

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5613

FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
00054105

2 Total pages this report:
1/8

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Hon. John
NICKNAME LAST SUFFIX
Hathaway

OFFICE USE ONLY

Date Received

2004 FEB - 9
TRAVIS COUNTY
CLERK
RECORD

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 300733
Austin TX 78703

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Ms. Catherine
NICKNAME LAST SUFFIX
Mauzy

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
700 Lavaca
Suite 1150
Austin TX 78701

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 C/OH - FR)

9 PERIOD
COVERED

Month / Day / Year THROUGH Month / Day / Year
01/01/2004 01/31/2004

10 ELECTION

ELECTION DATE ELECTION TYPE
Month / Day / Year
03/09/2004 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
District Judge 200

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
Hon. John Hathaway

15 ACCOUNT # (Ethics Commission filers)
00054105

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	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 \$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1100.00

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES \$ 8065.29

OUTSTANDING LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

CONTRIBUTION BALANCE

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/8	
2 FILER NAME Hon. John Hathaway		3 ACCOUNT # (Ethics Commission filers) 00054105	
4 Date 01/31/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Will Dibrell	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code 1703 Alta Vista Ave. Austin TX 78704			
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Graves, Dougherty, Hearon & Moo -		12 Law firm of contributor's spouse (if any)	
13 <input checked="" type="checkbox"/> Contributor is a child, law firm of parent(s) (if any)			
Date 01/31/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. T.B. Hudson	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code 3205 Desert Willow Cv. Austin TX 78735			
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Graves, Dougherty, Hearon & Moo -		Law firm of contributor's spouse (if any)	
<input checked="" type="checkbox"/> Contributor is a child, law firm of parent(s) (if any)			
Date 01/20/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Richard Lavallo	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code 1710 West 29th St. Austin TX 78703			
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Advocacy, Inc.		Law firm of contributor's spouse (if any)	
if contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/8	
2 FILER NAME Hon. John Hathaway		3 ACCOUNT # (Ethics Commission filers) 00054105	
4 Date 01/31/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John McFarland	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City: State: Zip Code 2407 McCullough Austin TX 78703			
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Graves, Cougherty, Hearon & Moo -		12 Law firm of contributor's spouse (if any)	
13 <input checked="" type="checkbox"/> Contributor is a child, law firm of parent(s) (if any)			
Date 01/05/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Moises Rios	Amount of contribution (\$) 300.00	In-kind contribution description(if applicable)
Contributor address; City: State: Zip Code 6633 Hwy. 290 East Suite 107 Austin TX 78723			
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Law Office of Moises Rios		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 01/31/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael Whellan	Amount of contribution (\$) 150.00	In-kind contribution description(if applicable)
Contributor address; City: State: Zip Code 515 Congress Ave. Suite 2300 Austin TX 78701			
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Graves, Dougherty, Hearon & Moo -		Law firm of contributor's spouse (if any) Haynes and Boone, L.L.P.	
<input checked="" type="checkbox"/> Contributor is a child, law firm of parent(s) (if any)			

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/8	
2 FILER NAME Hon. John Hathaway		3 ACCOUNT # (Ethics Commission filers) 00054105	
4 Date 01/21/2004	5 Payee name CheckMark Typesetting 6 Payee address; City; State; Zip Code 3217 N. IH 35 Austin TX 78722	7 Amount (\$) 3187.38	
8 Purpose of expenditure (See instructions regarding type of information required.) Design and printing		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 01/16/2004	Payee name Home Depot Payee address; City; State; Zip Code 5602 Brodie Ln. Austin TX 78745	Amount (\$) 150.57	
Purpose of expenditure (See instructions regarding type of information required.) Supplies for signs		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 01/26/2004	Payee name Home Depot Payee address; City; State; Zip Code 5602 Brodie Ln. Austin TX 78745	Amount (\$) 158.57	
Purpose of expenditure (See instructions regarding type of information required.) Sign supplies		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 01/06/2004	Payee name Mr. Mark Littlefield Payee address; City; State; Zip Code 1706 Crown Drive Austin TX 78745	Amount (\$) 2500.00	
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/8	
2 FILER NAME Hon. John Hathaway		3 ACCOUNT # (Ethics Commission filers) 00054105	
4 Date 01/21/2004	5 Payee name Mr. Mark Littlefield	7 Amount (\$) 719.05	
6 Payee address; City; State; Zip Code 1706 Crown Drive Austin TX 78745			
8 Purpose of expenditure (See instructions regarding type of information required.) Expense reimbursement		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 01/26/2004	Payee name Mr. Mark Littlefield	Amount (\$) 367.88	
Payee address; City; State; Zip Code 1706 Crown Drive Austin TX 78745			
Purpose of expenditure (See instructions regarding type of information required.) Expense reimbursement		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 01/29/2004	Payee name OfficeMax	Amount (\$) 70.04	
Payee address; City; State; Zip Code 907 W. 5th Street Austin TX 78703			
Purpose of expenditure (See instructions regarding type of information required.) Supplies		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 01/21/2004	Payee name Opinion Analysts, Inc.	Amount (\$) 510.00	
Payee address; City; State; Zip Code 906 Rio Grande Austin TX 78701			
Purpose of expenditure (See instructions regarding type of information required.) Telephone list		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/8

2 FILER NAME

Hon. John Hathaway

3 ACCOUNT # (Ethics Commission filers)
00054105

4 Date

01/21/2004

5 Payee name

United States Postal Service

6 Payee address; City; State; Zip Code

8225 Cross Park Dr.

Austin TX 78710

7 Amount (\$)

276.00

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

9 -- Complete if direct expenditure to benefit C/OH Candidate / Officerholder name Office sought Office held

Date

01/29/2004

Payee name

United States Postal Service

Payee address; City; State; Zip Code

8225 Cross Park Drive

Austin TX 78710

Amount (\$)

125.80

Purpose of expenditure (See instructions regarding type of information required.)
Postage

-- Complete if direct expenditure to benefit C/OH Candidate / Officerholder name Office sought Office held

TEXT ANNOTATION

Information entered by filer as a memo

Schedule JCOH **Total: Political Contributions Maintained = \$68,459.05**