

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

5013

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge
FIRST: PAULA
MI: JAN
NICKNAME: Breland
LAST: SUFFIX

OFFICE USED ONLY
Date Received: JAN 15 PM 3:55
FILED
JANA DEBEAUVOUR
COUNTY CLERK
TARRANT COUNTY TEXAS

CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

ADDRESS / PO BOX: P.O. Box 1748
APT / SUITE #: AUSTIN TX. 78767
CITY: STATE: ZIP CODE

CAMPAIGN TREASURER NAME

TITLE: RANDY
FIRST: T.
MI: SUFFIX
NICKNAME: LEAVITT
LAST:

Receipt #
HO / PM
Amount
Date Processed
Date Imaged

CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1411 West Ave, Suite 200, AUSTIN, TX. 78701
APT / SUITE #: CITY: STATE: ZIP CODE

CAMPAIGN TREASURER PHONE

AREA CODE: (512)
PHONE NUMBER: 476-4475
EXTENSION:

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 JC/OH - FR)

PERIOD COVERED

Month Day Year: 7 / 1 / 01 THROUGH Month Day Year: 12 / 31 / 01

ELECTION

ELECTION DATE: Month Day Year: 3 / 5 / 2002
ELECTION TYPE: Primary Runoff General Special

OFFICE

OFFICE HELD (if any): COUNTY CLERK #6

OFFICE SOUGHT (if known): SAME

DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

PAULA JAN BRELAND

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEES(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. --

NA

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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 \$ *0*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ *9,700 ±*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ *20,000 approximately*

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.

Paula Jan Breland
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Jan Breland*, this the *15* day of *Jan*

02 to certify which, witness my hand and seal of office.

Mike D. ... Dodge
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

2 FILER NAME

PAULA JAN BRELAND

3 ACCOUNT # (Ethics Commission filers)

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.

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):
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2 FILER NAME <i>PAULA JAN Breland</i>	3 ACCOUNT # (Ethics Commission filers)
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

FILER NAME

3 ACCOUNT # (Ethics Commission filers)

PAULA JAN Breland

Date

5 Payee name

7

Amount (\$)

6 Payee address; City; State; Zip Code

N/A

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

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LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME <i>PAULA JAN Breland</i>		3 ACCOUNT # (Ethics Commission filers)	
4 <i>N/A</i> TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none			
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	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.

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 *PAULA JAN BRELAND* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>N/A</i>	5 Business name	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
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Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

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	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	9 ** 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

PAULA JAN Breland

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

N/A

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

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

PAULA JAN BRELAND

3. ACCOUNT # (Ethics Commission filers) _____

4. Date	5. Payee name	6. Amount (\$)
<i>N/A</i>	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

3 ACCOUNT # (Ethics Commission filers)

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

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L: **1**

FILED NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender:

John H. Lipscombe

5 Lender address:

City:

State:

Zip Code

8236 Summer Side Dr., Austin TX. 78759

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address:

City:

State:

Zip Code

not applicable

LENDER INFORMATION

Name of lender

John Lipscombe

Lender address:

City:

State:

Zip Code

8236 Summer Side Dr. Austin, TX. 78759

GUARANTOR INFORMATION

Name of guarantor

Guarantor address:

City:

State:

Zip Code

not applicable

LENDER INFORMATION

Name of lender

Travis County Employees Credit Union

Lender address:

City:

State:

Zip Code

1101 N. IH 35, Austin, TX. 78702

GUARANTOR INFORMATION

Name of guarantor

Guarantor address:

City:

State:

Zip Code

not applicable

LENDER INFORMATION

Name of lender

Travis County Employees Credit Union

Lender address:

City:

State:

Zip Code

1101 N. IH 35, Austin TX. 78702

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

3 ACCOUNT # (Ethics Commission filers)

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