

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4487

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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
*Rudye* *Gannce* *P*  
NICKNAME LAST SUFFIX  
*KEY*

OFFICE USE ONLY

Date Received  
JAN 18 1 52 PM '00  
FILED

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE

5400 Woodview Ave Austin Texas 78758

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
*Attorney* *Chris* *Elliott*  
NICKNAME LAST SUFFIX

Receipt #

HO / 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

6140 Norma McPac St Bldg 2-150 Austin Texas 78754

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 346 7390

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  
12 / 22 / 1994 1 / 17 / 2000

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
11 / 02 / 2000

11 OFFICE

OFFICE HELD (if any)

Associate Judge, Municipal Ct

12 OFFICE SOUGHT (if known)

3901a District Court, Travis Co

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

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

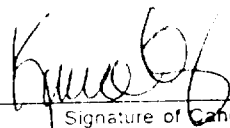
|              |  |
|--------------|--|
| 14 C/OH NAME | 15 ACCOUNT # (Ethics Commission files) |
|--------------|--|

|   |   |   |                |  |                   |  |                                   |  |                                      |
|---|---|---|----------------|--|-------------------|--|-----------------------------------|--|--------------------------------------|
| 16 SUPPORTING POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> additional pages           | <p>-- 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 --</p> <table border="1"> <tr> <td data-bbox="292 430 495 829">           COMMITTEE TYPE<br/><br/> <input type="checkbox"/> GENERAL<br/><br/> <input type="checkbox"/> SPECIFIC         </td> <td data-bbox="495 430 1485 514">COMMITTEE NAME</td> </tr> <tr> <td></td> <td data-bbox="495 514 1485 619">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td data-bbox="495 619 1485 714">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td data-bbox="495 714 1485 829">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME |  | COMMITTEE ADDRESS |  | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | 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 | \$ 25.00                      |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 31,225                     |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED   | \$ 41.30                      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1785<br><del>1790.52</del> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 31,225                     |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0.00                       |

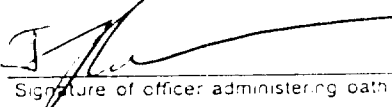
18 AFFIDAVIT


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.

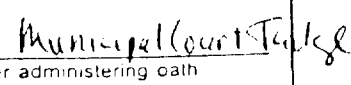
  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kerrie Key day of January 2000, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath


  
Ron Meyerson  
 Print name of officer administering oath

  
 \_\_\_\_\_  
 Signature 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):<br><u>2</u> |
|---|--|

|                                   |  |
|-----------------------------------|--|
| 2 FILER NAME<br><u>Karric Kay</u> | 3 ACCOUNT # (Ethics Commission filers) |
|-----------------------------------|--|

|   |  |  |  |
|---|--|--|--|
| 4 Date<br><u>11/17/2009</u>   | 5 Full name of contributor <input type="checkbox"/> out of state PAC<br><u>Nathaniel &amp; Roxanne Greenberg</u> | 7 Amount of contribution (\$) <u>\$100</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State, Zip Code<br><u>401 Willowbrook <del>Austin</del> <u>Dallas</u> <u>Alabama</u> <u>Texas</u> <u>38301</u></u> |  |  |  |

|  |                            |
|--|----------------------------|
| 9 Contributor's principal occupation<br><u>retired</u> | 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<br><u>11/15/2009</u>  | Full name of contributor <input type="checkbox"/> out of state PAC<br><u>Lee Greenberg</u> | Amount of contribution (\$) <u>\$2,500</u> | In-kind contribution description (if applicable) |
| Contributor address; City, State, Zip Code<br><u>7409 Highland Ave</u><br><u>Birmingham</u> <u>Alabama</u> |  |  |  |

|   |                         |
|---|-------------------------|
| Contributor's principal occupation<br><u>h/w (unemployed)</u> | 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.

