

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5280

FORM JC/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
00019973

2 Total pages filed:
8

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Judge John K
NICKNAME LAST SUFFIX
Dietz

OFFICE USE ONLY

Date Received: **JAN 13 PM 3:00**

Date Hand-delivered or Date Postmarked:

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1900 Steamboat Springs Cove Austin TX 78746

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mary S.
NICKNAME LAST SUFFIX
Dietz

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 329-0525

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 THROUGH Month Day Year
10 / 26 / 02 12 / 31 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 5 / 02

11 OFFICE

OFFICE HELD (if any)
250th Jud. Dist. Ct.

12 OFFICE SOUGHT (if known)

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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Judge 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

COMMITTEE NAME

none

GENERAL

COMMITTEE ADDRESS

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

\$ -0-

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

\$ 1,575

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 24,405.15

CONTRIBUTION BALANCE

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

\$ 76,923.17

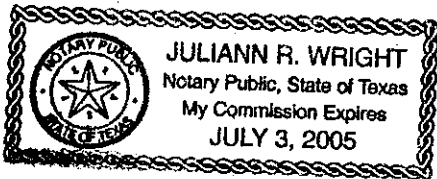
OUTSTANDING LOAN TOTALS

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 8th day of JANUARY, 20 03, to certify which, witness my hand and seal of office.

Juliann R. Wright
Signature of officer administering oath

Juliann R. Wright
Print name of officer administering oath

Notary
Title of officer administering oath

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):

3

2 FILER NAME

Judge John K. Dietz

3 ACCOUNT # (Ethics Commission filers)

00019973

4 Date

10/28/02

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

W.B. & Melinda McCracken

7 Amount of contribution (\$)

\$50.00/xx

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

7613 Rockpoint Dr.
Austin, TX 78731

9 Contributor's principal occupation

Att'y

10 Contributor's job title

Att'y

11 Contributor's employer/law firm

Dubois, Bryant, Campbell & Schwartz LLP

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

10-28-02

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

Bryan C. Campbell

Amount of contribution (\$)

\$25.00/xx

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2904 Greenlee Drive
Austin TX, 78703

Contributor's principal occupation

Att'y

Contributor's job title

Att'y

Contributor's employer/law firm

Dubois, Bryant, Campbell & Schwartz LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10-28-02

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

William C. & Judith E. Bryant

Amount of contribution (\$)

\$100.00/xx

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8109 Vailview Ct.
Austin TX 78750

Contributor's principal occupation

Att'y

Contributor's job title

Att'y

Contributor's employer/law firm

Dubois, Bryant, Campbell & Schwartz LLP

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 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

Judge John K. Dietz

3 ACCOUNT # (Ethics Commission filers)

00019973

4 Date

10-28-02

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

Mark & Maureen Schwartz

6 Contributor address; City; State; Zip Code

1803 Stamford Ln
Austin TX 78703-2939

7 Amount of contribution (\$)

\$100.00/xx

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Atty

10 Contributor's job title

Atty

11 Contributor's employer/law firm

DuBois, Bryant, Campbell & Schwartz LLP

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

11-1-02

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

John F. Campbell

Contributor address; City; State; Zip Code

1601 Rio Grande Ste 405
Austin TX 78701

Amount of contribution (\$)

\$50.00/xx

In-kind contribution description (if applicable)

Contributor's principal occupation

Atty

Contributor's job title

Atty

Contributor's employer/law firm

Law Offices of John F. Campbell P.C.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10-28-02

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

Jennifer Scott Riggs

Contributor address; City; State; Zip Code

P.O. Box 280
Austin TX 78767

Amount of contribution (\$)

\$250.00/xx

In-kind contribution description (if applicable)

Contributor's principal occupation

Atty

Contributor's job title

Atty

Contributor's employer/law firm

Hill Gilstrap Riggs, Adams & Graham LLP

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

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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):

3

2 FILER NAME

Judge John K. Dietz

3 ACCOUNT # (Ethics Commission filers)

00019973

4 Date

11-11-02

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

Avant & Mitchell, P.C.

6 Contributor address; City; State; Zip Code

1301 Nueces Ste 200
Austin TX 78701

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Attys

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

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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Judge John K. Dietz

3 ACCOUNT # (Ethics Commission filers)

00019973

4 Date

10-28-02

5 Payee name

Austin Progressive Coalition

7 Amount (\$)

\$2,005.⁰⁰/_{XX}

6 Payee address; City; State; Zip Code

1510 Edgewood Av.
Austin, TX 78722

8 Purpose of payment (See instructions regarding type of information required.)

~~got out the vote committee~~
do for Daily Texan

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10-28-02

Payee name

RBH Direct

Amount (\$)

\$17,031.11

Payee address; City; State; Zip Code

1602 Glencrest Drive
Austin, TX 78723

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

mailers (printing/lists/mailing/
layout/postage)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-29-02

Payee name

Tx Democratic Party

Amount (\$)

\$125.⁰⁰/_{XX}

Payee address; City; State; Zip Code

P.O. Box 12787
Austin, TX 78711-2787

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

Coop. campaign contrib.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-31-02

Payee name

Tx Democratic Party

Amount (\$)

\$125.⁰⁰/_{XX}

Payee address; City; State; Zip Code

P.O. Box 12787
Austin, TX 78711-2787

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

Coop. Campaign. Contrib.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Judge John K. Dietz

3 ACCOUNT # (Ethics Commission filers)

00019973

4 Date

5 Payee name

Capital Area Food Bank of Tx

7 Amount (\$)

12-31-02

6 Payee address; City; State; Zip Code

8201 S. Congress Av
Austin Tx 78745

\$500.00
/XX

8 Purpose of payment (See instructions regarding type of information required.)

contrib. to charity org.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

The Salvation Army

Amount (\$)

12-31-02

Payee address; City; State; Zip Code

4216 S. Congress Av.
Austin, TX 78745

\$500.00
/XX

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

contrib. to charit. org.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Safeplace

Amount (\$)

12-31-02

Payee address; City; State; Zip Code

P.O. Box 19454
Austin, TX 78760

\$500.00
/XX

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

contrib. to charit. org.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Meals on Wheels & More

Amount (\$)

12-31-02

Payee address; City; State; Zip Code

149 Settlement Dr.
Austin, Tx 78602

\$750.00

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

Contrib. to Charit. org.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Judge John K. Dietz

3 ACCOUNT # (Ethics Commission filers)

000 19973

4 Date

12-31-02

5 Payee name

KLRU

7 Amount (\$)

\$ 200.00/x

6 Payee address; City; State; Zip Code

2504-B Whitis
Austin, TX 78705

8 Purpose of payment (See instructions regarding type of information required.)

Contrib to charit./non profit org.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-31-02

Payee name

Statesman Season For Caring Fund

Amount (\$)

\$ 1,000.00

Payee address; City; State; Zip Code

P.O. Box 50066
Austin, TX 78763-0066

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

Charit. contrib.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-31-02

Payee name

John K. Dietz

Amount (\$)

\$ 1669.04/x

Payee address; City; State; Zip Code

1900 Steamboat Springs Cove
Austin, TX 78746

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

reimbursement of personal funds
expended (sched G)

** 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