

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

4504

**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
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Mr. FIRST: John MI: C. D. NICKNAME: LAST: SUFFIX: Jr. Drolla	OFFICE USE ONLY Date Received: 11/18 3 53 PM '00 FILED
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4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS (PG BOX APT / SUITE # CITY STATE ZIP CODE) 2005 South Oak Canyon Road Austin, Texas 78746 <input type="checkbox"/> Change of Address	OFFICE USE ONLY Date Received: 11/18 3 53 PM '00 FILED
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5 CAMPAIGN TREASURER NAME	TITLE: Mr. FIRST: John MI: C. D. NICKNAME: LAST: SUFFIX: Jr. Drolla	OFFICE USE ONLY Receipt # HD / PM Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 512 East Riverside Drive, Suite 105 Austin, Texas 78704 (Residence or business)	OFFICE USE ONLY Receipt # HD / PM Amount Date Processed Date Imaged
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 445-6938	OFFICE USE ONLY Receipt # HD / PM Amount Date Processed Date Imaged
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8 REPORT TYPE	<input checked="" 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 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 7 / 15 / 99 1 / 14 / 00
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10 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 98	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) Judge, 261st Judicial District
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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): _____ <input type="checkbox"/> additional pages
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GO TO PAGE 2

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)

-- 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

BOOK ENTRIES

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

\$ 70.89

2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 70.89

EXPENDITURE TOTALS

3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED

\$ - 0 -

4 TOTAL POLITICAL EXPENDITURES

\$ 1,032.00

CONTRIBUTION BALANCE

5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

OUTSTANDING LOAN TOTALS

6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 12,565.37

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. Drolla
Signature of Candidate or Officeholder

Sworn to and subscribed before me by the said John C. Drolla this the 18th day of January 2000 to certify which witness my hand and seal of office

Mary E. De Los Santos
Signature of officer administering oath

Mary E. De Los Santos
Print name of officer administering oath

Notary Public
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) 1 of 1
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2 FILER NAME John C. D. Droll, Jr	3 ACCOUNT # (Ethics Commission Use)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC None	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
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11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
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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
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Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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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
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Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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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 file #)

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)

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 1

2 FILER NAME

John C. D. Drolla, Jr

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS. = = = = =

\$ 1,300.00

5 Date of loan
1 BALG 99 100099
2 SEP 99 9 DEC 99
9 APR 99

7 Name of lender out of state PAC

John C. D. Drolla, Jr.

9 Loan Amount (\$)
250.00 250.00
250.00 300.00
250.00

6 Is lender a financial institution?

Y

(N)

8 Lender address City State Zip Code

2005 South Oak Canyon Road
Austin, Texas 78746

10 Interest rate

11 Maturity date

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:

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. Drolb, Jr.

3 ACCOUNT # (Ethics Commission files)

4 Date

8 AUG 99
26 SEP 99
15 NOV 99
22 DEC 99

5 Payee name

MBNA

6 Payee address City, State, Zip Code

P.O. Box 15027
Wilmington, DE 19886-5028

7 Amount (\$)

\$ 258.00
258.00
258.00
258.00

8 Purpose of expenditure

Principal + Interest on loan

9 -- 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

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

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. Dralls, Jr.

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

None

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. Droll, Jr

3 ACCOUNT # (Ethics Commission files)

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: _____ Office sought: _____

Date

Business name

Amount
(\$)

Business address City State Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate: _____ Office sought: _____

Date

Business name

Amount
(\$)

Business address City State Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate: _____ Office sought: _____

Date

Business name

Amount
(\$)

Business address City State Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate: _____ Office sought: _____

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. Drolb, Jr

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name <u>None</u>	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. Drotts, Jr.

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payor name None	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. Drollb, Jr

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

MBNA America, N.A.

5 Lender address, City, State, Zip Code

P.O. Box 19720 Wilmington, DE 19850

GUARANTOR INFORMATION

6 Name of guarantor

John C. D. Drollb, Jr.

7 Guarantor address, City, State, Zip Code

2005 South Oak Canyon Road Austin, Texas 78746

LENDER INFORMATION

Name of lender

John C. D. Drollb, Jr.

Lender address, City, State, Zip Code

2005 South Oak Canyon Road Austin, Texas 78746

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

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 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