

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5810

FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers) 41208

2 Total pages this report: 1/8

3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY	
	Hon.	Julie			
	NICKNAME	LAST	SUFFIX	Date Received	
	none	Kocurek			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	2803 Scenic Drive				
<input type="checkbox"/> Change of Address	Austin TX	78703			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Date Hand-delivered or Date Postmarked	
	Mr.	Willie			
	NICKNAME	LAST	SUFFIX	Receipt #	
		Kocurek		Amount	
				Date Processed	
				Date Imaged	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE

4100 Jackson Avenue, #349
Austin TX 78731

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 THROUGH 06/30/2004

10 ELECTION

ELECTION DATE: Month / Day / Year ELECTION TYPE

11/07/2004 Primary Runoff General Special

11 OFFICE OFFICE HELD (if any) District Judge 390

12 OFFICE SOUGHT (if known) District Judge 390

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. Julie Kocurek

15 ACCOUNT # (Ethics Commission filers)
41208

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	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1600.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 50.00
EXPENDITURE TOTALS	
4. TOTAL POLITICAL EXPENDITURES	\$ 1556.35
OUTSTANDING LOAN TOTALS	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 77959.98
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.



Julie Kocurek

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Melissa Ann Moreno Melissa Ann Moreno Notary
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	ACCOUNT # 41208	2	Total pages this report: 3/8
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3	CANDIDATE/ OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
		NICKNAME	LAST	SUFFIX	

Hon. Julie Kocurek

4	ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Received	
		<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Hand-delivered or Date Postmarked	
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #	Amount
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report		Legal	Total

5	ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Processed	
									Date imaged
				01/01/2004				06/30/2004	

6	EXPLANATION OF CORRECTION	To properly account for non-political expenditures for the reporting period.
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7	AFFIDAVIT	I swear, or affirm, under penalty of perjury, that this correct report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.
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July 15, 2004.

Julie Kocurek

Melissa Ann Moreno

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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. Julie Kócurek		3 ACCOUNT # (Ethics Commission filers) 41208	
4 Date 02/04/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Kevin Boyd	7 Amount of contribution (\$) 1500.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 507 West 10th Street Austin TX 78701			
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 02/04/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. C.W. Heatherly	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 4805 Greystone Austin TX 78731			
Contributor's principal occupation Real Estate Developer		Contributor's job title Developer	
Contributor's employer/law firm Lampting Inc.		Law firm of contributor's spouse (if any)	
If 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. Julie Kocurek		3 ACCOUNT # (Ethics Commission filers) 41208
4 Date 02/04/2004	5 Payee name Austex Printing and Mailing 6 Payee address; City; State; Zip Code 2431 Forbes Drive Austin TX 78754	7 Amount (\$) 142.45
8 Purpose of expenditure (See instructions regarding type of information required.) Postage		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 02/20/2004	Payee name Bank One for Austex Printing and Mailing Payee address; City; State; Zip Code 2431 Forbes Drive Austin TX 78754	Amount (\$) 176.54
Purpose of expenditure (See instructions regarding type of information required.) Printing and Mailing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 04/07/2004	Payee name Bank One for Austex Printing and Mailing Payee address; City; State; Zip Code 2431 Forbes Drive Austin TX 78754	Amount (\$) 337.76
Purpose of expenditure (See instructions regarding type of information required.) Printing and Mailing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 05/07/2004	Payee name Bank One for Austex Printing and Mailing Payee address; City; State; Zip Code 2431 Forbes Drive Austin TX 78754	Amount (\$) 148.60
Purpose of expenditure (See instructions regarding type of information required.) Printing and Mailing		-- 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. Julie Kocurek		3 ACCOUNT # (Ethics Commission filers) 41208
4 Date 01/07/2004	5 Payee name Nancy Whitworth Photography 6 Payee address; City; State; Zip Code 1206 West 38th Sreet,#1102 Austin TX 78705	7 Amount (\$) 25.50
8 Purpose of expenditure (See instructions regarding type of information required.) Photographs		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 02/04/2004	Payee name Nancy Whitworth Photography Payee address; City; State; Zip Code 1206 West 38th Sreet,#1102 Austin TX 78705	Amount (\$) 125.50
Purpose of expenditure (See instructions regarding type of information required.) Photographs		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 05/08/2004	Payee name Texas Bar Foundation Payee address; City; State; Zip Code 1414 Colorado Street Austin TX 78701	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Foundation Fellow Dues		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 01/19/2004	Payee name Travis County Reppulican Party Payee address; City; State; Zip Code 7801 N. Lamar Austin TX 78731	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) Annual Lincoln Day Dinner Tickets and Sponsorship		.. 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. Julie Kocurek		3 ACCOUNT # (Ethics Commission filers) 41208
4 Date 01/07/2004	5 Payee name Brett Turcotte 6 Payee address; City: State; Zip Code 601 West 11th Street,#117 Austin TX 78701	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Computer analyst,computer and technical assistance		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

8/8

2 FILER NAME

Hon. Julie Kocurek

3 ACCOUNT # (Ethics Commission filers)

41208

4 Date	5 Payee name	8 Amount (\$)
05/08/2004	Texas Bar Foundation	200.00
	6 Payee address; City; State; Zip Code 1414 Colorado Street Austin TX 78701	
	7 Purpose of expenditure (See instructions regarding type of information required.) Foundation Fellow Dues	
05/08/2004	The Sharp Firm	50.00
	6 Payee address; City; State; Zip Code 3701 North Lamar, Suite 350 Austin TX 78705	
	7 Purpose of expenditure (See instructions regarding type of information required.) Travis County Bar Executive Director Retirement Contri - bution	