Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4980

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED
02 JAN 15 AM 8:59
DALLA DEBE ADVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

3 CANDIDATE / OFFICEHOLDER NAME
TITLE FIRST MI: John C. D
NICKNAME LAST SUFFIX: Drolla Jr

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2005 South Oak Canyon Road
Austin, Texas 78746

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 Townlake 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: 7 / 16 / 01 THROUGH Month Day Year: 1 / 14 / 02

10 ELECTION
ELECTION DATE Month Day Year: 11 / 7 / 00
ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE
OFFICE HELD (if any): None
12 OFFICE SOUGHT (if known): Previously sought 53rd District Court

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

Revised 05/11/2000

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
John C. D. Drolla, Jr.	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. ••

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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	$ — 0 —
	4. TOTAL POLITICAL EXPENDITURES	$ 1,519.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 209.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15,232.23

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.

RACHEL ROSE GROCE
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES
JULY 31, 2005

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 14th day of January, 20 02, to certify which, witness my hand and seal of office.

Rachel Rose Groce — Rachel Rose Groce — Notary Public

Signature of officer administering oath — Print name of officer administering oath — Title of officer administering oath

Printed on recycled paper

Revised 05/11/2000

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 of 1

2 FILER NAME: John C. D. Droila, Jr.

3 ACCOUNT # (Ethics Commission filers): 00033144

4 Date	5 Full name of contributor ☐ 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 ☐ 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 ☐ 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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED 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 filers): 00033144

4 TOTAL OF UNITEMIZED PLEDGES: $ 0

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

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#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J): 1 of 1

2 FILER NAME: John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers): 00033144

4 TOTAL OF UNITEMIZED LOANS: $ — 0 —

5 Date of loan: 16 JUN 01, 13 DEC 01, 16 AUG 01, 13 NOV 01

6 Is lender a financial institution? Y (N)

7 Name of lender ☐ out-of-state PAC (ID#: _____)

8 Lender address: City: State: Zip Code

9 Loan Amount ($): 300.00, 300.00, 200.00, 300.00

10 Interest rate: 0%

11 Maturity date: 1 JAN 2003

12 Lender's Principal Occupation: Attorney

13 Lender's Job Title: Attorney

14 Lender's Employer/Law Firm: Law Offices of John C. D. Drolla, Jr.

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: ☒ 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.

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 1

2 FILER NAME: John C. D. Droila, Jr.

3 ACCOUNT # (Ethics Commission filers): 0003144

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
16 JUN 01	MBNA America P.O. Box 15028 Wilmington, DE 19886-5028	$217.00
10 AUG 01		$217.00
10 SEP 01		$217.00
8 OCT 01		$217.00
13 NOV 01		$217.00
4 DEC 01		$217.00
2 JAN 02		$217.00

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 / Payee address; City; State; Zip Code	Amount ($)

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 / Payee address; City; State; Zip Code	Amount ($)

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 / Payee address; City; State; Zip Code	Amount ($)

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers): 00033144

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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. FILER NAME: John C. D. Droll, Jr.

3. ACCOUNT # (Ethics Commission filers): 00033144

4. Date

5. Business name

6. Business address; City; State; Zip Code

7. Amount ($)

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

Business address; City; State; Zip Code

Amount ($)

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

Business address; City; State; Zip Code

Amount ($)

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

Business address; City; State; Zip Code

Amount ($)

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

Texas Ethics Commission P.O. Box 12070 | Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 filers): 00033144

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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. Drolle, Jr.

3 ACCOUNT # (Ethics Commission filers): 00038144

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)

Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

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: 1 of 1

2 FILER NAME: John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers): 00033144

LENDER INFORMATION

4 Name of lender: MBNA America

5 Lender address; City; State; Zip Code: P.O. Box 15027, Willmington, DE 19850-5027

GUARANTOR INFORMATION

☐ not applicable

6 Name of guarantor: John C. D. Drolla, Jr.

7 Guarantor address; City; State; Zip Code: 2005 South Oak Canyon Road, Austin Texas 78746

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

☒ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

LENDER INFORMATION

Name of lender:

Lender address; City; State; Zip Code:

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

LENDER INFORMATION

Name of lender:

Lender address; City; State; Zip Code:

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 filers): 00083144

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