

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**5873**

**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 filed  
**12**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **HON** FIRST **JULIE** MI **H.**  
NICKNAME LAST SUFFIX  
**KOCUREK**

**OFFICE USE ONLY**

Date Received  
Date Hand-delivered or Date Postmarked  
Receipt # Amount  
Data Processed  
Data Imaged

RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
**2803 SCENIC DRIVE  
AUSTIN, TX. 78703**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 636-7071**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR.** FIRST **WILLIE** MI  
NICKNAME LAST SUFFIX  
**KOCUREK**

7 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**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 478-3569**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  30th day before election  Exceeded \$500 limit  Final report (Attach JC/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
**7 / 1 / 04 THROUGH 12 / 31 / 04**

11 ELECTION

ELECTION DATE: Month Day Year **11 / 03 / 04**  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
**DISTRICT JUDGE 390\***

13 OFFICE SOUGHT (if known)

**DISTRICT JUDGE 390**

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 **N/A**  
Address / PO Box, Apt. / Suite #, City, State, Zip Code  
**N/A**

additional pages

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME HON. JULIE KOCUREK 16 ACCOUNT # (Ethics Commission file #) 41208

17 NOTICE FROM POLITICAL COMMITTEE(S) N/A

Additional pages

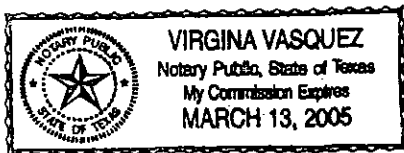
*\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 12. <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 672. <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 76,401.81
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.



Julie H. Kocurek  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julie H. Kocurek, this the 4th day of January, 20 05, to certify which, witness my hand and seal of office.

Virginia Vasquez Virginia Vasquez Judicial Aide  
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)**

NIA

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A(J)  
1

2 FILER NAME **HON. JULIE KOCUREK** 3 ACCOUNT # (Ethics Commission #)  
41208

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>NIA</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address: City State Zip Code			

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)**

N/A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B(J): <b>1</b>
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2 FILER NAME <b>HON. JULIE KOCUREK</b>	3 ACCOUNT # (Ethics Commission files) <b>41208</b>
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4 TOTAL OF UNITEMIZED PLEDGES:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄	\$
---	----

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)**

NIA

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E (J) 1
2 FILER NAME HON JULIE KOCUREK		3 ACCOUNT # (Ethics Commission File) 41208
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC, Or _____	9 Loan Amount (\$)
6 Is lender a financial institution?  ✓ N	8 Lender address: City: State: Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor	21 Amount Guaranteed (\$)
	20 Guarantor address: City: State: Zip Code	
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:

1

2 FILER NAME

HON. JULIE KOCLUBEK

3 ACCOUNT # (Ethics Commission File #)

41208

4 Date

8/26/04

5 Payee name

LETICIA RODRIGUEZ

7 Amount (\$)

\$775.00

6 Payee address: City: State: Zip Code

301 WALLIS DRIVE  
AUSTIN, TX 78746

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

ADVERTISEMENT / LA PRESNA  
CHICKEN-N-  
BEANS PRODUCTIONS

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

Candidate / Officeholder name Office sought Office held

Date

9/2/04

Payee name

LAKE TRAVIS GOP GOLF SCRAMBLE

Amount (\$)

\$150.00

Payee address: City: State: Zip Code

P.O. BOX 340033  
AUSTIN, TX 78734

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

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

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule G: <b>1</b>
2 FILER NAME <b>HON JULIE KOCUREK</b>		3 ACCOUNT # (Ethics Commission files) <b>41208</b>
4 Date <b>8/15/04</b>	5 Payee name <b>AUSTIN YOUNG LAWYERS ASSN</b> 6 Payee address: City: State: Zip Code <b>816 CONGRESS AVE, AUSTIN, TX. 78701</b> 7 Purpose of expenditure <b>ADVERTISEMENT - BAR AND GRILL SHOW</b>	8 Amount (\$) <b>35.00</b> <input checked="" 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE F**

NIA

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>1</b>
2 FILER NAME <b>HON JULIE KOZUREK</b>		3 ACCOUNT # (Ethics Commission filers) <b>41203</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.)		<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.)		<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.)		<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



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in Schedule I:

1

2 FILER NAME

HON JULIE KOZUPKEK

3 ACCOUNT # (Ethics Commission file):

41208

4 Date

9/13/04

5 Payee name

TEXAS CENTER FOR THE JUDICIARY

6 Payee address: City: State: Zip Code

1210 SAN ANTONIO, STE. 800  
AUSTIN, TX. 78701

8 Amount (\$)

400.<sup>00</sup>

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

office equipment / silent  
AUCTION, tx. of reporters

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 in Schedule K:

1

2 FILER NAME

HON. JULIE KOCHER

3 ACCOUNT # (Ethics Commission file)

41203

4 Date	5 Payor name Payor address: City: State: Zip Code	8 Amount (\$)
	7 Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

NIA

The instruction guide explains how to complete this form.		1 Total pages this Schedule L: 1	
2 FILER NAME HON. JULIE KOUBEK		3 ACCOUNT # (Ethics Commission filers) 41208	
LENDER INFORMATION	4 Name of lender		
	5 Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	6 Name of guarantor		
	<input type="checkbox"/> not applicable	7 Guarantor address:	City: State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	<input type="checkbox"/> not applicable	Guarantor address:	City: State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	<input type="checkbox"/> not applicable	Guarantor address:	City: State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	<input type="checkbox"/> not applicable	Guarantor address:	City: State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
GUARANTOR INFORMATION	Name of guarantor		
	<input type="checkbox"/> 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

2 FILER NAME

HON. JULIE KACUREK

3 ACCOUNT # (Ethics Commission Use)

41208

4 Description of Asset

Computer Equipment

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED