

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5418

FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
00020526

2 Total pages filed:
3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Hon.
NICKNAME:
FIRST: W. JEANNE
LAST: MEURER
MI:
SUFFIX:

OFFICE USE ONLY

FILED FOR RECORD

2003 JUL 14 PM 3:34

CLERK
TRAVIS COUNTY TEXAS

Date Received: _____
Date Hand-delivered: _____
Date Postmarked: _____

Receipt # _____ Amount _____
Date Processed _____
Date Imaged _____

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 4502 Spanish Oak Trail
APT / SUITE #: Austin, Texas 78731
CITY: STATE: ZIP CODE:
 Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: MI:
NICKNAME: LAST: SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:

7 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
()

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 COH - FR)

9 PERIOD COVERED

Month Day Year: 01 / 01 / 03 THROUGH Month Day Year: 06 / 30 / 03

10 ELECTION

ELECTION DATE: Month Day Year: / /
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any):
District Judge

12 OFFICE SOUGHT (if known):
98th District Court

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

W. JEANNE MEURER

15 ACCOUNT # (Ethics Commission News)

00020526

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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

\$.00

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

\$.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 806.90

CONTRIBUTION BALANCE

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

\$.00

OUTSTANDING LOAN TOTALS

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

\$.00

18 AFFIDAVIT

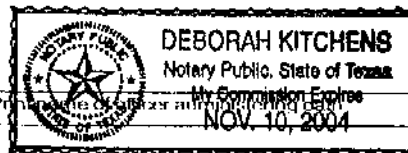
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

W. Jeanne Meurer
Signature of Candidate or Officeholder
W. JEANNE MEURER

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said W. JEANNE MEURER, this the 30th day of June, 20 03, to certify which, witness my hand and seal of office.

Deborah Kitchens
Signature of officer administering oath



Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

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

1 Total pages Schedule F: 1

2 FILER NAME

HON. W. JEANNE MEURER

3 ACCOUNT # (Ethics Commission filers)

00020526

4 Date

1/7/03

5 Payee name

OZARKA

7 Amount (\$)

20.10

6 Payee address; City; State; Zip Code

TX

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

Monthly bill to supply drinking water for staff

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

Candidate / Officeholder name Office sought Office held

Date

1/21/03

Payee name

Gray Panthers

Amount (\$)

100.00

Payee address; City; State; Zip Code

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

Donation

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

Candidate / Officeholder name Office sought Office held

Date

4/15/03

Payee name

Yellow Pine Ranch

Amount (\$)

436.80

Payee address; City; State; Zip Code

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

Staff Bonus

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

Candidate / Officeholder name Office sought Office held

Date

4/29/03

Payee name

Deborah Kitchens

Amount (\$)

250.00

Payee address; City; State; Zip Code

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

Staff Bonus

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED