

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**5779**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers) <b>00033144</b>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
John C. D. Drolla Jr.		OFFICE USE ONLY Date Received: JUN 14 11:29 AM TRAVIS COUNTY TEXAS Date hand-delivered to: JUN 14 11:29 AM Date Postmarked: JUN 14 11:29 AM Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT. / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address	2005 South Oak Canyon Road Austin, Texas 78746		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
John C. D. Drolla Jr.		OFFICE USE ONLY (continued)	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT. / SUITE #;	CITY; STATE; ZIP CODE
512 East Riverside Drive, Suite 200, The Town Lake Building Austin, Texas 78704			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 445.6838			
8 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 (officeholder 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)		
9 PERIOD COVERED	Month	Day	Year
1 / 16 / 04		THROUGH	7 / 15 / 04
10 ELECTION	ELECTION DATE		
	Month	Day	Year
11 / 7 / 00		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
None		Previously sought 53rd District Court	
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		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

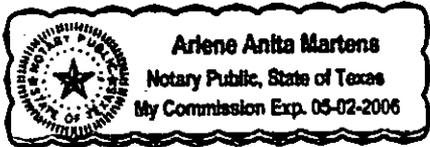
14 C/OH NAME <u>John C. D. Drolla, Jr.</u>	15 ACCOUNT # (Ethics Commission filers) <u>000 33144</u>
---	---

16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** 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	

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	\$ <u>1,302.00</u>
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	\$ <u>16,357.01</u>

### 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.



John C. D. Drolla, Jr.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C. D. Drolla, Jr., this the 8th day of July, 2004, to certify which, witness my hand and seal of office.

Ariene Anita Martens ARIENE ANITA MARTENS Notary  
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 Schedule A(J): <u>1 of 1</u>	
2 FILER NAME <u>John C. D. Droila, Jr.</u>		3 ACCOUNT # (Ethics Commission filers) <u>000 33144</u>	
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): 1 of 1

2 FILER NAME John C. D. Drolla, Jr. 3 ACCOUNT # (Ethics Commission filers) 00033144

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨      \$   -  0  -

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

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#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address:                      City, State, Zip Code			

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#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address:                      City, State, Zip Code			

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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): <b>1 of 1</b>
2 FILER NAME <b>John C. D. Drolla, Jr.</b>		3 ACCOUNT # (Ethics Commission files) <b>000 33144</b>
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <b>— 0 —</b>
5 Date of loan <b>20 JAN 04 3 MAY 12 FEB 10 JUN 6 APR 05 JUL</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John C. D. Drolla, Jr.</b>	9 Loan Amount (\$) <b>300.00 300.00 300.00 300.00 300.00 300.00</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address:    City:    State:    Zip Code <b>2005 South Oak Canyon Road Austin, Texas 78746</b>	10 Interest rate <b>0%</b>
12 Lender's Principal Occupation <b>Attorney</b>		11 Maturity date <b>1 JAN 2005</b>
13 Lender's Job Title <b>Attorney</b>		
14 Lender's Employer/Law Firm <b>Law Offices of John C. D. Drolla, Jr.</b>		15 Law Firm of lender's spouse (if any) <b>N/A</b>
16 If lender is child, law firm of parent(s) (if any) <b>N/A</b>		
17 Description of Collateral <input checked="" type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	19 Name of guarantor  20 Guarantor address:    City:    State:    Zip Code	21 Amount Guaranteed (\$)
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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1 of 1</u>
2 FILER NAME <u>John C. D. Drolla, Jr.</u>		3 ACCOUNT # (Ethics Commission filers) <u>00033144</u>
4 Date <u>13 FEB 04</u> <u>6 APR 04</u> <u>3 MAY 04</u> <u>1 OCT 04</u> <u>10 JUL 04</u>	5 Payee name <u>MBNA America</u> 6 Payee address: City: State: Zip Code <u>P.O. Box 15028</u> <u>Wilmington, DE 19886-5028</u>	7 Amount (\$) <u>217.00</u> <u>434.00</u> <u>217.00</u> <u>217.00</u> <u>217.00</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Payment of principal and interest on the outstanding loan to MBNA</u>		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> 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.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> 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.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> 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.)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held

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:

1 of 1

2 FILER NAME

John C. D. Droilg, Jr.

3 ACCOUNT # (Ethics Commission filers)

000 33144

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# 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: <b>1 of 1</b>
---	--

2 FILER NAME <b>John C. D. Droila, Jr.</b>	3 ACCOUNT # (Ethics Commission filers) <b>00033144</b>
---	---

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 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

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 held
---	---

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 held
---	---

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 held
---	---

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:

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

00033144

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.)	

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

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

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

Date	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:

1 of 1

2 FILER NAME

John C. D. Droll, Jr

3 ACCOUNT # (Ethics Commission filers)

00038144

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	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	

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:

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

00033144

LENDER INFORMATION

4 Name of lender

MBNA America

5 Lender address; City; State; Zip Code

P.O. Box 15027, Wilmington, DE 19850-5027

GUARANTOR INFORMATION

6 Name of guarantor

John C. D. Drolla, Jr.

not applicable

7 Guarantor address; City; State; Zip Code

2005 South Oak Canyon Road, Austin Texas 78746

LENDER INFORMATION

Name of lender

John C. D. Drolla, Jr.

Lender address; City; State; Zip Code

2005 South Oak Canyon Road, Austin, Texas 78746

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

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

1 of 1

2 FILER NAME

John C. D. Drolla, Jr.

3 ACCOUNT # (Ethics Commission filers)

00033144

4 Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



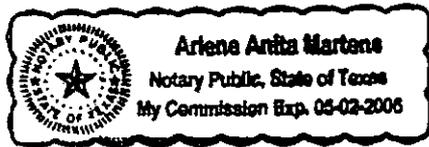
### AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

OFFICE USE ONLY	
Date Received	FILED FOR RECORD
2004 JUL 14	2004 JUL 14
TRAVIS CO	PM 1:29
COMPT CLERK	
CITY	
TXAS	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

Filer name <u>John C. D. Drolla, Jr.</u>	Account # <u>00033144</u>
---	------------------------------

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the JC/OH Campaign Finance report due on 15 July 2004. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



John C D Drolla Jr  
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by John C D Drolla Jr this the 8th day of July 20 04 to certify which, witness my hand and seal of office.

Arlene Anita Martens Signature of officer administering oath  
ARLENE ANITA MARTENS Print name of officer administering oath  
Notary Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.**

Law Offices  
of  
John C. Drolla, Jr.

JOHN C. D. DROLLA, JR.  
BOARD CERTIFIED  
COMMERCIAL REAL ESTATE LAW  
TEXAS BOARD OF SPECIALIZATION  
RESIDENTIAL REAL ESTATE LAW  
TEXAS BOARD OF SPECIALIZATION  
FELLOW-COLLEGE OF THE STATE BAR OF TEXAS  
FELLOW-TEXAS BAR FOUNDATION  
FELLOW-FOUNDATION OF THE FEDERAL BAR ASSOCIATION

8 July 2004



Phi Delta Phi  
LIFE MEMBER

Dana DeBeauvoir  
Travis County Clerk  
Travis County Elections Office  
P.O. Box 149325  
Austin, Texas 78714

RE: Candidate/Officeholder Sworn Report of Contributions and Expenditures  
Due Date: 15 July 2004  
Candidate: John C.D. Drolla, Jr.  
Office Sought: Judge, 53<sup>rd</sup> Judicial District Court, Travis County, Texas

FILED FOR RECORD  
2004 JUL 1 PM 1:32  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

Dear Ms. DeBeauvoir:

Enclosed herewith, please find the following:

1. Original Judicial Candidate/Officeholder Campaign Finance Report
2. Copy of Judicial Candidate/Officeholder Campaign Finance Report for file marking and return to this office
3. Original Affidavit for Candidate or Officeholder: Electronic Filing Exemption
4. Copy of Affidavit for Candidate or Officeholder: Electronic Filing Exemption for file marking and return to this office
5. Self-addressed stamped envelope for return of the file marked copies of the Judicial Candidate/Officeholder Campaign Finance Report and the Affidavit for Candidate or Officeholder: Electronic Filing Exemption

If you or any of your staff have any questions, please do not hesitate to contact the undersigned. Thank you for your time in this matter.

Respectfully and with best regards, I remain

Very truly yours,

Handwritten signature of John C. Drolla, Jr. in black ink.

John C. D. Drolla, Jr.

JCDD:sb  
Enclosures  
dc: File

F:\USERS\DATA\JCDD\CORESPON\DeBeauvoir.ltr.wpd

PLACED FOR RECORD

2001 JUN 14 PM 11:32

TRAVIS COUNTY CLERK  
DANA DEBEAUVOIR  
TRAVIS COUNTY, TEXAS



LAW OFFICES  
OF

JOHN C.D. DROLLA, JR.  
THE TOWN LAKE BUILDING  
512 EAST RIVERSIDE DRIVE, SUITE 200  
AUSTIN, TEXAS 78704  
PHONE: 512.445.6838  
FAX: 512.445.0077

TO: Dana DeBeauvoir  
Travis County Clerk  
Travis County Elections Office  
P.O. Box 149825  
Austin, Texas 78714