

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

5018

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

1 ACCOUNT #
(Ethics Commission filers)

00019973

2 Total pages filed:

3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge
FIRST: John
MI: K
NICKNAME: Dietz
LAST: Dietz
SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 1900 Steamboat Springs Cove
APT / SUITE #: Austin
CITY: Texas
STATE: 78746
ZIP CODE: 78746
 Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Judge
FIRST: John
MI: K
NICKNAME: Dietz
LAST: Dietz
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1900 Steamboat Springs Cove
APT / SUITE #: Austin
CITY: Texas
STATE: 78746
ZIP CODE: 78746

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512)
PHONE NUMBER: 329-0525
EXTENSION:

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

10 ELECTION

ELECTION DATE: 11 / 5 / 02
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

250th Dist. Ct. Judge

12 OFFICE SOUGHT (if known)

250th Dist. Ct. Judge

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: none

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

additional pages

GO TO PAGE 2

OFFICE USE ONLY
Date Received: JAN 15 PM 4:26
Date Hand-delivered or Date Postmarked:
Receipt #:
Amount:
Date Processed:
Date Imaged:

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

John K. Dietz

15 ACCOUNT # (Ethics Commission filers)

00019973

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

none

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

\$ 1,200

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

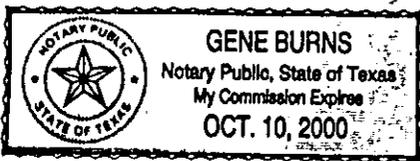
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

John K. Dietz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John K. Dietz, this the 15th day of January, 20 02, to certify which, witness my hand and seal of office.

Gene Burns
Signature of officer administering oath

Gene Burns
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G: 1

2 FILER NAME

Judge John K. Dietz

3 ACCOUNT # (Ethics Commission filers)

00019973

4 Date

12/28/01

5 Payee name

Travis County Demo. Party

6 Payee address; City; State; Zip Code

P.O. Box 684263 Austin Tx 78768

8 Amount (\$)

\$1,200⁰⁰

7 Purpose of expenditure

filing fee

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED