

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

5538

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">TITLE</td> <td style="width:33%;">FIRST</td> <td style="width:33%;">MI</td> </tr> <tr> <td></td> <td>ELISABETH</td> <td>A</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>EARLE</td> <td></td> </tr> </table>		TITLE	FIRST	MI		ELISABETH	A	NICKNAME	LAST	SUFFIX		EARLE		OFFICE USE ONLY Date Received Date Hand-delivered for Date Postmarked Date Processed Date Imaged							
TITLE	FIRST	MI																				
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NICKNAME	LAST	SUFFIX																				
	EARLE																					
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%;"> <tr> <td>ADDRESS / PO BOX:</td> <td>APT / SUITE #:</td> <td>CITY:</td> <td>STATE:</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="5">7211 MESA DR. AUSTEN, TX. 78731</td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	7211 MESA DR. AUSTEN, TX. 78731														
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%;"> <tr> <td>STREET ADDRESS (NO PO BOX PLEASE):</td> <td>APT / SUITE #:</td> <td>CITY:</td> <td>STATE:</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="5">700 N. LAMAR AUSTEN, TX. 78703</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	700 N. LAMAR AUSTEN, TX. 78703														
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8 REPORT TYPE	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign finance appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C.O.H. - FR)</td> </tr> </table>		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign finance appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C.O.H. - FR)												
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11 OFFICE	OFFICE HELD (if any) TRAVIS COUNTY COURT AT LAW # 7	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

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 35.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1207.00

CONTRIBUTION BALANCE

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

\$ 1172.54

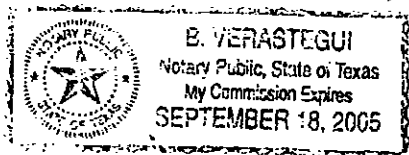
OUTSTANDING LOAN TOTALS

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisabeth Earle this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

B. Verastegui
Signature of officer administering oath

B. Verastegui
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: **3**

2 FILER NAME

ELIZABETH A. EARLE

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Payee name

7 Amount (\$)

9/1/03

Austin Young Lawyers Association
6 Payee address; City: State; Zip Code

57⁰⁰

816 CONGRESS AVE, STE 700 AUSTIN, TX 78701

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

DONATION / DUES

9 .. Complete if direct expenditure to benefit C/O/I ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

9/2/03

CAPITAL AREA PROGRESSIVE DEMOCRATS
Payee address; City: State; Zip Code

75⁰⁰

**P.O. Box 684263
Austin Texas 78763**

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

DUES

.. Complete if direct expenditure to benefit C/O/I ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

9/11/03

INNS OF COURT
Payee address; City: State; Zip Code

275⁰⁰

**Treasurer address
1603 Westover
Austin Texas**

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

MEMBERSHIP DUES

.. Complete if direct expenditure to benefit C/O/I ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/31/03

ANNIE'S LIST
Payee address; City: State; Zip Code

125⁰⁰

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

MEMBERSHIP DUES

.. Complete if direct expenditure to benefit C/O/I ..

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: **3**

2 FILER NAME **ELIZABETH A. EARLE** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/14/03	5 Payee name LEADERSHIP AUSTON	7 Amount (\$) 75⁰⁰
6 Payee address: City: State: Zip Code P.O. Box 684189 Austin Texas 78768-4189		

8 Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/20/03	Payee name TRAVES COUNTY DEMOCRATIC PARTY	Amount (\$) 100⁰⁰
Payee address: City: State: Zip Code P.O. Box 684263 Austin Texas 78768		

Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES/DONATION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/21/03	Payee name SOUTH AUSTON DEMOCRATS	Amount (\$) 50⁰⁰
Payee address: City: State: Zip Code P.O. Box 684263 Austin Texas 78768		

Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES/DONATION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/6/03	Payee name CENTRAL AUSTON DEMOCRATS	Amount (\$) 50⁰⁰
Payee address: City: State: Zip Code P.O. Box 684263 Austin Texas 78768		

Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES/DONATION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F 3
2 FILER NAME ELIZABETH A. EARLE		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/15/03	5 Payee name TRAVIS COUNTY WOMEN'S LAWYER ASSN.	7 Amount (\$) 250⁰⁰
6 Payee address: City: State: Zip Code P.O. Box 684683 Austin Texas 78768-4683		
8 Purpose of payment (See instructions regarding type of information required.) MEMBERSHIP DUES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/15/03	Payee name TRAVIS COUNTY BAR ASSOCIATION FUND	Amount (\$) 150⁰⁰
Payee address: City: State: Zip Code 816 Congress Ave., Ste. 700 Austin Texas 78701		
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	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 (\$)
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