

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **4697** **FORM JC/OH COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form. **1 ACCOUNT # (Ethics Commission filers) 00033144** **2 Total pages filed: 13**

3 CANDIDATE / OFFICEHOLDER NAME
 TITLE: MR. NICKNAME: FIRST: John LAST: Drolla MI: C. D. SUFFIX: Jr.
OFFICE USE ONLY
 Date Received: Oct 10 3 39 PM '00
 Date Hand-delivered or Date Postmarked: LED

4 CANDIDATE / OFFICEHOLDER ADDRESS
 ADDRESS / PO BOX: 2005 South Oak Canyon Road
 APT / SUITE #: Austin, Texas 78746
 CITY: STATE: ZIP CODE: Change of Address

5 CAMPAIGN TREASURER NAME
 TITLE: MR. NICKNAME: FIRST: John LAST: Drolla MI: C. D. SUFFIX: Jr.
 Receipt #: Amount: Date Processed: Date Imaged:

6 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): 512 East Riverside Drive, Suite 200
 APT / SUITE #: Austin, Texas 78704
 CITY: STATE: ZIP CODE:

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: 7 Day: 15 Year: 00 THROUGH Month: 10 Day: 10 Year: 00

10 ELECTION
 ELECTION DATE: Month: 11 Day: 7 Year: 00
 ELECTION TYPE: Primary Runoff General Special

11 OFFICE OFFICE HELD (if any): None
12 OFFICE SOUGHT (if known): 53rd Judicial District Court Judge

13 NOTICE OF 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: None
 Address / PO Box: APT / Suite #: City: State: Zip Code:
 additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH SUPPORT & TOTALS COVER SHEET PG 2

14 C/OH NAME

John C. D. Drolla, Jr.

15 ACCOUNT # (Ethics Commission Use)

000 33144

16 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of 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

\$ — 0 —

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

\$ 1,700.00

EXPENDITURE TOTALS

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

\$ — 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ 1,558.81

CONTRIBUTION BALANCE

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

\$ 142.19

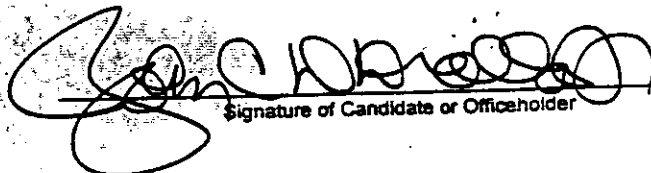
OUTSTANDING LOAN TOTALS

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

\$ 14,565.37

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.

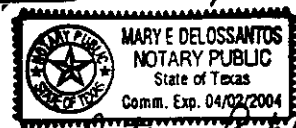

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C. D. Drolla this the 10th day of October, 2000, to certify which, witness my hand and seal of office.

Mary E. DeLos Santos
Signature of officer administering oath

Mary E. DeLos Santos
Print name of officer administering oath



Mary E. DeLos Santos
Title of officer administering oath

*JOHN C. D. DROLLA, JR.
*BOARD CERTIFIED
COMMERCIAL REAL ESTATE LAW
TEXAS BOARD OF SPECIALIZATION
RESIDENTIAL REAL ESTATE LAW
TEXAS BOARD OF LEGAL SPECIALIZATION
*Fellow-College of the State Bar of Texas

Law Offices
of
John C. D. Drolla, Jr.
10 October 2000



Phi Delta Phi
LIFE MEMBER

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

**RE: Judicial Candidate Filings - John C. D. Drolla, Jr.
Candidate for Judge, 53rd Judicial District Court, Travis County, Texas**

Dear Sir or Madam:

The purpose of this letter is to file the Judicial Candidate Filings that the undersigned must complete and file with the Texas Ethics Commission in compliance with the appropriate provisions of the Election Code. To that end, I enclose herewith the following for filing in connection with the above referenced candidacy, to-wit:

1. Form JC/OH (10 October 2000 Report)

A copy has been enclosed for file marking and return to this office. Your assistance in this matter is appreciated.

In closing, I thank you for the effort that you put forth for the people of our community and the State of Texas. If you have any questions, or need clarification of any matter stated herein, please do not hesitate to call the undersigned.

Very truly yours

John C. D. Drolla, Jr., Esq.

