

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5850

TX-ETCR-03-06

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5450

FORM JC/OH COVER SHEET PG. 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission No.)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge
FIRST: Paula
MI: Jan
LAST: Breland
SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
A.O. Box 1748 Austin Tx 78767

5 CAMPAIGN TREASURER NAME

TITLE: Randy
FIRST: Randy
LAST: Leavitt
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
1900 Pearl Street Austin Tx 78705

7 CAMPAIGN TREASURER PHONE

AREA CODE, PHONE NUMBER, EXTENSION
(512) 476 4475

8 REPORT TYPE

January 15
 30th day before election
 Recall
 15th day after campaign or re-appointment (officeholder only)
 July 15
 60th day before election
 Exceeded \$500 limit
 Final report (After ELECTION YEAR)

9 PERIOD COVERED

Month / Day / Year THROUGH Month / Day / Year
1 / 1 / 03 THROUGH 6 / 30 / 03

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)
County Court at Law #6

12 OFFICE SOUGHT (if known)
County Court at Law #6

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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 expenditures.--
Name:
Address / PO Box, Apt. / Suite #, City, State, Zip Code:

FILED FOR RECORD
2003 JUL 15 PM 4:07
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS

Receipt #
Amount
Date Processed
Date Imaged

GO TO PAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5900

1-800-325-6500

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG. 2

14 C/OH NAME Jan Breland 15 ACCOUNT # (OTHER COMMISSIONERS)

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.

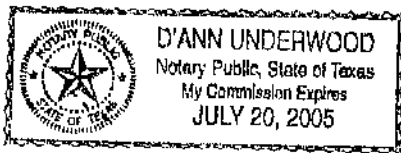
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 0
	EXPENDITURE TOTALS	
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	APPROX \$ 45,000

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.

Jan Breland
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jan Breland, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

D'Ann Underwood
Signature of officer administering oath

D'Ann Underwood
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS
OTHER THAN FUNDED OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME Jane Breland

3 ACCOUNT # (Ethics Commission file)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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9 Contributor's principal occupation	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 453-5800 1-800-321-1050

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE E3 (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J)

2 FILER NAME

Jan Breland

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	7 Pledgor address, City, State, Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
<i>←</i>				

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Pledgor address, City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Pledgor address, City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor 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.

Texas Ethics Commission P.O. Box 12670 Austin, Texas 78711-2070 (512) 463-5000 1 800-325-6500

LOANS (INDIVIDUAL)

SCHEDULE E (C)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E (C)

2 FILER NAME

Jaw Breland

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: 0 0 0 0 0 0 0

\$

5 Date of loan

7 Name of lender

out-of-state PAC (UW)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

20 Guarantor address; City; State; Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

(512) 463-5800

1-800-392-0206

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

Jan Breland

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

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

9 Complete if direct expenditure to benefit C/OH: Candidate / Officeholder name Office sought Other

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 Other

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 Other

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 Other

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule G.

2 FILER NAME

Jan Breland

3 ACCOUNT # (Ethics Commission Use)

4 Date

5 Payee name

6 Payee address, City, State, Zip Code

7 Purpose of expenditure

8 Amount (\$)

None returned from public or contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

None returned from public or contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12020 Austin, Texas 78711-2020 (512) 463-1800 1-800-326-1100

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H.

2 FILER NAME

Jan Breland

3 ACCOUNT # (Ethics Commission fees)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 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 #

Date

Business name

Amount (\$)

Business 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 #

Date

Business name

Amount (\$)

Business 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 #

Date

Business name

Amount (\$)

Business 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 #

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages (this Schedule I)

2 FILER NAME

Jan Breland

3 ACCOUNT # (Ethics Commission uses)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The instruction Guide explains how to complete this form.

1 Total pages (this Schedule K)

2 FILER NAME

Jan Breland

3 ACCOUNT # (Ethics Commission file)

4 Date	5 Payor name	8 Amount (\$)
--------	--------------	---------------

6 Payor address; City; State; Zip Code
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7 Reason for credit

--	--	--

Date	Payor name	Amount (\$)
------	------------	-------------

Payor address; City; State; Zip Code

Reason for credit

--	--	--

Date	Payor name	Amount (\$)
------	------------	-------------

Payor address; City; State; Zip Code

Reason for credit

--	--	--

Date	Payor name	Amount (\$)
------	------------	-------------

Payor address; City; State; Zip Code

Reason for credit

--	--	--

Date	Payor name	Amount (\$)
------	------------	-------------

Payor address; City; State; Zip Code

Reason for credit

--	--	--

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5000 1-800-395-7146

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule is:

2 FILER NAME

Jan Breland

3 ACCOUNT # (Ethics Commission Use)

LENDER INFORMATION

4 Name of lender

John H. Lipscomb

5 Lender address, City, State, Zip Code

8236 Summer Side Dr. Austin TX 78759

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Jan Breland

Lender address, City, State, Zip Code

8236 Summer Side Dr. Austin TX 78759

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, City, State, Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5900

(512) 325-1500

ASSETS VALUED AT \$500 OR MORE

SCHEDULE III

The instruction Guide explains how to complete this form.	1 Total pages this Schedule is
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2 FILER NAME <i>Jan Ireland</i>	3 ACCOUNT # (Ethics Commission files)
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4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5000

1-800-425-1111

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1. C/OH NAME <i>Jan Breland</i>	2. ACCOUNT # (if this Commission file)
------------------------------------	--

3. SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4. FILER WHO IS NOT AN OFFICEHOLDER
-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5. OFFICEHOLDER
-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder