

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

4972

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 <i>Judge</i>	FIRST <i>Julie</i>	MI <i>H.</i>
	NICKNAME <i>- Kocurek -</i>	LAST	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX <i>P.O. Box 1748</i>	APT / SUITE #	CITY STATE ZIP CODE <i>Austin, TX. 78767</i>
5 CAMPAIGN TREASURER NAME	TITLE <i>Mr.</i>	FIRST <i>Willie</i>	MI <i>I</i>
	NICKNAME <i>-</i>	LAST <i>Kocurek</i>	SUFFIX <i>-</i>
Receipt #		HD / PM	Amount
Date Processed		Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE <i>4100 Jackson Ave. #303, Austin TX. 78731</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>478-3569</i>	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach JC/OH - FR)
9 PERIOD COVERED	Month Day Year <i>7 / 15 / 01</i>	THROUGH	Month Day Year <i>1 / 15 / 02</i>
10 ELECTION <i>None this year</i>	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) <i>390th DISTRICT JUDGE</i>	12 OFFICE SOUGHT (if known) <i>NIA</i>	
13 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 <i>NONE</i>		
	Address / PO Box Apt / Suite # City State Zip Code <i>NIA</i>		
<input type="checkbox"/> 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. Kourek **15 ACCOUNT # (Ethics Commission filers)** 41208

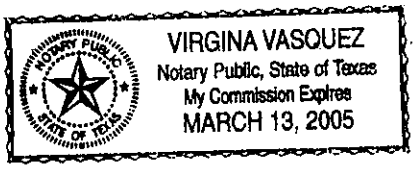
16 SUPPORTING POLITICAL COMMITTEE(S) - This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report 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
<input type="checkbox"/> additional pages	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 -
	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	\$ - 0 -
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 Kourek
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julie Kourek this the 3rd day of January 2009, to certify which, witness my hand and seal of office.

Virginia Vasquez Virginia Vasquez Judicial Aide
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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):

2 FILER NAME

Judge Julie Kourek

3 ACCOUNT # (Ethics Commission filers)

41208

4 Date

5 Full name of contributor out of state PAC

NIA

7 Amount of contribution (\$)

8 In-kind contribution description(if applicable)

6 Contributor address: City: State: Zip Code

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 out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

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 out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address: City: State: Zip Code

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):

2 FILER NAME

Judge Julie Kocurek

3 ACCOUNT # (Ethics Commission filers)

41208

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

 out of state PAC

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

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

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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

Judge Julie Kowrek

3 ACCOUNT # (Ethics Commission filers)

41208

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

NIA

7 Name of lender

 out of state PAC

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

 none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Judge Julie Kouruk

3 ACCOUNT # (Ethics Commission filers)

41208

4 Date

5 Payee name

NIA

7 Amount (\$)

6 Payee address: City, State, Zip Code

8 Purpose of expenditure

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / 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 Schedule G:

2 FILER NAME

Judge Julie Kourek

3 ACCOUNT # (Ethics Commission filers)

41208

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

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

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

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<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

2 FILER NAME

Judge Julie Koorek

3 ACCOUNT # (Ethics Commission filers)

41208

4 Date

5 Business name

NIA

7 Amount (\$)

6 Business address: City: State: Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

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 Schedule I

2 FILER NAME

Judge Julie Kowryk

3 ACCOUNT # (Ethics Commission filers)

41208

4 Date	5 Payee name N/A	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
	7 Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Judge Julie Kouruk

3 ACCOUNT # (Ethics Commission filers)

41208

4 Date

5 Payor name

NIA.

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

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

Judge Julie Koover

3 ACCOUNT # (Ethics Commission filers)

41201

LENDER INFORMATION

4 Name of lender

NIA

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

7 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

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 Schedule M

—

2 FILER NAME

Judge Julie Kourek

3 ACCOUNT # (Ethics Commission filers)

41208

4 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

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED