

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4724

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:

15

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Jahn C. D.
NICKNAME LAST SUFFIX
Drolla, Jr.

OFFICE USE ONLY

Date Received

10/31/00

FILED

1 22 PM '00

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
**2005 South Oak Canyon Road
Austin, Texas 78746**

Change of Address

Date Hand-delivered or Date Received

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
John C. D.
NICKNAME LAST SUFFIX
Drolla, Jr.

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE
**512 East Riverside Drive, Suite 200, The TownLake Building
Austin, Texas 78704**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 445.6838

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 MONTH DAY YEAR
10 / 11 / 00 THROUGH 10 / 31 / 00

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)
N/A

12 OFFICE SOUGHT (if known)

Judge, 50th District Court

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

Address / PO Box: Apt / Suite # City State Zip Code

additional pages

GO TO PAGE 2

**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 4	
2 FILER NAME John C. D. Drolb, Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 24 OCT 00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shaun McIntosh	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 2019 Walnut Green Drive Houston, Texas 77062			
9 Contributor's principal occupation U.S. Filter Recovery Services (Southwest) Inc		10 Contributor's job title Controller	
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 27 OCT 00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert P. Higley	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 5915 Fairlane Drive Austin, Texas 78757-4446			
Contributor's principal occupation Retired		Contributor's job title N/A	
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 30 OCT 00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Warren A. Ross, M.D.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 4004 Marathon Blvd Austin, Texas 78756			
Contributor's principal occupation Physician		Contributor's job title Physician	
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.

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): 3 of 4	
2 FILER NAME John C. D. Drollz, Jr.		3 ACCOUNT # (Ethics Commission files)	
4 Date 12 OCT 00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Travis Republican Women	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State: Zip Code 902A West 18th Street Austin, Texas 78701			
9 Contributor's principal occupation TRW PAC Fund		10 Contributor's job title	
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 18 OCT 00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Holford	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: City, State: Zip Code 3409 Westlake Drive Austin, Texas 78746			
Contributor's principal occupation Consultant		Contributor's job title	
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 19 OCT 00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Republican Women's Club	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: City, State: Zip Code % Marcia Herner 2708 Stratford Drive Austin Texas 78746			
Contributor's principal occupation P.R.W.C. PAC FUND		Contributor's job title Treasurer PAC	
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			

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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. Droll; Jr

3 ACCOUNT # (Ethics Commission File)

00033144

4 TOTAL OF UNITEMIZED PLEDGES:

0 0 0 0 0 0

\$

5 Date

6 Full name of pledgor

out-of-state PAC (ID# _____)

N/A

3 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)

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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. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)
00033144

4 Date
20 OCT00

5 Payee name
ACE PRINTING - Stacy Suits
6 Payee address; City; State; Zip Code
**7807 Doncaster
Austin, Texas 78745**

7 Amount (\$)
\$2,284.81

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

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

Date
250000

Payee name
Compu Signs
Payee address; City; State; Zip Code
**632 N. Lamar Blvd
Austin, Texas 78703**

Amount (\$)
\$10.83

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

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

Date

Payee name
MB
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

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)

000 33144

4 Date

5 Business name

N/A

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

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)

000.33144

4 Date	5 Payor name <u>N/A</u>	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

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

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. Drolla, Jr.

7 Guarantor address:

City:

State:

Zip Code

2005 South Oak Canyon Road, Austin, Texas 78746

LENDER INFORMATION

Name of lender

John C. D. Drolla, 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

not applicable

LENDER INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address:

City:

State:

Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address:

City:

State:

Zip Code

not applicable

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

*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.

31 October 2000

*FELLOW-COLLEGE OF THE STATE BAR OF TEXAS
*FELLOW-TEXAS BAR FOUNDATION



Phi Delta Phi
LIFE MEMBER

VIA HAND DELIVERY

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:

FILED

OCT 31 1 22 PM 2000

1. Form JC/OH (30 October 2000 Report)

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

This Report is being filed untimely due to commitments to out of town client in connection with carrying out terms and requirements of a court's judgment which left inadequate time on the 30th of October to complete Report properly, appear before a notary and either mail or deliver the same before the 1700 hours deadline on 30 October 2000. For this I apologize, but it simply could not be helped with the limited staff in my office.

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

cc: Travis County Clerk Elections Division - **VIA HAND DELIVERY**
File

F:\USERS\DATA\JCDD\CAMPAIGN.001\ETHICSCM113.wpd