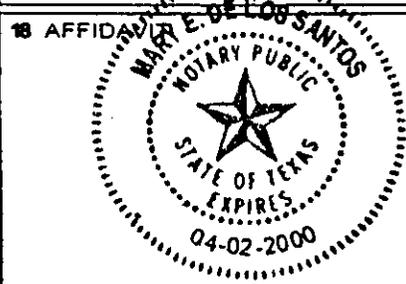
14 C/OH NAME John C. D. Drolla, Jr. 15 ACCOUNT # (Ethics Commission filers)

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. --

<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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 35.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,448.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 225.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,591.78



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
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C. D. Drolla this the 15th day of July 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 of 1</u>	
2 FILER NAME <u>John C. D. Drolla, Jr.</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <u>None</u> <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):
1 of 1

2 FILER NAME

John C. D. Drolla, Jr

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

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)

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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 1

2 FILER NAME

John C. D. Drollz, Jr.

3 ACCOUNT # (Ethics Commission files)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

 out of state PAC

None

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: 1 of 1
2 FILER NAME John C. D. Drolla, Jr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 3 MAR 99	5 Payee name John C. D. Drolla, Jr.	7 Amount (\$) \$1,200.00
6 Payee address: City, State, Zip Code 2005 South Oak Canyon Road Austin, Texas 78746		
8 Purpose of expenditure Repayment of \$1,200.00 Campaign loan		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought / held: _____
Date	Payee name	Amount (\$)
3 MAR 99	Impressions Printing + Graphics	\$ 200.00
7 APR 99	Payee address: City, State, Zip Code	\$ 200.00
6 MAY 99	5000 North Lamar	\$ 100.00
3 JUN 99	Austin, Texas 78751	\$ 100.00
6 JUN 99		\$ 100.00
Purpose of expenditure Printing Expense		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought / held: _____
Date	Payee name	Amount (\$)
12 FEB 99	M B N A	\$ 258.00
3 MAR 99	Payee address: City, State, Zip Code	\$ 258.00
7 APR 99	P.O. Box 15027	\$ 258.00
5 MAY 99	Wilmington, DE 19886-5028	\$ 258.00
3 JUN 99		\$ 258.00
6 JUN 99		\$ 258.00
Purpose of expenditure Principal & Interest on loan		-- 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: _____

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. Drollz, Jr

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

None

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

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	8 Amount (\$)
	<p><u>None</u></p> <p>6 Payee address: City: State: Zip Code</p>	
	<p>7 Purpose of expenditure</p>	
	<p>Payee name</p> <p>Payee address: City: State: Zip Code</p>	
	<p>Purpose of expenditure</p>	
	<p>Payee name</p> <p>Payee address: City: State: Zip Code</p>	
	<p>Purpose of expenditure</p>	
	<p>Payee name</p> <p>Payee address: City: State: Zip Code</p>	
	<p>Purpose of expenditure</p>	
	<p>Payee name</p> <p>Payee address: City: State: Zip Code</p>	
	<p>Purpose of expenditure</p>	
	<p>Payee name</p> <p>Payee address: City: State: Zip Code</p>	
	<p>Purpose of expenditure</p>	

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. Drolla, 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

2005 South Oak Canyon Road Austin, TX 78746

not applicable

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

2005 South Oak Canyon Road Austin, TX 78746

not applicable

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. Droll, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

None

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED