Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4596

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: 2

OFFICE USE ONLY

Date Received

FILED
'00 12 05 PM 33
DIANA LEDUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST | MI

NICKNAME | LAST | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: Mr. Demetri Anastasiadis
APT / SUITE #: 10603 Ames Ln.
CITY: Austin, TX 78739
STATE:
ZIP CODE

5 CAMPAIGN TREASURER NAME

TITLE | FIRST | MI

SAME

NICKNAME | LAST | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): SAME
APT / SUITE #:
CITY:
STATE:
ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(512) 288 7818

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: 1 / 3 / 2000 THROUGH Month / Day / Year: 6 / 30 / 2000

10 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 7 / 2000

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): 353RD DISTRICT COURT

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

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME: DEMETRI ANASTASIADIS

15 ACCOUNT # (Ethics Commission Stars):

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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

| | | |
|---|---|---|
| | 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 50.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 150.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ |
| | 4. TOTAL POLITICAL EXPENDITURES | $ 3120.11 |
| 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 | $ 0 |

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
WILLIAM V. LEMENS
Notary Public, State of Texas
My Commission Expires
AUG. 5, 2000

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.

Demetri Anastasiadis
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEMETRI ANASTASIADIS, this the _____ day of June, 2000, to certify which, witness my hand and seal of office.

Signature of officer administering oath | William V. Lemens, 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

2 FILER NAME: Demetri Anastasiadis

3 ACCOUNT # (Ethics Commission filer)

| 4 Date | 5 Full name of contributor / 6 Contr | out of state PAC | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 1/18/00 | H LAWRENCE HELLS<br>8205 CEDAR CV<br>AUSTIN TX 78737-4411<br>[redacted] | | $100.00 | |

9 Contributor's principal occupation: ATTORNEY

10 Contributor's job title: ASST ATTORNEY GENERAL

11 Contributor's employer/law firm: TX Attorney General

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 | Full name of contributor / Contributor address, City, State, Zip Code | out of state PAC | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 6/1/00 | RICK Baron<br>104 Cloudview Dr.<br>AUSTIN 78745 447-6609 | | $50.00 | CARDS |

Contributor's principal occupation: PRINTING CLERK

Contributor's job title: UNKNOWN

Contributor's employer/law firm: TRAVIS COUNTY

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 / Contributor address, City, State, Zip Code | out of state PAC | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| | | | | |

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.**

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# 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 ☐ out of state PAC<br>7 Pledgor address; City; State; Zip Code | 8 Amount of pledge ($) | 9 In-kind description (if applicable) |
|---|---|---|---|
| | | | |

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<br>Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
|---|---|---|---|
| | | | |

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<br>Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
|---|---|---|---|
| | | | |

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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# 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

6 Is lender a financial institution? Y N

7 Name of lender ☐ out of state PAC

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Frim

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

☐ not applicable

19 Name of guarantor

20 Guarantor address; City; State; Zip Code

21 Amount Guaranteed ($)

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Frim

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 FROM PERSONAL FUNDS

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: Demetri ANASTASIADIS

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 1/3/00 | TRAVIS COUNTY REPUBLICAN PARTY (see Schedule G) | 1200.00 ☑ Reimbursement intended |

8 Purpose of expenditure: filing fee

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Demetri Anastasiadis; Office sought / held: 353rd DISTRICT COURT

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 2/10/00 | DILLARD'S, BARTON CREEK MALL, AUSTIN TX | $16.00 REIMBURSEMENT FROM CONTRIBUTIONS INTENDED |

Purpose of expenditure: ADVERTISING-POLITICAL

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: ; Office sought / held: 353 RD COURT

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 6/14/00 | HSW WWW.HSW.NET (1-800-226-2656) | [illegible]20.00 ☑ REIMBURSEMENT FROM CONTRIBUTIONS INTENT |

Purpose of expenditure: ADVERTISING: SIGNS & SHIRTS

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: ; Office sought / held:

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

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

2 FILER NAME: DEMETRI ANASTASIADIS

3 ACCOUNT # (Ethics Commission filer)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure | 8 Amount ($) / Reimbursement from political contributions intended |
|---|---|---|
| 1/3/00 | TRAVIS COUNTY REPUBLICAN PARTY<br>JEFFERSON BLDG 1600 W 38TH ST AUSTIN, TX 420-9556<br>FILING FEE | 1200.00<br>☑ Reimbursement from political contributions intended |
| 2/25/00 | REPUBLICAN HISPANIC TEXAS ASSEMBLY<br>2900 W. ANDERSON LN., #B 20-202 AUSTIN, TX 78757<br>CANDIDATE FORUM | 25.00<br>☑ Reimbursement from political contributions intended |
| 3/17/00 | PRODUCTION BLOCK STUDIOS INC.<br>906 E 5th ST Austin TX 78702<br>POLITICAL ADVERTISING | 604.21<br>☑ Reimbursement from political contributions intended |
| 4/21/00 | SAME (PRODUCTION BLOCK STUDIOS)<br>AS ABOVE<br>3/17/00 | 479.90<br>☑ Reimbursement from political contributions intended |
| 5/22/00 | TRAVIS COUNTY 2000-TCRP<br>JEFFERSON BLDG 1600 W 38TH AUSTIN, TX<br>CAMPAIGN RECEPTION & FUNDRAISER | $75.00<br>☑ Reimbursement from political contributions intended |

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# 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<br>6 Business address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|

| 8 Purpose of payment | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name — Office sought / held |
|---|---|

| Date | Business name<br>Business address; City; State; Zip Code | Amount ($) |
|---|---|---|

| Purpose of payment | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name — Office sought / held |
|---|---|

| Date | Business name<br>Business address; City; State; Zip Code | Amount ($) |
|---|---|---|

| Purpose of payment | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name — Office sought / held |
|---|---|

| Date | Business name<br>Business address; City; State; Zip Code | Amount ($) |
|---|---|---|

| Purpose of payment | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name — Office sought / held |
|---|---|

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FILED

Jul 3 12 48 PM '00

COUNTY CLERK
TRAVIS COUNTY, TEXAS

FILED

~~12 05 PM '00~~

UVOIR
CLERK
TY, TEXAS

58214 6-99

Demetra Anastasiadis
10603 Ames Ln.
Austin, TX 78739
THE HUMANE SOCIETY OF THE UNITED STATES