

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

4773

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00041919		2 Total pages this report: 1/13	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Hon.	FIRST Karrie	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Imaged Receipt # Amount Date Processed Date Imaged	
	NICKNAME	LAST Key	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	5400 Woodview Avenue Austin TX 78756-1626				
5 CAMPAIGN TREASURER NAME	TITLE Mr.	FIRST Chris	MI	Dana DeBeauvoir County Clerk, Travis County, Texas day of JAN 20 2001 At 10 o'clock FILED FOR RECORD	
	NICKNAME	LAST Elliott	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	5904 Bull Creek Road Austin TX 78757				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
() -					
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 C/OH - FR)	
9 PERIOD COVERED	Month / Day / Year 10/29/2000		THROUGH	Month / Day / Year 12/31/2000	
10 ELECTION	ELECTION DATE Month / Day / Year 11/07/2000		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge 390		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME
Hon. Karrie Key

15 ACCOUNT # (Ethics Commission filers)
00041919

16 NOTICE FROM 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$ 35.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3415.00
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3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 49.02
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EXPENDITURE TOTALS

4.	TOTAL POLITICAL EXPENDITURES	\$ 8927.42
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OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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CONTRIBUTION BALANCE

6.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 54.99
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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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: <p style="text-align: center;">3/13</p>	
2 FILER NAME Hon. Karrie Key		3 ACCOUNT # (Ethics Commission filers) <p style="text-align: center;">00041919</p>	
4 Date <p style="text-align: center;">12/15/2000</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#.....) Larry Branham <hr/> 6 Contributor address; City; State; Zip Code 1200 Barton Hills Drive #141 Austin TX 78704	7 Amount of contribution (\$) <p style="text-align: center;">30.00</p>	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Social Worker		10 Contributor's job title Trainer	
11 Contributor's employer/law firm CEACO		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <p style="text-align: center;">11/01/2000</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#.....) Alan Greenberg <hr/> Contributor address; City; State; Zip Code 5400 Woodview Ave Austin TX 78756	Amount of contribution (\$) <p style="text-align: center;">950.00</p>	In-kind contribution description(if applicable)
Contributor's principal occupation High Tech Marketing		Contributor's job title VP Marketing	
Contributor's employer/law firm DataWeaver Corporation		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <p style="text-align: center;">11/04/2000</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#.....) Richard Irvin <hr/> Contributor address; City; State; Zip Code 1108 Nueces St. Austin TX 78701	Amount of contribution (\$) <p style="text-align: center;">250.00</p>	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm self employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages report: 4/13	
2 FILER NAME Hon. Karrie Key				3 ACCOUNT # (Ethics Commission filers) 00041919	
4 Date 11/03/2000	5 Full name of contributor Paul Keeper	<input type="checkbox"/> out-of-state PAC(ID#.....)	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)	
6 Contributor address; City; State; Zip Code 4610 Shoalwood Avenue Austin TX 78756					
9 Contributor's principal occupation Attorney & Arbitrator			10 Contributor's job title Attorney & Arbitrator		
11 Contributor's employer/law firm self employed			12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)					
Date 11/04/2000	Full name of contributor Mark Kincaid	<input type="checkbox"/> out-of-state PAC(ID#.....)	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)	
Contributor address; City; State; Zip Code 100 Congress Avenue Suite 2100 Austin TX 78701					
Contributor's principal occupation Attorney			Contributor's job title Attorney at Law		
Contributor's employer/law firm Kincaid & Horton			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					
Date 11/02/2000	Full name of contributor Beth Myler	<input type="checkbox"/> out-of-state PAC(ID#.....)	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)	
Contributor address; City; State; Zip Code 4906 Timberline Drive Austin TX 78746					
Contributor's principal occupation Attorney			Contributor's job title Attorney		
Contributor's employer/law firm Self-employed			Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages report:
5/13

2 FILER NAME
Hon. Karrie Key

3 ACCOUNT # (Ethics Commission filers)
00041919

4 Date
11/21/2000

5 Full name of contributor out-of-state PAC(ID#.....)
Ned Granger Law Office
6 Contributor address; City; State; Zip Code
605 West 10th Street
Austin TX 78701

