Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

5897

FORM JSPAC
COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers) 00041401

2 Total pages this report: 1/6

3 COMMITTEE NAME
The Friends of Darlene Byrne 2000

OFFICE USE ONLY

Date Received

FILED FOR RECORD 2005 JAN 1 AM 10:43 COUNTY CLERK TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
98 San Jacinto
#2000
Austin TX 78701

5 CAMPAIGN TREASURER NAME
TITLE: Attorney
FIRST: Stephen I
MI:
NICKNAME:
LAST: Adler
SUFFIX:

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE
808 Nueces
Austin TX 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS
☐ Change of Address
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
808 Nueces
Austin TX 78701

8 CAMPAIGN TREASURER PHONE
AREA CODE: (512) PHONE NUMBER: 478-4995 EXTENSION:

9 REPORT TYPE
- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] Dissolution (attach PAC-DR)
- [ ] 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 07/01/2004 THROUGH Month Day Year: 12/31/2004

11 ELECTION
ELECTION DATE: Month 11 Day 2 Year 04
ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [X] General
- [ ] Special

GO TO PAGE 2

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JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM JSPAC
COVER SHEET PG 2

12 COMMITTEE NAME The Friends of Darlene Byrne 2000

ACCOUNT # (Ethics Commission filers) 00041401

13 COMMITTEE PURPOSE (Attach list on plain paper to complete this report if necessary)

☐ SUPPORT

☐ OPPOSE

☒ ASSIST (officeholders only)

☐ CANDIDATE

☒ OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME: Darlene Byrne

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): 126th District Judge

14 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)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 324.53
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2027.98
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 75398.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

15 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 Campaign Treasurer

Sworn to and subscribed before me, by the said Stephen I. Adler, this the 13th day of January, 2005, to certify which, witness my hand and seal of office.

Susan P. Woodrow — Susan P. Woodrow — Notary Public

Signature of officer administering oath — Print name of officer administering oath — Title of officer administering oath

SUSAN P. WOODROW
MY COMMISSION EXPIRES
July 27, 2005

(Effective 11/13/1999)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 3/6

2 FILER NAME
The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/10/2004	AFL/CIO 1106 Lavaca Austin TX 78701	100.00

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

9 ** 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 ($)
12/06/2004	American Judges Association P.O. Box 8798 Williamsburg VA 23187	100.00

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

** 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 ($)
09/13/2004	Art That Makes You Laugh 45000 Main St. Mendocino CA 95460	605.00

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

** 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 ($)
07/15/2004	Austin Tejano Democrats 2544 Stoutman Circle Austin TX 78745	100.00

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

** 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: 4/6

2 FILER NAME
The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/15/2004	Ed Shack 814 San Jacinto Blvd Austin TX 78701	210.00

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

9 ** 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 ($)
09/09/2004	Hispanic Bar Association-Austin P.O. Box 12692 Austin TX 78711	100.00

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

** 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 ($)
08/20/2004	Ninfa's on 6th Street 812 W. 6th Street Austin TX 78701	62.85

Purpose of expenditure (See instructions regarding type of information required.)
Staff lunch expense

** 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 ($)
07/13/2004	Ozarka P.O. Box 52214 Phoenix AZ 85072	58.92

Purpose of expenditure (See instructions regarding type of information required.)
Jury room expense

** 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: 5/6

2 FILER NAME
The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/27/2004	Ozarka P.O. Box 52214 Phoenix AZ 85072	21.99

8 Purpose of expenditure (See instructions regarding type of information required.)
Jury room expense

9 ** 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 ($)
09/10/2004	Ozarka P.O. Box 52214 Phoenix AZ 85072	46.72

Purpose of expenditure (See instructions regarding type of information required.)
Jury room expense

** 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 ($)
09/24/2004	Ozarka P.O. Box 52214 Phoenix AZ 85072	18.30

Purpose of expenditure (See instructions regarding type of information required.)
Jury room expense

** 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 ($)
11/20/2004	Ozarka P.O. Box 52214 Phoenix AZ 85072	32.28

Purpose of expenditure (See instructions regarding type of information required.)
Jury room expense

** 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: 6/6

2 FILER NAME
The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/08/2004	Ozarka P.O. Box 52214 Phoenix AZ 85072	18.30

8 Purpose of expenditure (See instructions regarding type of information required.)
Jury room expense

9 ** 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 ($)
11/14/2004	Sam's Club 9700 N. Capital of Texas Highway Austin TX 78759	72.96

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

** 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 ($)
09/24/2004	The Flower Bucket 3100 N. Lamar Blvd. Austin TX 78705	54.13

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

** 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 ($)
09/01/2004	Women's Advocacy Project P.O. Box 833 Austin TX 78767	100.00

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

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