

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
5929 COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: MS
 FIRST: Paula MI: Jan
 NICKNAME: Breland LAST: Breland SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS (PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE)
P.O. Box 1748 Austin Tx 78767
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (512) PHONE NUMBER: 854-9677 EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: MS
 FIRST: Randy MI: T.
 NICKNAME: Leavitt LAST: Leavitt SUFFIX:

OFFICE USE ONLY

Date Received: _____

Date Hand-delivered: _____ Date Postmarked: 2005 JAN 19 AM 10:00

Receipt # _____

Date Processed: _____

Date Imaged: _____

FILED FOR RECORD
 TRAVIS COUNTY CLERK
 TRAVIS COUNTY TEXAS

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE!), APT / SUITE #, CITY, STATE, ZIP CODE
1110 Exton Cove Austin Tx 78733

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (512) PHONE NUMBER: 328-3781 EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 6th day before election Exceeded \$500 limit Final report (Attach CICH - 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: / /

ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): Travis County Ct @ Law #6

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 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**

15 C/OH NAME Paula Jan Breland 16 ACCOUNT # (Ethics Commission Term)

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. **

additional pages

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	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1000
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6223.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 42,000.00

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.

Paula Jan Breland
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paula Jan Breland this the 18th day of January 2005, to certify which, witness my hand and seal of office.

Mary Louise Aguirre MARY LOUISE AGUIRRE Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-6506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Paula Jan Breland

3 ACCOUNT # (Ethics Commission file)

4 Date

11-2-04

5 Payee name

Travis County Democratic Party

7 Amount (\$)

\$500

6 Payee address; City; State; Zip Code

Austin, TX

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

political contribution

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

Candidate / Officeholder name Office sought Office held

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages this Schedule G:

2 FILER NAME

Paula Jan Boreland

3 ACCOUNT # (Ethics Commission filed)

4 Date
10-04

5 Payee name
Travis County Democratic Party

6 Amount (\$)
\$1500

6 Payee address; City; State; Zip Code
Austin Tx

7 Purpose of expenditure
political contribution

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in Schedule L

1

2 FILER NAME

Paula Jan Breland

3 ACCOUNT # (Ethics Commission Use)

LENDER INFORMATION

4 Name of lender

John Howard Lipscombe

5 Lender address;

City:

State:

Zip Code

8236 Summer Side Dr. Austin Tx 78759

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address;

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Paula Jan Breland

Lender address;

City:

State:

Zip Code

8236 Summer Side Dr. Austin Tx 78759

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