

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**5563**
**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
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS - PO BOX	APT / SUITE #	CITY STATE ZIP CODE
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
10 ELECTION	Month	Day	Year
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SCLIGHT (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 <u>Jan Breland</u>	15 ACCOUNT # (Ethics Commission #) _____
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**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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____
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additional pages

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)	\$ _____
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ _____
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ approx 6,750
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ approx 42,000

**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.

Jan Breland

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

<u>B Verastegui</u> Signature of officer administering oath	<u>B Verastegui</u> Print name of officer administering oath	<u>Notary</u> Title of officer administering oath
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# 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).	
2 FILER NAME  Jan Breland		3 ACCOUNT # (Ethics Commission filers)	
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)
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.

**PLEGGED CONTRIBUTIONS (JUDICIAL)**

**SCHEDULE B (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)
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><i>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</i></p>			

# LOANS (JUDICIAL)

# SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME Jan Breland		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y        N	<b>8</b> Lender address;   City;   State;   Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral  <input type="checkbox"/> none		
<b>18</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>19</b> Name of guarantor  <b>20</b> Guarantor address;   City;   State;   Zip Code	<b>21</b> Amount Guaranteed (\$)
<b>22</b> Guarantor's Principal Occupation		<b>23</b> Guarantor's Job Title
<b>24</b> Guarantor's Employer/Law Firm		<b>25</b> Law Firm of guarantor's spouse (if any)
<b>26</b> 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.

**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 filers)

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
	<b>6</b> Payee address: City: State: Zip Code	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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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
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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
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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
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**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 <b>Jan Breland</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  6 Payee address; City; State; Zip Code  7 Purpose of expenditure	8 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended

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# 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 filers)
4 Date	5 Business name  6 Business address: City: State: Zip Code	7 Amount (\$)
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 held
Date	Business name  Business address: City: State: Zip Code	Amount (\$)
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	Business name  Business address: City: State: Zip Code	Amount (\$)
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	Business name  Business address: City: State: Zip Code	Amount (\$)
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
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

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

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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule K.
2 FILER NAME <u>Jan Breland</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name ..... 6 Payor address: City: State: Zip Code ..... 7 Reason for credit	8 Amount (\$)
Date	Payor name ..... Payor address: City: State: Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address: City: State: Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address: City: State: Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address: City: State: Zip Code ..... Reason for credit	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule L:	
2 FILER NAME  Jan Breland		3 ACCOUNT # (Ethics Commission filers)	
LENDER INFORMATION	4 Name of lender		
	5 Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	6 Name of guarantor		
	7 Guarantor address:	City:	State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address:	City:	State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address:	City:	State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address:	City:	State: Zip Code

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# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages this Schedule M: _____
<b>2</b> FILER NAME  Jan Breland	<b>3</b> ACCOUNT # (Ethics Commission filers) _____
<b>4</b> Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
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<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>	