

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# 4878

# 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:  
**12**

3 CANDIDATE / OFFICEHOLDER NAME

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

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

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

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 Town Lake 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 THROUGH Month Day Year  
**1 / 16 / 01 THROUGH 7 / 15 / 01**

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOURCE: **Judge, 5th District District Court**

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others under the direction and control of the candidate. Candidates are required to disclose this information only if they receive notification of such expenditures from the donor.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

John C. D. Drolla, Jr.

15 ACCOUNT # (Ethics Commission filers)

00033144

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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -- 0 --
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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	\$ -- 0 --
--	------------

4. TOTAL POLITICAL EXPENDITURES	\$ 1,185.00
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 93.67
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,236.23
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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.



*John C. D. Drolla, Jr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN C. D. Drolla Jr., this the 16<sup>th</sup> day of July, 2000, to certify which, witness my hand and seal of office.

*Carol Huerta*  
Signature of officer administering oath

Carol Huerta  
Print name of officer administering oath

Title of officer administering oath

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

**SCHEDULE A (J)**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 Total pages Schedule A(J): <b>1 of 1</b>	
2 FILER NAME <b>John C. D. Drolls, Jr.</b>		3 ACCOUNT # (Ethics Commission ID#) <b>00033144</b>	
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)
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.

**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)

00033144

4 TOTAL OF UNITEMIZED PLEDGES:

\$ 0

5 Date	6 Full name of pledgor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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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 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): <b>1 of 1</b>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers) <b>00033144</b>
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <b>— 0 —</b>
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:

141

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

000 33144

4 Date

5 Payee name

7 Amount (\$)

8 MAR 01

MBNA America

434.00

31 APR 01

6 Payee address; City; State; Zip Code

434.00

22 MAY 01

P.O. Box 15028

217.00

Wilmington, DE 19886-5028

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

Payment of principal and interest on the outstanding loan to MBNA

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

Date

Payee name

Amount (\$)

24 MAY 01

Texas Ethics Commission

100.00

Payee address; City; State; Zip Code

P.O. Box 12070  
Capitol Station  
Austin, TX 78711-2070

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

Late Filing Fee for 30 OCT 00 Filing

-- 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

**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. Drotts, Jr.

3 ACCOUNT # (Ethics Commission files)

00033144

4 Date	5 Payee name  6 Payee address; City; State; Zip Code  7 Purpose of expenditure	8 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <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 FILE NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission files)

00033144

4 Date

5 Business name

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



# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L

4 of 4

2 FILER NAME

John C. D. Drolla Jr

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. Drolla, Jr.

7 Guarantor address; City; State; Zip Code

2005 South Oak Canyon Road, Austin, Texas 78746

not applicable

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

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission files)

000 33144

4 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

Description of Asset

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 files)

00033144

4 Date

5 Payee name

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)

000 331 44

4 Date

5 Payor name

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