

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4961

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00020526	2 Total pages this report: 1/3
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Hon. W. Jeanne	OFFICE USE ONLY Date Received: 02 JAN 11 PM 2:46 FILED DANA DEBEAUNE, DIR COUNTY CLERK TRAVIS COUNTY TEXAS Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Meurer		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4502 Spanish Oak Trail Austin TX 78731		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Hon. W. Jeanne NICKNAME LAST SUFFIX Meurer		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4502 Spanish Oak Trail Austin TX 78731		
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 THROUGH Month / Day / Year 07/01/2001 12/31/2001		
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) District Judge	12 OFFICE SOUGHT (if known)	
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. W. Jeanne Meurer

15 ACCOUNT # (Ethics Commission filers)
00020526

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. ..

<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 **\$ 0.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 0.00**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 0.00**

EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES **\$ 1501.25**

OUTSTANDING LOAN TOTALS

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

CONTRIBUTION BALANCE

6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

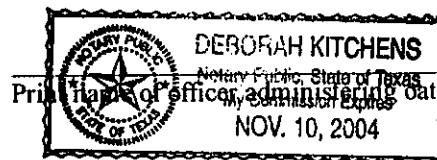
18 AFFIDAVIT

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.

W. Jeanne Meurer
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W. Jeanne Meurer, this the 11th day of January, 2002, to certify which, witness my hand and seal of office.

Deborah Kitchens
Signature of officer administering oath



Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
3/3

2 FILER NAME

Hon. W. Jeanne Meurer

3 ACCOUNT # (Ethics Commission filers)

00020526

4 Date	5 Payee name	7 Amount (\$)
08/23/2001	AYLA 6 Payee address; City; State; Zip Code Austin TX	56.25

8 Purpose of expenditure (See instructions regarding type of information required.)
Ad9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
07/24/2001	Austin AFL-CIO Payee address; City; State; Zip Code Austin TX	145.00

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

Date	Payee name	Amount (\$)
10/10/2001	Safeplace Payee address; City; State; Zip Code Austin TX	300.00

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

Date	Payee name	Amount (\$)
08/18/2001	Travis County Democratic Party Payee address; City; State; Zip Code Austin TX	1000.00

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