

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

### 5208

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

1 ACCOUNT #  
(Ethics Commission filers)

28195

2 Total pages filed:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
NICKNAME Demetri Anastasiadis  
10603 Ames Ln  
Austin TX 78739-1532 SUFFIX

OFFICE USE ONLY

Date Received

HAND DELIVERED  
RECEIVED

JUL 01 2002

Texas Ethics Commission

JUL 1 11:21

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

SAME

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
NICKNAME SAME AS #3 LAST SUFFIX

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

See #3

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512)

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 JC/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year

1 / 1 / 02 THROUGH 7 / 1 / 02

10 ELECTION

ELECTION DATE  
Month Day Year  
ELECTION TYPE  
 Primary  Runoff  General  Special

11 / 5 / 02

11 OFFICE

OFFICE HELD (if any)

NONE / AAG

12 OFFICE SOUGHT (if known)

250TH DIST COURT

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

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

additional pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

**14 C/OH NAME** DEMETRI ANASTASIADIS **15 ACCOUNT # (Ethics Commission filers)** 28195

**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. \*\*

<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

<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 130.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 1330.67
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	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.

Demetri Anastasiadis  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEMETRI ANASTASIADIS this the 1ST day of JULY 2002, to certify which, witness my hand and seal of office.

Krissa Harkrider Krissa Harkrider CSR  
Signature of officer administering oath      Print name of officer administering oath      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 Schedule G: **1**

2 FILER NAME

D. Anastasiadis  
10603 Ames Ln.  
Austin, TX 78739-1532

3 ACCOUNT # (Ethics Commission filers)  
**28195**

4 Date

5 Payee name

TRAVIS COUNTY REPUBLICAN PARTY

6 Payee address; City; State; Zip Code

7801 N. LAMAR, AUSTIN, TX

7 Purpose of expenditure

BALLOT/FILING FEE

8 Amount (\$)

1200.00

Reimbursement from political contributions intended

Date

Payee name

OLAN MILLS

Payee address; City; State; Zip Code

6715 IH 35 S.

AUSTIN TX

Purpose of expenditure

PHOTOS/ADVERTISING

Amount (\$)

35.67

Reimbursement from political contributions intended

Date

Payee name

A. H. E. P. A.

Payee address; City; State; Zip Code

1909 "G" STREET, NW  
WASHINGTON, DC 20009

Purpose of expenditure

CIVIC CLUB/PHILANTHROPY

Amount (\$)

50.00

Reimbursement from political contributions intended

Date

Payee name

CLAY P.T.

Payee address; City; State; Zip Code

1601 GUADALUPE ST

AUSTIN TX 78701

Purpose of expenditure

CAMPAIGN ORGANIZATION/STRATEGY/  
LUNCHEON WITH T.C.R.P.

Amount (\$)

48.00

Reimbursement from political contributions intended

Date

Payee name

CENTRAL TEXAS REGION - AACA

Payee address; City; State; Zip Code

1803 DUKE AVE

AUSTIN TX 78757

Purpose of expenditure

CIVIC CLUB/PHILANTHROPY

Amount (\$)

36.00

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

3 ACCOUNT # (Ethics Commission files)

4 Date

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 / Officerholder 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 / Officerholder 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 / Officerholder name Office sought / held

Date

Business name

Amount (\$)

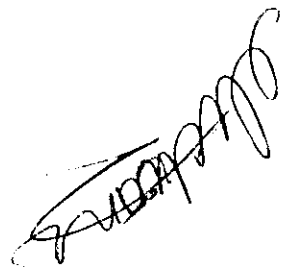
Business address; City; State; Zip Code

Purpose of payment

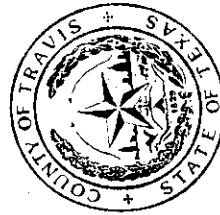
-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officerholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Demetri Anastasiadis  
10603 Ames Ln  
Austin, TX 78739-1532



DANA DEBEAUVOIR  
COUNTY CLERK



ELECTIONS DIVISION

PO BOX 1748, AUSTIN, TEXAS 78767 ♦ 1000 GUADALUPE, AUSTIN, TEXAS 78701

POSTNET barcode

