

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC COVER SHEET PG 1

The C/OH-UC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (SEE INSTRUCTIONS)

2 CANDIDATE / OFFICEHOLDER NAME

| | | |
|----------------|--------|--------|
| TITLE | FIRST | MI |
| Senior | Joseph | H. |
| District Judge | LAST | SUFFIX |
| NICKNAME | | |
| Joe | Hart | |

OFFICE USE ONLY

Date Received: **5 3 16 PM '00**

Date Hand-delivered or Mailed: _____

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

3 CANDIDATE / OFFICEHOLDER ADDRESS

| | | | | |
|--------------------|---------------|--------|-------|----------|
| ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE |
| 1403 W. 9th Street | | Austin | TX | 78703 |

4 REPORT TYPE

Annual Final Disposition

5 PERIOD COVERED

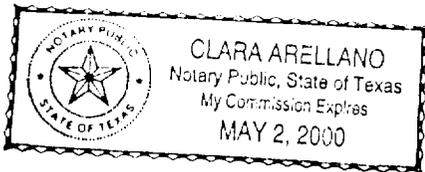
| | | | | | | |
|-------|-----|------|---------|-------|-----|------|
| Month | Day | Year | THROUGH | Month | Day | Year |
| 1 | 1 | 99 | | 12 | 31 | 99 |

6 TOTALS

| | | |
|---|---|--------------|
| 1 | TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC 31 OF PREVIOUS YEAR | \$ 19,132.72 |
| 2 | TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR | \$ -0- |

7 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.



Joseph H. Hart
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said JOSEPH H. HART this the 5th day of January 2000 to certify which, witness my hand and seal of office

Clara Arellano
Signature of officer administering oath

Clara Arellano
Printed name of officer administering oath

Legal Secretary
Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**
FORM C/OH-UC
PG 2

| | | |
|--|---|---|
| 8 C/OH NAME Joseph H. Hart | | 9 ACCOUNT # Ethics Commission files |
| 10 Date 1/28/99 | 11 Payee name Volunteer Legal Services of Central Texas 12 Payee address, City State Zip Code 700 Lavaca, Suite 603 Austin, TX 78701 | 13 Amount (\$) \$10,000.00 |
| 14 Purpose of expenditure Contribution | | 15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date 2/17/99 | Payee name CASA of Travis County, Inc. Payee address, City State Zip Code 512 E. Riverside, Suite 204 Austin, TX 78704 | Amount (\$) \$ 9,000.00 |
| Purpose of expenditure Contribution | | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date 4/26/99 | Payee name Volunteer Legal Services of Central Texas Payee address, City State Zip Code 700 Lavaca, Suite 603, Austin, TX 78701 | Amount (\$) \$ 114.72 |
| Purpose of expenditure Contribution | | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date 3/22/99 | Payee name City National Bank Payee address, City State Zip Code P. O. Box 1549 Austin, TX 78767 | Amount (\$) \$ 9.00 |
| Purpose of expenditure Service Charge | | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS EXPENDITURES

FORM C/OH-UC

PG 2

| | | |
|--------------------------------------|--|--|
| 8 C/OH NAME Joseph H. Hart | | 9 ACCOUNT # Ethics Commission Files |
|--------------------------------------|--|--|

| | | |
|--|--|----------------------------------|
| 10 Date 4/22/99 | 11 Payee name City National Bank | 13 Amount (\$) \$ 9.00 |
| 12 Payee address City, State, Zip Code P. O. Box 1549 Austin, TX 78767 | | |

| | |
|--|--|
| 14 Purpose of expenditure Service Charge | 15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date | Payee name |
| | Payee address, City, State, Zip Code |
| | Amount (\$) |

| | |
|-------------------------------|---|
| Purpose of expenditure | 15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date | Payee name |
| | Payee address, City, State, Zip Code |
| | Amount (\$) |

| | |
|-------------------------------|---|
| Purpose of expenditure | 15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date | Payee name |
| | Payee address, City, State, Zip Code |
| | Amount (\$) |

| | |
|-------------------------------|---|
| Purpose of expenditure | 15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------|---|

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