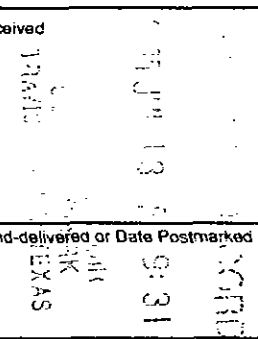


JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

6004

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00054142	2 PAGE # 1 of 4				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Stephen	MI	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME	LAST Yelenosky	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:		STATE:	ZIP CODE	
709 Bouldin Austin, TX 78704-1609							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
709 Bouldin Austin, TX 78704-1609							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Betty	MI	Date Processed Date Imaged			
	NICKNAME	LAST Torres	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:			STATE:	ZIP CODE
1142 Pinehurst Austin, TX 78747							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(512) 292-0560							
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officerholder only)			
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01/01/2005				06/30/2005		
11 ELECTION	ELECTION DATE	ELECTION TYPE					
	Month: 11 Day: 02 Year: 2004	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) District Judge District 345			13 OFFICE SOUGHT (if known)			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	* * 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						

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME Yelenosky, Stephen (Hon.)

16 ACCOUNT # (Ethics Commission filers)
00054142

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 \$ 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 \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 2,326.71

CONTRIBUTION BALANCE

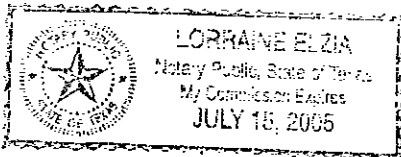
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Stephen Yelenosky
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Stephen Yelenosky, this the 12th day of July, 2005, to certify which, witness my hand and seal of office.

Lorraine Elzia
Signature of officer administering oath

LORRAINE ELZIA
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 PAGE # Schedule: 1/2 Report: 3/4
2 FILER NAME Yelenosky, Stephen (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00054142
4 Date 04/27/2005	5 Payee name Austin Bar Association Foundation 6 Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701	7 Amount (\$) \$150.00
8 Purpose of payment (See instructions regarding type of information required.) Founding Fellow annual contribution		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/07/2005	Payee name Austin Young Lawyers Association Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/17/2005	Payee name Greg Hamilton Campaign Payee address; City; State; Zip Code P.O. BOX 5674 Austin, TX 78763	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/13/2005	Payee name Texas Center for Ethics & Professionalism Payee address; City; State; Zip Code P.O. Box 12487 Austin, TX 78711	Amount (\$) \$65.00
Purpose of payment (See instructions regarding type of information required.) Sandra Day O'Connor luncheon/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 PAGE #
Schedule: 2/2 Report: 4/4

2 FILER NAME Yelenosky, Stephen (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00054142

4 Date	5 Payee name Travis County Democratic Party	7 Amount (S)
05/02/2005	6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	\$1,500.00

8 Purpose of payment (See instructions regarding type of information required.) contribution to local party	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Travis County Women Lawyers Foundation	Amount (S)
06/05/2005	Payee address; City; State; Zip Code P.O. BOX 684683 Austin, TX 78768-4683	\$50.00

Purpose of payment (See instructions regarding type of information required.) awards luncheon/contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name U.S. Postal Service	Amount (S)
01/23/2005	Payee address; City; State; Zip Code 510 Guadalupe Austin, TX 78701	\$511.71

Purpose of payment (See instructions regarding type of information required.) mailing expenses (reimbursed campaign manager)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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