# 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): 2

2 FILER NAME Karrie Key 3 ACCOUNT # (Ethics Commission filers)

|                              |  |   |  |
|------------------------------|--|---|--|
| 4 Date<br><u>Jan 25 1999</u> | 5 Full name of contributor <input type="checkbox"/> out of state PAC<br><u>Alan David Greenberg</u>                  | 7 Amount of contribution (\$) <u>\$1000</u> | 8 In-kind contribution description (if applicable) |
|                              | 6 Contributor address; City; State; Zip Code<br><u>5400 Woodcreek Avenue<br/>Austin Texas <del>78755</del> 78756</u> |   |  |

9 Contributor's principal occupation consultant / marketing VP 10 Contributor's job title consultant / marketing v.p.

11 Contributor's employer/law firm Data Weaver 12 Law firm of contributor's spouse (if any) n/a

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

|                          |  |   |  |
|--------------------------|--|---|--|
| Date<br><u>1/16/2000</u> | Full name of contributor <input type="checkbox"/> out of state PAC<br><u>Clara Key</u> | Amount of contribution (\$) <u><del>1000</del><br/>\$20,000</u> | In-kind contribution description (if applicable) |
|                          | Contributor address; City; State; Zip Code<br><u>1985 Marsh Lane<br/>Dallas, Texas</u> |   |  |

Contributor's principal occupation n/a Retired Contributor's job title n/a

Contributor's employer/law firm n/a Law firm of contributor's spouse (if any) n/c

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

|                         |   |  |  |
|-------------------------|---|--|--|
| Date<br><u>12/21/99</u> | Full name of contributor <input type="checkbox"/> out of state PAC<br><u>Bruce L. Faust</u> | Amount of contribution (\$) <u>100</u> | In-kind contribution description (if applicable) |
|                         | Contributor address; City; State; Zip Code<br><u>1205 Fairwood Austin Texas<br/>78722</u>   |  |  |

Contributor's principal occupation Constable Contributor's job title Constable

Contributor's employer/law firm Texas County 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.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|   |   |  |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.                                       |   | 1 Total pages Schedule G:  |
| 2 FILER NAME<br><i>Harrie Key</i>   |   | 3 ACCOUNT # (Ethics Commission filers)                                       |
| 4 Date  | 5 Payee name<br><i>Larry Brankham</i>                         | 8 Amount (\$)<br><br><i>\$ 110</i>   |
| 6 Payee address; City, State; Zip Code<br><i>1260 Barton Hills Drive # 141 Austin Tex 78704</i> |   |  |
| 7 Purpose of expenditure<br><i>clerical assistance</i>  |   | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date  | Payee name<br><i>Gandy's Printing and Copying</i>             | Amount (\$)<br><br><i>711.40</i>   |
| Payee address; City, State; Zip Code<br><i>5501 Wilmar Austin Texas 78751</i>                   |   |  |
| Purpose of expenditure<br><i>copies</i>   |   | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date  | Payee name<br><i>US Post Office</i>                           | Amount (\$)<br><br><i>1544.00</i>  |
| Payee address; City, State; Zip Code<br><i>Austin Texas</i>                                     |   |  |
| Purpose of expenditure<br><i>stamps</i>   |   | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date  | Payee name<br><i>RBH Direct</i>                               | Amount (\$)<br><br><i>920.12</i>   |
| Payee address; City, State; Zip Code<br><i>1602 Glencrest Austin Texas 78723</i>                |   |  |
| Purpose of expenditure<br><i>Mailers <del>(Post)</del> (Postcards)</i>                          |   | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date  | Payee name<br><i>Texas Center for Documentary Photography</i> | Amount (\$)<br><br><i>150.00</i>   |
| Payee address; City, State; Zip Code<br><i>2104 E. MLK Austin Texas 78702</i>                   |   |  |
| Purpose of expenditure<br><i>Photographs</i>  |   | <input type="checkbox"/> 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

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

# 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): |
|---|------------------------------|

|              |  |
|--------------|--|
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |
|--------------|--|

|        |  |                               |   |
|--------|--|-------------------------------|---|
| 4 Date | 5 Full name of contributor <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):             |                                       |
| 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)     |  |  |                                       |

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):**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:    ⇄   ⇄   ⇄   ⇄   ⇄   ⇄

\$

**5** Date of loan**7** Name of lender out of state PAC**9** Loan Amount (\$)**6** Is lender a financial institution?

Y      N

**8** Lender address;    City;    State;    Zip Code**10** Interest rate**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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address, City, State, Zip Code

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officer holder 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 / Officer holder 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 / Officer holder 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 / Officer holder 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: \_\_\_\_\_

2 FILER NAME \_\_\_\_\_

3 ACCOUNT # (Ethics Commission filers) \_\_\_\_\_

| 4 Date | 5 Payee name                           | 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

|        |  |               |
|--------|--|---------------|
| 4 Date | 5 Payor name                           | 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

# 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