

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

4859

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	TITLE Judge	FIRST Jon	MI N	OFFICE USE ONLY
	NICKNAME	LAST Wisser	SUFFIX	

Date Received: **01 JUL 12 PM 1:00**

DATA RECEIVED FOR COORDINATE AND REPORTING

FILED

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: 7882 Lakewood Dr	APT / SUITE #: Apt. 7	CITY: Austin, Tx	STATE: Tx	ZIP CODE: 78750
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Change of Address

5 CAMPAIGN TREASURER NAME	TITLE	FIRST Same as #3	MI
	NICKNAME	LAST	SUFFIX

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
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Same as #4

7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 343-1142	EXTENSION
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8 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach G/OH - FR)

9 PERIOD COVERED	Month / Day / Year 1 / 1 / 01	THROUGH	Month / Day / Year 6 / 30 / 01
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10 ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any) 299th Dist Ct, Travis Co	12 OFFICE SOUGHT (if known)
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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

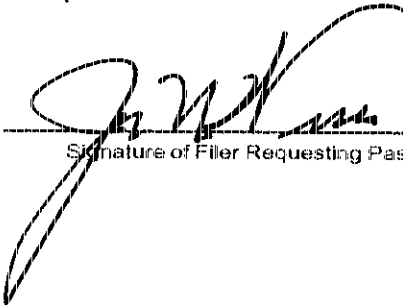
GO TO PAGE 2

REQUEST FOR ELECTRONIC FILING PASSWORD

FORM PASS

Please print or typewrite everything other than your signature.
See backside for additional explanation about completing this document.

1 FILER ACCOUNT #

2	NAME OF FILER REQUESTING PASSWORD	Jon N. Wissner				OFFICE USE ONLY	
3	NAME OF FILER'S COMMITTEE/ CAUCUS (if applicable)					Date Received	
4	ADDRESS	ADDRESS (No PO Box, please)	APT / SUITE #	CITY	STATE	ZIP CODE	Date Hand-delivered or Postmarked
		7882 Lakewood Dr.		Austin	Tx	78750	
5	TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXTENSION		PASSWORD	
		(512)	343-1146				
6	OFFICE HELD (if any)	Judge, 299 th Dist. Court, Travis Co., Tx.					
7	OFFICE SOUGHT (if known)						
8	FILER SECRET QUESTION	What is mother's maiden name?					
9	ANSWER TO FILER QUESTION	Lee					
10	FILER SIGNATURE	<p>I swear that I am the person required by Title 15, Election Code, to file campaign finance reports with the Texas Ethics Commission. This document is my official password request for the purpose of filing electronic campaign finance reports with the Texas Ethics Commission.</p>  <p>Signature of Filer Requesting Password</p>					