

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5311

FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

TITLE
FIRST MI
NICKNAME LAST SUFFIX
E. ISABETH A.
EARLE

OFFICE USE ONLY

Date Received: 03 JAN 15 PM 1:56
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
7211 MESA DR. AUSTIN, TX 78731

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
MACK R
HERNANDEZ

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
700 N LAMAR AUSTIN TX 78703

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 477-9433

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
7 / 01 / 02 THROUGH 12 / 31 / 02

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
TRAVES COUNTY COURT AT LAW # 7

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
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

ELIZABETH A. EARLE

15 ACCOUNT # (Ethics Commission files)

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

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$

2,450.00

EXPENDITURE TOTALS

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

\$

65.00

4. TOTAL POLITICAL EXPENDITURES

\$

1,725.00

CONTRIBUTION BALANCE

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

\$

2,660.21

OUTSTANDING LOAN TOTALS

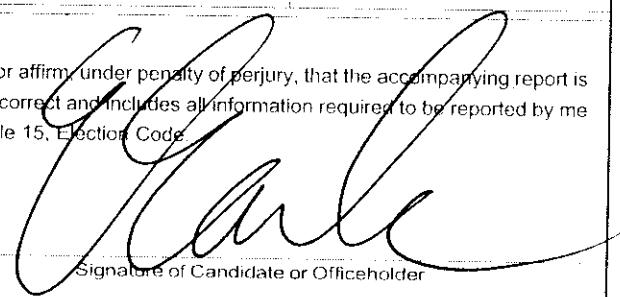
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

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

ELISABETH A. EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/2/02

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

VENSON; ELKINS PAC

6 Contributor address: City: State: Zip Code

2300 FIRST CITY TOWER HOUSTON, TX 77002

7 Amount of contribution (\$)

\$500⁰⁰

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

LAWYER

10 Contributor's job title

ATTORNEY

11 Contributor's employer/law firm

VENSON; ELKINS

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

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

Date

7/10/02

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

JACK ROBERTS

Contributor address: City: State: Zip Code

400 W. 15TH ST. STE 320 AUSTON, TX 78701

Amount of contribution (\$)

\$1,000⁰⁰

In-kind contribution description (if applicable)

Contributor's principal occupation

consultant

Contributor's job title

consultant

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

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

Date

7/10/02

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

RALPH WAYNE

Contributor address: City: State: Zip Code

3902 PEBBLE PATH AUSTON, TX 78731

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor's principal occupation

Association Director

Contributor's job title

Association Director

Contributor's employer/law firm

Texas Civil Justice League

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):

3

2 FILE NAME

ELIZABETH A EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/10/02

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

ROBERT SPARKS

6 Contributor address; City; State; Zip Code
1108 LA VACA, STE 100 AUSTON, TX. 78701

7 Amount of contribution (\$)

\$150⁰⁰

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Associate Executive

10 Contributor's job title

Associate Executive

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

7/10/02

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

ALAN MENTER

Contributor address; City; State; Zip Code
1602 W LYNN ST. AUSTON, TX. 78753

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor's principal occupation

Lawyer

Contributor's job title

Attorney

Contributor's employer/law firm

Minter, Joseph + Thornhill

Law firm of contributor's spouse (if any)

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

Date

7/10/02

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

ERIK CARTY

Contributor address; City; State; Zip Code
2610 HALLVIEW RD. AUSTON, TX. 78703

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor's principal occupation

LAWYER

Contributor's job title

ATTORNEY

Contributor's employer/law firm

Minter, Joseph + Thornhill PC

Law firm of contributor's spouse (if any)

Attorney General's Office

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):

3

2 FILER NAME

ELIZABETH A. EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/10/02

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

BARTON ASSOC.

6 Contributor address; City; State; Zip Code

1005 CONGRESS AVE STE 1070 AUSTON, TX 78701

7 Amount of contribution (\$)

\$250⁰⁰

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Associates Executive

10 Contributor's job title

Associates Executive

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

7/10/02

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

DAIN W. HETWORTH

Contributor address; City; State; Zip Code

507 W 10TH ST. AUSTON, TX 78701

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor's principal occupation

LAWYER

Contributor's job title

ATTORNEY

Contributor's employer/law firm

SELF-EMPLOYED

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

If contributor 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

2 FILER NAME

ELISABETH A. EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/30/02

5 Payee name

CENTRAL AUSTIN DEMOCRATS

6 Payee address; City; State; Zip Code

P.O. Box 684263
Austin TX 78768

7 Amount (\$)

\$100⁰⁰

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

coordinated campaign

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/8/02

Payee name

AYLA FOUNDATION

Payee address; City; State; Zip Code

816 Congress St. 700
Austin TX 78701

Amount (\$)

\$250⁰⁰

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

contribution to foundation

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/9/02

Payee name

LEADERSHIP AUSTIN

Payee address; City; State; Zip Code

P.O. Box 1967
Austin TX 78767

Amount (\$)

\$75⁰⁰

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

membership dues

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/17/02

Payee name

AUSTIN RECOVERY CENTER

Payee address; City; State; Zip Code

8402 Cross Park Dr.
Austin TX 78754

Amount (\$)

\$100⁰⁰

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

contribution

** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

ELIZABETH A. EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/18/02

5 Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

7 Amount (\$)

\$1,000⁰⁰

6 Payee address; City; State; Zip Code

P.O. Box 684263
Austin TX. 78768

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

coordinated campaign

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

Candidate / Officeholder name Office sought Office held

Date

12/30/02

Payee name

TEXAS BAR FOUNDATION

Amount (\$)

\$200⁰⁰

Payee address; City; State; Zip Code

P.O. Box 12487
Austin TX. 78711

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

contribution to foundation

** 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