

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

6035

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

|  |   |   |  |
|--|---|---|--|
| The JC/OH INSTRUCTION GUIDE explains how to complete this form.  |   | 1 ACCOUNT #<br>(Ethics Commission filers) | 2 Total pages filed:   |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <input checked="" type="checkbox"/> MR<br>NICKNAME <b>MBS</b><br>FIRST <b>ELIZABETH</b><br>LAST <b>EARLE</b><br>MI <b>A</b><br>SUFFIX   |   | <b>OFFICE USE ONLY</b><br>Date Received: <b>005 JUL 15 PM 1:59</b><br>Date Hand-delivered: _____ Date Postmarked: _____<br>Receipt # _____ Amount _____<br>Date Processed: _____<br>Date Imaged: _____ |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address                   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>7211 MESA DR. AUSTON, TX. 78731</b>  |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(512) 854-3794</b>   |   |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR <input checked="" type="checkbox"/> MR<br>NICKNAME <b>MR</b><br>FIRST <b>MACK</b><br>LAST <b>HERNANOEZ</b><br>MI <b>R</b><br>SUFFIX   |   |  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>700 N. LAMAR AUSTON, TX. 78703</b>  |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(512) 477-9433</b>   |   |  |
| 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 (off-holder only)<br><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<br><b>1 / 1 / 05    THROUGH    6 / 30 / 05</b>  |   |  |
| 11 ELECTION  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special<br><b>11 / 5 / 2002</b>  |   |  |
| 12 OFFICE  | OFFICE HELD (if any):<br><b>TRAVIS COUNTY COURT AT LAW #7</b>   | 13 OFFICE Sought (if known)               |  |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><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. **<br>Name _____<br>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 ELIZABETH 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

EXPENDITURE TOTALS

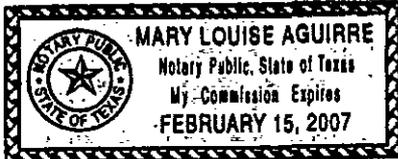
CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

|   |                            |
|---|----------------------------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u>                |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>0</u>                |
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ <u>0</u>                |
| 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>0</u>                |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ <u>796<sup>29</sup></u> |
| 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 15 Election Code.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth A. Earle, this the 15 day of July, 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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 Total pages Schedule A(J):         |  |
| 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission file) |  |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 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#: _____) | Amount of contribution (\$)               | In-kind contribution description (if applicable) |
| Contributor address: City; State; Zip Code                 |   |   |  |
| 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#: _____) | Amount of contribution (\$)               | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code                |   |   |  |
| 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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B (J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

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

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

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)

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS (JUDICIAL)

# SCHEDULE E (J)

|   |  |  |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.               |  | 1 Total pages Schedule E(J):               |
| 2 FILER NAME  |  | 3 ACCOUNT # (Ethics Commission filers)     |
| 4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨                   |  | \$   |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)           | 9 Loan Amount (\$)                         |
| 6 Is lender a financial institution?<br><br>Y      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<br><br><input type="checkbox"/> none       |  |  |
| 18 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 19 Name of guarantor<br><br>20 Guarantor address;    City:    State:    Zip Code | 21 Amount Guaranteed (\$)                  |
| 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address: City; State; Zip Code

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

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**

# 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

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name                                       | 8 Amount (\$)  |
|--------|--|--|
|        | 6 Payee address: City, State, Zip Code             |  |
|        | 7 Purpose of expenditure                           | <input type="checkbox"/> Reimbursement from political contributions intended |
|        | Payee name<br>Payee address: City, State, Zip Code | Amount (\$)  |
|        | Purpose of expenditure                             | <input type="checkbox"/> Reimbursement from political contributions intended |
|        | Payee name<br>Payee address: City, State, Zip Code | Amount (\$)  |
|        | Purpose of expenditure                             | <input type="checkbox"/> Reimbursement from political contributions intended |
|        | Payee name<br>Payee address: City, State, Zip Code | Amount (\$)  |
|        | Purpose of expenditure                             | <input type="checkbox"/> Reimbursement from political contributions intended |
|        | Payee name<br>Payee address: City, State, Zip Code | Amount (\$)  |
|        | Purpose of expenditure                             | <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 H

|  |  |   |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form.                              |  | <b>1</b> Total pages Schedule H:              |
| <b>2</b> FILER NAME  |  | <b>3</b> ACCOUNT # (Ethics Commission filers) |
| <b>4</b> Date  | <b>5</b> Business name   | <b>7</b> Amount (\$)                          |
| <b>6</b> Business address: City: State: Zip Code                                       |  |   |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.) | <b>9</b> ** Complete if direct expenditure to benefit C/OH **<br>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.)          | ** Complete if direct expenditure to benefit C/OH **<br>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.)          | ** Complete if direct expenditure to benefit C/OH **<br>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.)          | ** Complete if direct expenditure to benefit C/OH **<br>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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filing)

|         |   |               |
|---------|---|---------------|
| 4. Date | 5 Payee name  | 8 Amount (\$) |
|         | 6 Payee address; City: State: Zip Code  |               |
|         | 7 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.) |             |

|      |   |             |
|------|---|-------------|
| 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 this Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission File#)

|        |  |               |
|--------|--|---------------|
| 4 Date | 5 Payor name                           | 8 Amount (\$) |
|        | 6 Payor address: City: State: Zip Code |               |
|        | 7 Reason for credit                    |               |

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

3 ACCOUNT # (Elects Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address: City: State: Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

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

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

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# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule M:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** Description of Asset

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1: is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Users)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

#### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder