

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6080

FORM JC/OH
COVER SHEET PG 1

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 MI
	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 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Betty	MI MI
	NICKNAME	LAST Torres	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
11142 Pinehurst Austin, TX 78747			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 292-0560			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input 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)		
9 PERIOD COVERED	Month	Day	Year
07/01/2005		THROUGH	12/31/2005
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/04/2004		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 345		12 OFFICE SOUGHT (if known)
13 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		

OFFICE USE ONLY
 Date Received
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission filers)
00054142

16 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. ..

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

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4.	TOTAL POLITICAL EXPENDITURES	\$	842.50
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CONTRIBUTION BALANCE

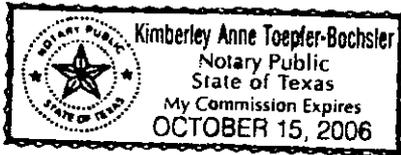
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,017.32
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OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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18 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.



Stephen Yelenosky

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stephen Yelenosky, this the 19th day of January, 2006, to certify which, witness my hand and seal of office.

Kimberley Anne Toepfer-Bochsler Kimberley Anne Toepfer-Bochsler Texas Notary Public
 Signature of officer administering oath Print name of officer administering oath 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 08/01/2005	5 Payee name AFL-CIO 6 Payee address; City; State; Zip Code 1106 Lavaca St Austin, TX 78701	7 Amount (\$) \$115.00
8 Purpose of payment (See instructions regarding type of information required.) ad		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/01/2005	Payee name Austin Bar Association Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701	Amount (\$) \$37.50
Purpose of payment (See instructions regarding type of information required.) ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/28/2005	Payee name Austin Bar Association Foundation Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Founding Fellow annual contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/26/2005	Payee name Capital Area Democratic Women Payee address; City; State; Zip Code c/o Travis Cty Democratic Party 1311-B East 6th Street Austin, TX 78702	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) contribution to party		** 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 Hispanic Bar Assn of Austin	7 Amount (\$)
09/26/2005	6 Payee address: City; State; Zip Code 816 Congress Ave., Ste. 700 Austin Austin, TX 78701	\$100.00

8 Purpose of payment (See instructions regarding type of information required.) ad	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Hispanic Bar Assn of Austin	Amount (\$)
10/16/2005	Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin Austin, TX 78701	\$65.00

Purpose of payment (See instructions regarding type of information required.) legal organization membership	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name South Austin Democrats	Amount (\$)
10/03/2005	Payee address; City; State; Zip Code c/o Travis Cty Democratic Party 1311-B East 6th Street Austin, TX 78702	\$125.00

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