JCDD/jd

Enclosures

dc: Travis County Clerk Elections Division
File

F:\USERS\DATA\JCDD\CAMPAIGN.00\ETHICSCM.LT2

CLERK
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Oct 10 3 40 PM '00

FILED

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):
1 of 2

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

3 ACCOUNT # (Ethics Commission files)
000 33144

4 Date
17AUG00

5 Full name of contributor out-of-state PAC (ID#)
William Jeffrey Brown

6 Contributor address: City, State, Zip Code
**6208 Cat Mountain Cove
Austin, Texas 78731-3501**

7 Amount of contribution (\$)
\$ 400.00

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation
Manager, Cleaning Clothes, Laundry

10 Contributor's job title
Manager

11 Contributor's employer/law firm
N/A

12 Law firm of contributor's spouse (if any)
N/A

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

Date
4 OCT00

Full name of contributor out-of-state PAC (ID#)
Ronald L. Burns

Contributor address: City, State, Zip Code
**7512 Downridge Drive
Austin, Texas 78731**

Amount of contribution (\$)
\$ /00.00

In-kind contribution description (if applicable)

Contributor's principal occupation
President Title Company

Contributor's job title
President

Contributor's employer/law firm
N/A

Law firm of contributor's spouse (if any)
N/A

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

Date
4 OCT00

Full name of contributor out-of-state PAC (ID#)
Hill Stroup

Contributor address: City, State, Zip Code
**3419 Stratford Lane
Austin, Texas 78746**

Amount of contribution (\$)
\$ /00.00

In-kind contribution description (if applicable)

Contributor's principal occupation
Title Business

Contributor's job title
Vice President

Contributor's employer/law firm
N/A

Law firm of contributor's spouse (if any)
N/A

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

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 files)

000 331 44

4 TOTAL OF UNITEMIZED PLEDGES:

\$ N/A

5 Date

6 Full name of pledgor

out-of-state PAC (ID# _____)

N/A

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

out-of-state PAC (ID# _____)

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 (ID# _____)

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.

**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 of 2	
2 FILER NAME John C. D. Drolla, Jr.		3 ACCOUNT # (Ethics Commission files) 00033144	
4 Date 14SEP00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marcia N. Horner F.A.W.C. PAC FUND	7 Amount of contribution (\$) \$/00.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State; Zip Code 2708 Stratford Drive Austin, Texas 78746			
9 Contributor's principal occupation Women's Club PAC		10 Contributor's job title Treasurer	
11 Contributor's employer/law firm N/A		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any) N/A			
Date 15SEP00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Owen A. Reischman	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address: City, State; Zip Code 9501 N. Capital of Texas Hwy, Suite 202 Austin, Texas 78759			
Contributor's principal occupation Attorney/CPA		Contributor's job title Attorney/CPA	
Contributor's employer/law firm Sole Practitioner		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	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.

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) 00033144
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ N/A
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> 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 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. Drolla, Jr

3 ACCOUNT # (Ethics Commission filers)

00033144

4 Date

21AUG00
21SEP00
9OCT00

5 Payee name

MBNA America

6 Payee address; City; State; Zip Code

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

7 Amount (\$)

258.00
258.00
258.00

8 Purpose of payment (See instructions regarding type of information required.)

Principal and Interest on loan

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

Date

9OCT00

Payee name

Stacey Suits

Payee address; City; State; Zip Code

7807 Doncaster
Austin, Texas 78745

Amount (\$)

784.81

Purpose of payment (See instructions regarding type of information required.)

Signs

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office 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 this Schedule G:

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

00033144

4 Date	5 Payee name None	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<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:
1 of 1

2 FILER NAME

John C. D. Droll, Jr.

3 ACCOUNT # (Ethics Commission files)

00033144

4 Date

5 Business name

None

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office 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 this Schedule I:

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

00033144

4 Date	5 Payee name None	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K:

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

00033144

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 this Schedule L: 1 of 1	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files) ... 00033144	
LENDER INFORMATION	4 Name of lender MBNA America		
	5 Lender address;	City;	State; Zip Code
P.O. Box 15027 Wilmington, DE 19850.5027			
GUARANTOR INFORMATION	6 Name of guarantor John C. D. Droll, Jr.		
	7 Guarantor address;	City;	State; Zip Code
2005 South Oak Canyon Road, Austin, Texas 78746			
LENDER INFORMATION	Name of lender John C. D. Droll, 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
<input checked="" type="checkbox"/> not applicable			
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address;	City;	State; Zip Code
<input type="checkbox"/> not applicable			
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address;	City;	State; Zip Code
<input type="checkbox"/> not applicable			

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 this Schedule M: <u>101</u>
2 FILER NAME <u>John C. D. Drolla, Jr</u>	3 ACCOUNT # (Ethics Commission filers) <u>00033144</u>
4 Description of Asset <u>None</u>	
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