

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5242

FORM JC/OH
COVER SHEET PG 1

<p>The JC/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers) 00050604</p>	<p>2 Total pages filed: 17</p>													
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">TITLE Judge</td> <td style="width:33%;">FIRST Frank</td> <td style="width:33%;">MI W.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST Bryan</td> <td>SUFFIX Jr.</td> </tr> </table>		TITLE Judge	FIRST Frank	MI W.	NICKNAME	LAST Bryan	SUFFIX Jr.	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received: OCT 23 11:09 AM '02</p> <p>Date Hand-delivered or Date Postmarked: OCT 09 09</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>	Receipt #	Amount	Date Processed		Date Imaged		
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<p>4 CANDIDATE / OFFICEHOLDER ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td>ADDRESS / PO BOX:</td> <td>APT / SUITE #:</td> <td>CITY:</td> <td>STATE:</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="5">1205 Newton St. Austin TX 78704</td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	1205 Newton St. Austin TX 78704								
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<p>9 PERIOD COVERED</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>THROUGH</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>10</td> <td>01</td> <td>02</td> <td></td> <td>10</td> <td>28</td> <td>02</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	10	01	02		10	28	02
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<p>11 OFFICE</p>	<p>OFFICE HELD (if any) Judge, 403rd District Court</p>	<p>12 OFFICE SOUGHT (if known) Judge, 403rd District Court</p>														
<p>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>•• 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. ••</p> <p>Name:</p> <hr/> <p>Address / PO Box, Apt. / Suite #, City, State, Zip Code</p>															

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Judge Frank W. Bryan Jr.

15 ACCOUNT # (Ethics Commission files)

00080604

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

N/A

SPECIFIC

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,105

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 41,306

CONTRIBUTION BALANCE

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

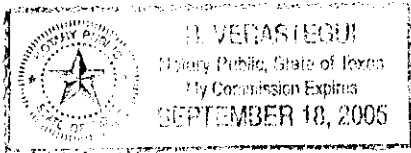
\$ 3,977

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

Frank W. Bryan Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank W. Bryan, Jr., this the 28th day of October, 20 02, to certify which, witness my hand and seal of office.

B. Verastegui
Signature of officer administering oath

B. Verastegui
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

1. Total pages Schedule A(J):
2. Filer Name: Frank W. Bryan, Jr.
3. Account #: 00050604

Last Name	First Name	Address	Occup./ Title	Employer/ Law Firm	Spouse Law Firm	Amount (Date)	In-kind Descript.
Austin Republican Women PAC	Contact: Gretchen Munday	1907 Big Canyon (46)				500 (10/18)	
Bench	John	3396 S. El Dorado Austin, TX 78734 H: 261.9179	Realtor	Turnquist Realtors		100 (10/9)	
Cahoon	Kell	5800 Spring Oak Terrace Los Angeles, CA 90068	Comedy writer/producer	Self		100 (10/1)	
Campbell	Brian and Donna	2904 Greenlee Austin, TX 78703	Civil Attorney	Dubois, Bryant		100 (10/02)	
Cowden	Heidi and Duke	3022 Perry Ln. Austin, TX 78731	Homemaker			30(10/02)	
Cowden	James Coley	3500 Oakmont, Ste. 200 Austin, TX (31)	Retired			200 (10/1)	
Daugherty	Gerald	6201 Colina Lane (59)	Real Estate Investor/Political candidate	Self		200 (10/14)	
Ehrlich	Mrs. Robert	1601 W. 38 th St., Ste. 206 Austin, TX (31)				50 (10/14)	
Erickson	Stephen	3306 Kerby Lane Austin, TX 78731	Corporate Attorney	Works Operating Co.		100 (10/6)	
Eugster	John	2350 Union St	Senior VP-	Wachovia		250(9/0)	

		Apt.2 San Francisco,CA 94123	Investments	Securities		2)	
Finnell	Kay	208 W. 14 th St. (01)				50 (10/17)	
Greater Oak Hill Area RWC PAC		9123 Granada Hills Dr. Austin, TX 78737				100 (10/02)	
Kemper	Joanne	201 Ashworth (46) H: 347.8856				100 (10/16)	
King	Jim	9800 Ravenwood Cove Austin, TX (50)	Court Reporter	167 th District Court, Travis County		100 (10/7)	
Lake Travis Rep. PAC		P.O. Box 340033 Austin, TX (34- 0033)				1,000 (10/1)	
Lowe	George and Nancy	46 Sundown Pkwy Austin, TX 78746	Psychiatrist	Self		250(10/ 02)	
McGuire	Mac	P.O. Box 340033 Austin, TX (34- 0033)	Retired			2,500 (10/1) in-kind	voter informatio n disc and booklet
McMahan	Vance	815A Brazos St., No. 505 (01)	Consultant on Higher Education	Self		200 (10/14)	
Miller	Rip and Lee Ann	PO Box 161507 Austin, TX 78716	President	Miller Consulting Group		500(10/ 02)	
Minch	Jeffrey	2501 N.Lamar Blvd Austin, TX 78705	President	Littlefield Corporation		200(10/ 02)	
Northwest Austin Rep. Women's PAC		6211 Augusta National Austin, TX (46)				100 (10/1)	

Passmore	Billie	P.O. Box 33339 Austin, TX 78764 H: 512.441.1616				100 (10/1)	
Roberts	Bob	P.O. Box 27023 Austin, TX 78755 H: 845.6701				100 (10/1)	
Sehlke	Rena & Bryon	3304 Glen Rose Dr. (31) H: 453.6445				25 (10/15)	
Travis Republican Women PAC		703 Pressler (03)				50 (10/17)	
Tyler	Flora	3211 Stevenson Austin, TX (03)	Realtor	Mary Nell Garrison		100 (10/4)	

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 Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission filers)

00050604

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

N/A

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#: _____)

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 (ID#: _____)

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 Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission filers)

000502604

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

N/A

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#: _____)

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 (ID#: _____)

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 Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission files)

00050604

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

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

N/A

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

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Judge Frank W. Bryan, Jr.

3 ACCOUNT # (Ethics Commission filers)

00050604

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

N/A

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

2 FILER NAME

Judge Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission filers)

000501004

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

N/A

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

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 Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission filers)

00050604

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

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

Amount (\$)

Business address; City; State; Zip Code

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

Amount (\$)

Business address; City; State; Zip Code

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

Amount (\$)

Business address; City; State; Zip Code

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule I:

2 FILER NAME

Judge Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission filers)

00050604

4 Date

5 Payee name

8

Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

N/A

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K:

2 FILER NAME

Judge Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission filers)

00050604

4 Date

5 Payor name

8

Amount (\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

N/A

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 this Schedule L:

2 FILER NAME

Judge Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission filers)

00050404

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

N/A

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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 this Schedule M:

2 FILER NAME

Judge Frank W. Bryan Jr.

3 ACCOUNT # (Ethics Commission filers)

00050604

4 Description of Asset

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

NA

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder