

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)

41208

2 Total pages filed:

12

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: JUDGE
FIRST: Julie
MI: H.
NICKNAME: KOWUREK
LAST: KOWUREK
SUFFIX:

OFFICE USE ONLY

Date Received: JUL 11 AM 10:53
FILED
JUL 11 AM 10:53
COUNTY CLERK
TARRANT COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 2803 Scenic Drive
APT / SUITE #: Austin, TX. 78703
CITY: Austin, TX. 78703
STATE: TX. 78703
ZIP CODE: 78703

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: Mr.
FIRST: William
MI: I
NICKNAME: Willie
LAST: KOWUREK
SUFFIX:

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 4100 Jackson Avenue #303, Austin, TX. 78731-6005
APT / SUITE #: 303
CITY: Austin, TX. 78731-6005
STATE: TX. 78731-6005
ZIP CODE: 78731-6005

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512)
PHONE NUMBER: 478-3569
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 / 1 / 01 THROUGH Month Day Year: 6 / 30 / 01

10 ELECTION

ELECTION DATE: Month Day Year: 11 / 2 / 00
ELECTION TYPE:
 Primary
 Runoff
 General
 Special

11 OFFICE

OFFICE HELD (if any): 390th DISTRICT JUDGE

12 OFFICE SOUGHT (if known)

N/A

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

N/A

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME

Judge Julie H. Kocurek

15 ACCOUNT # (Ethics Commission Files)

41208

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	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
\$ *- 0 -*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
\$ *- 0 -*

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES
\$ 2,913.68

CONTRIBUTION BALANCE

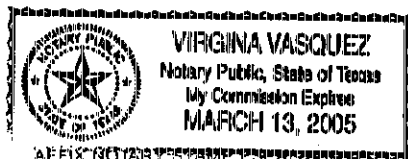
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD
\$ *- 0 -*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD
\$ *- 0 -*

18 AFFIDAVIT

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.



Julie H. Kocurek
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Julie H. Kocurek*, this the *11th* day of *July*, 20 *01*, to certify which, witness my hand and seal of office.

Virginia Vasquez
Signature of officer administering oath

Virginia Vasquez
Print name of officer administering oath

Judicial Aide
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
1

2 FILER NAME: *Judge Julie H. Kourer* 3 ACCOUNT # (Ethics Commission filers):
41208

4 Date: *4/23/01* 5 Payee name: *Austek Printing and Mailing* 7 Amount (\$): *220.⁰⁰*

6 Payee address; City; State; Zip Code:
*P.O. Box 684863
Austin, TX. 78768-4863*

8 Purpose of payment (See instructions regarding type of information required.):
printing for mailer

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

Date	Payee name	Amount (\$)
Payee 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	Payee name	Amount (\$)
Payee 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	Payee name	Amount (\$)
Payee 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

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

1

2 FILER NAME

Judge Julie H. Kourek

3 ACCOUNT # (Ethics Commission filers)

41208

4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$ 0

5 Date of loan

N/A

7 Name of lender

cut-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

N/A^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

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

N/A
 not applicable

20 Guarantor address; City; State; Zip Code

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.

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

1

2 FILER NAME

Judge Julie Kowrek

3 ACCOUNT # (Ethics Commission filers)

41208

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#.....)

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):
1

2 FILER NAME *Julie H. Kowryk* 3 ACCOUNT # (Ethics Commission filers)
41208

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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9 Contributor's principal occupation	10 Contributor's job title
--------------------------------------	----------------------------

11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
------------------------------------	--

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	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)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	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.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule G: 1
2 FILER NAME Judge Julie Koarek		3 ACCOUNT # (Ethics Commission filers): 41208
4 Date: 2/25/01	5 Payee name: Haynes Advertising 6 Payee address; City; State; Zip Code: P.O. Box 66410, Houston TX 77006	8 Amount (\$): 235.⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure: T.V. Buy	
Date: 3/28/01	Payee name: Internal Revenue Service Payee address; City; State; Zip Code: Internal Revenue Center Ogden UT 84201-0027	Amount (\$): 398.⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure: taxes	
Date: 1/16/01	Payee name: Stacy Suits Payee address; City; State; Zip Code: 7807 Doncaster, Austin, TX. 78745	Amount (\$): 438.⁸⁶ <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure: signs	
Date: 1/31/01	Payee name: Austex Payee address; City; State; Zip Code: 501 W. 3rd St. Austin, TX. 78701	Amount (\$): 1600.⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure: Printing	
Date: 5/14/01	Payee name: Internal Revenue Service Payee address; City; State; Zip Code: Internal Revenue Center Ogden, UT 84201-0027	Amount (\$): 21.⁸² <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure:	

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

2 FILER NAME

Judge Julie H. Kocurek

3 ACCOUNT # (Ethics Commission filers)

41208

4 Date

5 Business name

7 Amount (\$)

NIA

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 II

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule I:

2 FILER NAME

Julie H. Kovarek

3 ACCOUNT # (Ethics Commission files)

41208

4 Date

N/A

5 Payee name

~~6 Payee address; City; State; Zip Code~~

8 Amount (\$)

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:

2 FILER NAME

Judge Julie H. Kowarek

3 ACCOUNT # (Ethics Commission filers)

41208

4 Date

NIA

5 Payor name

6 Payor address; City; State; Zip Code

8 Amount (\$)

7 Reason for credit

NIA

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:

2 FILER NAME

Judge Julie H. Kourek

LENDER INFORMATION

4 Name of lender

3 ACCOUNT # (Ethics Commission filers)

41208

5 Lender address; City; State; Zip Code

N/A

GUARANTOR INFORMATION

6 Name of guarantor

N/A not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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.

2 FILER NAME

Judge Julie Kocurck

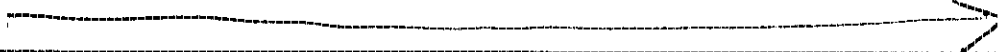
3 ACCOUNT # (Ethics Commission filers)

41208

4 Description of Asset

Description of Asset

N/A



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