7 Amount of contribution (\$)
500.00

8 In-kind contribution description(if applicable)

9 Contributor's principal occupation
Attorneys

10 Contributor's job title

11 Contributor's employer/law firm
Ned Granger Law Office

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

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

Date
11/11/2000

Full name of contributor out-of-state PAC(ID#.....)
Charlotte Salter
Contributor address; City; State; Zip Code
9804 La Jolla
Austin TX 78733

Amount of contribution (\$)
50.00

In-kind contribution description(if applicable)

Contributor's principal occupation
Attorney

Contributor's job title
Attorney at Law

Contributor's employer/law firm
Self employed

Law firm of contributor's spouse (if any)

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

Date
11/01/2000

Full name of contributor out-of-state PAC(ID#.....)
Tom Weber
Contributor address; City; State; Zip Code
49 East Avenue
Austin TX 78701

Amount of contribution (\$)
250.00

In-kind contribution description(if applicable)

Contributor's principal occupation
Attorney

Contributor's job title
Attorney

Contributor's employer/law firm
self employed

Law firm of contributor's spouse (if any)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/13

2 FILER NAME
Hon. Karrie Key

3 ACCOUNT # (Ethics Commission filers)
00041919

4 Date
11/09/2000

5 Full name of contributor out-of-state PAC(ID#.....)
Tim Welton
6 Contributor address; City; State; Zip Code
2350 Bagby, 13108
Houston TX 77006

7 Amount of contribution (\$)
250.00

8 In-kind contribution description(if applicable)

9 Contributor's principal occupation
Attorney

10 Contributor's job title
Attorney

11 Contributor's employer/law firm
self

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

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

LOANS (JUDICIAL)**SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/13	
2 FILER NAME Hon. Karrie Key		3 ACCOUNT # (Ethics Commission filers) 00041919	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄		\$ 0.00	
5 Date of loan 10/30/2000	7 Name of lender Alan Greenberg <input type="checkbox"/> out-of-state PAC(ID# _____)	9 Loan Amount (\$) 2000.00	
6 Is lender a financial institution? N	8 Lender address; City; State; Zip Code 5400 Woodview Ave Austin TX 78756	10 Interest rate 0	
		11 Maturity date 10/30/2001	
12 Lender's Principal Occupation High Tech Marketing		13 Lender's Job Title VP Marketing	
14 Lender's Employer/Law Firm DataWeaver Corporation		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 checked="" type="checkbox"/> none			
18 GUARANTOR INFORMATION <input checked="" 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)			

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

8/13

2 FILER NAME

Hon. Karrie Key

3 ACCOUNT # (Ethics Commission filers)

00041919

4 Date

11/01/2000

5 Payee name

Austin American Statesman

7Amount
(\$)

781.12

6 Payee address; City; State; Zip Code

305 S. Congress Avenue

Austin TX 78704

8 Purpose of expenditure (See instructions regarding type of information required.)
Advertisement for 11/05/2000**9** .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

10/30/2000

Payee name

Chevit Meerdink

Amount
(\$)

118.65

Payee address; City; State; Zip Code

12805 Springvale Drive

Austin TX 78729

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for office supplies/expenditures.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

11/04/2000

Payee name

Chevit Meerdink

Amount
(\$)

300.00

Payee address; City; State; Zip Code

12805 Springvale Drive

Austin TX 78729

Purpose of expenditure (See instructions regarding type of information required.)
Campaign work.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

11/14/2000

Payee name

Chevit Meerdink

Amount
(\$)

900.00

Payee address; City; State; Zip Code

12805 Springvale Drive

Austin TX 78729

Purpose of expenditure (See instructions regarding type of information required.)
Campaign work & support.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/13

2 FILER NAME
Hon. Karrie Key

3 ACCOUNT # (Ethics Commission filers)
00041919

4 Date 11/07/2000	5 Payee name Miguel's La Bodega 6 Payee address; City; State; Zip Code 415 Colorado Austin TX 78701	7 Amount (\$) 100.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Election watch food	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10/30/2000	Payee name Paul Oden Payee address; City; State; Zip Code 1506 Gaston Avenue Austin TX 78703	Amount (\$) 553.00
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Purpose of expenditure (See instructions regarding type of information required.) Sign installation plus expenses	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10/29/2000	Payee name Office Depot Payee address; City; State; Zip Code 13201 RR 620 N. Austin TX 78717	Amount (\$) 214.24
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Purpose of expenditure (See instructions regarding type of information required.) Envelopes, office supplies	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10/30/2000	Payee name Office Depot Payee address; City; State; Zip Code 13201 RR 620 N. Austin TX 78717	Amount (\$) 122.11
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Purpose of expenditure (See instructions regarding type of information required.) Duplication services	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/13

2 FILER NAME
Hon. Karrie Key

3 ACCOUNT # (Ethics Commission filers)
00041919

4 Date 11/01/2000	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 13201 RR 620 N. Austin TX 78717	7 Amount (\$) 105.72
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8 Purpose of expenditure (See instructions regarding type of information required.) Duplication services	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 10/30/2000	Payee name Opinion Analysts Payee address; City; State; Zip Code 906 Rio Grande Austin TX 78701	Amount (\$) 250.00
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Purpose of expenditure (See instructions regarding type of information required.) Polling study	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 11/01/2000	Payee name Opinion Analysts Payee address; City; State; Zip Code 906 Rio Grande Austin TX 78701	Amount (\$) 217.29
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Purpose of expenditure (See instructions regarding type of information required.) Pressure-sensitive labels	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 11/01/2000	Payee name Opinion Analysts Payee address; City; State; Zip Code 906 Rio Grande Austin TX 78701	Amount (\$) 1012.82
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Purpose of expenditure (See instructions regarding type of information required.) Phone file for automated calls	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

11/13

2 FILER NAME

Hon. Karrie Key

3 ACCOUNT # (Ethics Commission filers)

00041919

4 Date

11/03/2000

5 Payee name

Opinion Analysts

6 Payee address; City; State; Zip Code

906 Rio Grande

Austin TX 78701

7 Amount (\$)

122.45

8 Purpose of expenditure (See instructions regarding type of information required.)
Phone lists, walk lists

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

Date

11/03/2000

Payee name

Rindy Miller Bates

Payee address; City; State; Zip Code

501 No. Interregional Highway

Austin TX 78702

Amount (\$)

500.00

Purpose of expenditure (See instructions regarding type of information required.)
Additional ad expense

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

Date

10/30/2000

Payee name

Travis County Democratic Party

Payee address; City; State; Zip Code

P.O. Box 684263

Austin TX 78768-4263

Amount (\$)

1500.00

Purpose of expenditure (See instructions regarding type of information required.)
Direct mailer expenses

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

Date

11/05/2000

Payee name

Travis County Democratic Party

Payee address; City; State; Zip Code

P.O. Box 684263

Austin TX 78768-4263

Amount (\$)

200.00

Purpose of expenditure (See instructions regarding type of information required.)
stakes for signs

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
12/13

2 FILER NAME
Hon. Karrie Key

3 ACCOUNT # (Ethics Commission filers)
00041919

4 Date 11/02/2000	5 Payee name U.S. Postal Service Central Park 6 Payee address; City; State; Zip Code Central Park Station Austin TX 78705-1117	7 Amount (\$) 231.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Postage	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 10/30/2000	Payee name U.S. Postal Service Payee address; City; State; Zip Code Downtown Station Austin TX 78701	Amount (\$) 1650.00
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Purpose of expenditure (See instructions regarding type of information required.) Postage fees	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
13/13

2 FILER NAME

Hon. Karrie Key

3 ACCOUNT # (Ethics Commission filers)

00041919

4 Date
11/02/2000

5 Payor name
Rindy Miller Bates
6 Payor address; City; State; Zip Code
501 No. Interregional Highway
Austin TX 78702

8 Amount (\$)
1200.00

7 Reason for credit
Reimbursement for cancelled expenditures