

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5926

FORM JC/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission #):

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MS. FIRST Elisabeth MI A.
NICKNAME LAST SUFFIX
Earle

OFFICE USE ONLY

Date Received

Date Hand-delivered: 2005 JAN 8 PM 4:51 Date Postmarked

Receipt #

Date Processed

Date Imaged

FILED IN THE RECORDS
2005 JAN 8 PM 4:51
COUNTY CLERK
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7211 mesa Dr. Austin Texas 78731

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 854-3794

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST Mack MI R.
NICKNAME LAST SUFFIX
Hernandez

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
700 N. Lamar Austin Texas 78703

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 477-9433

9 REPORT TYPE

January '05 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July '05 8th day before election Exceeded \$500 limit Final report (Attach: CJOH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 2004 THROUGH 12 / 31 / 2004

11 ELECTION

ELECTION DATE: Month Day Year 11 / 5 / 2002
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) Travis County Court 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 or or 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

15 C/OH NAME

Elisabeth A. Earle

16 ACCOUNT # (Ethics Commission filers)

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$

211²⁵

CONTRIBUTION BALANCE

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

\$

796²⁹

OUTSTANDING LOAN TOTALS

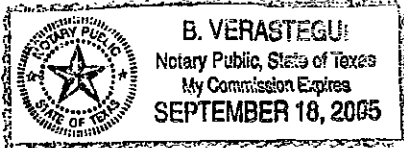
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 16, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Elisabeth A. Earle*, this the *18th* day of *January* 20 *05*, to certify which, witness my hand and seal of office.

B. Verastegui
Signature of officer administering oath

B. Verastegui
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: _____

2 FILER NAME

Elisabeth A. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/18/04

5 Payee name

AFL-CIO

7 Amount (\$)

65⁰⁰

6 Payee address: City: State: Zip Code

*Austin Texas 78701
1106 Lavaca*

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

dues /

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

Candidate / Officeholder name Office sought Office held

Date

9/7/04

Payee name

CAPD (Capital Area Progressives Democrats)

Amount (\$)

50⁰⁰

Payee address: City: State: Zip Code

P.O. Box 684263 Austin Texas 78768-4263

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

dues /

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

Candidate / Officeholder name Office sought Office held

Date

9/19/04

Payee name

Austin Young Lawyers Assoc. Foundation

Amount (\$)

56²⁵

Payee address: City: State: Zip Code

816 Congress St. 700 Austin Texas 78701

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

dues /

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

Candidate / Officeholder name Office sought Office held

Date

10/4/04

Payee name

Annie's List

Amount (\$)

100⁰⁰

Payee address: City: State: Zip Code

705 Lisa Drive Austin Texas 78733

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

dues /

** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 2

2 FILER NAME Elizabeth A. Earle 3 ACCOUNT # (Ethics Commission filers):

4 Date <u>10/4/04</u>	5 Payee name <u>South Aust Democrats</u>	7 Amount (\$) <u>30⁰⁰</u>
6 Payee address: City: State: Zip Code <u>P.O. Box 684263 Austin Texas 78768-4263</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u> dues /</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date	Payee name	Amount (\$)
Payee 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: _____
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Date	Payee name	Amount (\$)
Payee 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: _____
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Date	Payee name	Amount (\$)
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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: _____
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