

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5421

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
3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: **Judge** FIRST: **John** MI: **K.**
NICKNAME: LAST: **Dietz** SUFFIX:

OFFICE USE ONLY
Date Received
2003 JUL 18 PM 3:52
FILED FOR RECORD
COUNTY CLERK
TRAVIS COUNTY TEXAS
Date Filed
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
1900 Steamboat Spgs. Cove Austin, TX 78746

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: **Mary** MI: **S.**
NICKNAME: LAST: **Dietz** SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
1900 Steamboat Spgs. 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 (Also in JC/OH - FR)

9 PERIOD COVERED

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

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any):
Judge 250th 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

John K. Dietz

15 ACCOUNT # (Ethics Commission files)

00019973

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. Those 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

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

\$ - 0 -

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

\$ - 0 -

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 161.⁰⁰/₁₀₀

CONTRIBUTION BALANCE

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

\$ 76,762.17

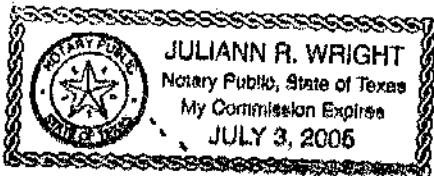
OUTSTANDING LOAN TOTALS

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 14th day of July, 2003, 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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME John K. Dietz 3 ACCOUNT # (Ethics Commission filers) 00019973

4 Date <u>1/31/04</u>	5 Payee name <u>U.S. Postal Service</u>	7 Amount (\$) <u>\$76.00</u>
6 Payee address; City; State; Zip Code <u>Westlake Station Austin, TX 78716</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>post office box rental</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
--	--

Date <u>4/19/03</u>	Payee name <u>Wheeler & Co., L.L.P.</u>	Amount (\$) <u>\$85.00</u>
Payee address; City; State; Zip Code <u>301 Congress Ste 350 Austin, TX 78701</u>		

Purpose of payment (See instructions regarding type of information required.) <u>tax consultation</u>	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.)	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.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED