

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**5770**

**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	MS / MRS / MR MRS NICKNAME	FIRST ELIZABETH LAST EARLE	MI A. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 7211 MESA DR. AUSTIN, TX. 78731		STATE: ZIP CODE
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 854-3794	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. NICKNAME	FIRST MACK LAST HERNANDEZ	MI R SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 700 N. LAMAR		CITY: AUSTIN, TX. STATE: ZIP CODE: 78703
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 477-9433	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officer/clerk only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C-Oh - FR)		
10 PERIOD COVERED	Month Day Year: 01 / 01 / 04		THROUGH Month Day Year: 06 / 30 / 04
11 ELECTION	ELECTION DATE: Month Day Year: 11 / 5 / 02		ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any): TRAVES COUNTY COURTS AT LAW #7		13 OFFICE SOUGHT (if known)
14 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:		
<input type="checkbox"/> additional pages			

**OFFICE USE ONLY**

Date Received: JUL 14 AM 9:19

Date Hand-Delivered or Date Postmarked:

Receipt #    Amount

Date Processed

Date Imaged

RECEIVED FOR RECORD  
 COUNTY CLERK  
 TRAVES COUNTY TEXAS

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

*ELISABETH A. EARLE*

16 ACCOUNT # (Ethics Commission files)

17 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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

\$ 165.00

CONTRIBUTION BALANCE

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

\$ 1007.54

OUTSTANDING LOAN TOTALS

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

\$ 0

19 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

**PATRICIA I. CRAMER**  
Notary Public, State of Texas  
My Commission Expires  
FEBRUARY 10, 2006

**PATRICIA I. CRAMER**  
Notary Public, State of Texas  
My Commission Expires  
FEBRUARY 10, 2006

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 14 day of July, 2004, 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 EXPENDITURES**

**SCHEDULE F**

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

ELIZABETH A EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/25/04

5 Payee name

AUSTON WOMEN'S POLITICAL LEAGUE

6 Payee address: City: State: Zip Code

7 Amount (\$)

65<sup>00</sup>

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

2/25/04

Payee name

AUSTON WOMEN'S POLITICAL LEAGUE

Payee address: City: State: Zip Code

Amount (\$)

100<sup>00</sup>

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

ADMINISTRATION / EDUCATION

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee 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

Payee name

Payee 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED