

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5293

FORM JC/OH  
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00041364	2 Total pages this report: 1/2
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Darlene NICKNAME LAST SUFFIX Byrne	<b>OFFICE USE ONLY</b> Date Received 03 JAN 15 AM 9:30 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE 98 San Jacinto Blvd Suite 2000 Austin TX 78701		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Stephen NICKNAME LAST SUFFIX Steve Adler		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE 808 Nueces Austin TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( ) -		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Yearly <input type="checkbox"/> 15th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Bi-annual <input type="checkbox"/> 1st day after election		
9 PERIOD COVERED	Month / Day / Year    THROUGH    Month / Day / Year 07/01/2002    12/31/2002		
10 ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge 126	12 OFFICE SOUGHT (if known):	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> 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		
GO TO PAGE 2			

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME

Darlene Byrne

15 ACCOUNT #

00041364

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures must 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

The Friends of Darlene Byrne 2000

GENERAL

COMMITTEE ADDRESS  
98 San Jacinto Blvd  
Suite 2000  
Austin TX 78701

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Stephen Adler

additional pages

COMMITTEE ADDRESS (FOR MAILING PURPOSES)

808 Nueces

Austin, TX 78701

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES \$ 0.00

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

CONTRIBUTION BALANCE

6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT



ANNIE AARON  
Notary Public, State of Texas  
My Commission Expires  
JULY 15, 2005

I, the undersigned, being a duly qualified Notary Public for the State of Texas, do hereby certify that the foregoing is true and correct and includes all material required to be reported under Title 15, Election Code.

*Darlene Byrne*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Darlene Byrne, this the 14<sup>th</sup> day of January, 2003, to certify which, witness my hand and seal of office.

*Annie Aaron*  
Signature of officer administering oath

ANNIE AARON  
Print Name of officer administering oath

*Notary Public*  
Title of officer administering oath