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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4661

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received: JUL 20 10 32 AM

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: John MI: C. D

NICKNAME LAST: Drolla, Jr. SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 2005 South Oak Canyon Road APT / SUITE #: CITY: STATE: ZIP CODE:

Austin, Texas 78746

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: John MI: C. D

NICKNAME LAST: Drolla, Jr. SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 512 East Riverside Drive, Suite 105 APT / SUITE #: CITY: STATE: ZIP CODE:

Austin, Texas 78704

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 445.6838 EXTENSION:

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 C/OH - FR)

9 PERIOD COVERED

Month Day Year: 1/15/00 THROUGH Month Day Year: 7/15/00

10 ELECTION

ELECTION DATE Month Day Year: 11/05/00

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): None

12 OFFICE SOUGHT (if known):

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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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: John C. D. Drolla, Jr.

15 ACCOUNT # (Ethics Commission form)

16 SUPPORTING POLICIAL 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
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. TOTAL POLITICAL EXPENDITURES	$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$14,565.37

19 AFFIDAVIT

State of California
County of Sacramento

ALICE COWEN
Comm. #1114849
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
Comm Exp. Oct. 27, 2000

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said John C. D. Drolla, JR. this the 17th day of July 19 2000, to certify which, witness my hand and seal of office.

Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1 of 1

FILER NAME: John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission Filers)

Date	5 Payor name / 6 Payor address: City: State: Zip Code / 7 Reason for credit	8 Amount ($)
Date	Payor name / Payor address: City: State: Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address: City: State: Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address: City: State: Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address: City: State: Zip Code / Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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 / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($)
	5 None	
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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 / 6 Business address; City; State; Zip Code	7 Amount ($)
	None	

8 Purpose of payment

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

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

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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. Drolb, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($) / ☐ Reimbursement from political contributions intended
	5 Payee name: None	
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ 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

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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 filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10 FEB 00 10 MAR 00 10 APR 00 10 MAY 00 10 JUN 00 10 JUL 00	MBNA P.O. Box 15027 Wilmington, DE 19886-5028	

8 Purpose of expenditure: Principal and Interest on Loan

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
FEB 00	Campu Sign 632 North Lamar Blvd Austin, TX 78703	$16.78

Purpose of expenditure

-- 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

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1 of 1

2 FILER NAME: John C. D. Drolla, Jr

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 ($)
10 FEB 00 10 MAY 00 10 APR 00 10 JUN 00 10 JUL 00			300.00 300.00 300.00 300.00 300.00
6 Is lender a financial institution? Y (N)	8 Lender address: City:	State: Zip Code	10 Interest rate
			11 Maturity date

12 Description of Collateral: ☒ none

13 GUARANTOR INFORMATION	14 Name of guarantor		16 Amount Guaranteed ($)
☒ not applicable	15 Guarantor address: City:	State: Zip Code	

17 Principal Occupation: Attorney

18 Employer: Law Offices of John C. D. Drolla, Jr

Date of loan	Name of lender	☐ out of state PAC	Loan Amount ($)
Is lender a financial institution? Y N	Lender address: City:	State: Zip Code	Interest rate
			Maturity date

Description of Collateral: ☐ none

GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed ($)
☐ not applicable	Guarantor address: City:	State: Zip Code	

Principal Occupation | Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 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 / 7 Pledgor address; City; State; Zip Code	☐ out of state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation | Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 483-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1 of 1

2 FILER NAME: John C. D. Drollz, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	☐ out of state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1 MAR 00	Mark Schreiber 1002 Yaupon Valley Drive Austin, Texas 78746		200.00	

9 Principal occupation: Attorney

10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation: Employer (optional):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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JOHN C. D. DROLLA, JR.
BOARD CERTIFIED
COMMERCIAL REAL ESTATE LAW
TEXAS BOARD OF SPECIALIZATION
RESIDENTIAL REAL ESTATE LAW
TEXAS BOARD OF LEGAL SPECIALIZATION

Law Offices of John C. D. Drolla, Jr.

Phi Delta Phi
LIFE MEMBER

17 July 2000

Texas Ethics Commission
P.O. Box 12070
Austin, Texas 78711-2070

Dana De Beauvior
County Clerk, Travis County
Elections Division
P.O. Box 1748
Austin, Texas 78767

JUL 20 4 05 PM '00

Re: John C. D. Drolla, Jr. - Candidate - Judge, 53rd Judicial District

Dear Sir or Madam:

Please find enclosed for filing my Campaign Finance Report due today. While working on it enroute by airplane to Sacramento, California [to be an official for the Olympic Team Trials - Track and Field] last Friday, I noted that Ms. DeBeauvior's packet sent June 2000 to me inadvertently contained "FORM C/OH" rather than "FORM JC/OH". I am here in California until 24 July 2000, thus I am submitting "form C/OH" in order to attempt compliance with today's deadline. If necessary I can note my calendar, re-file upon my return and give any necessary or required affidavit.

Please return file marked copy to my office.

Thank you,

John C D Drolla

512 East Riverside Drive, Suite 105 · Austin, Texas 78704 · Office (512) 445-6838 · Fax (512) 445-0077

John C. D. Drolb Jr
512 East Riverside Drive, Suite 105
Austin, Texas 78704

U.S. POSTAGE
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NORTH HIGHLANDS, CA
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JUL 17 '00
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Dana DeBeauvoir
County Clerk, Travis County
P O Box 1748
Austin, Texas 78767

FILED
JUL 19 2000
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY

FIRST CLASS