

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6329

FORM JC/OH  
COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission file #)

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  
Ms  
NICKNAME

FIRST  
ELISABETH  
LAST  
EARLE

MI  
A  
SUFFIX

OFFICE USE ONLY

Date Received: 2006 JUL 17 PM 1:04  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE # CITY, STATE, ZIP CODE  
7211 MESA DR. AUSTIN, TX. 78731

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 854-3794

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  
MR.  
NICKNAME

FIRST  
MACK  
LAST  
MARTINEZ

MI  
R  
SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
700 N LAMAR AUSTIN TX 78703

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 477-9433

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
01/01/06 THROUGH 06/30/06

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
11/07/06  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 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

ELEZABETH A. EARLE

16 ACCOUNT # (Ethics Commission Users)

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

\$ 625.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 625.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 240.95

4. TOTAL POLITICAL EXPENDITURES

\$ 1,731.37

CONTRIBUTION BALANCE

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

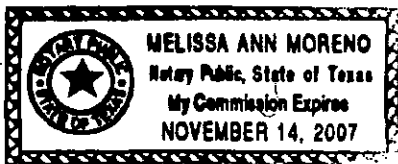
\$ 31,522.60

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 15, 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 14th day of July, 2006, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Melissa Ann Moreno Judicial Aide  
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 Total pages Schedule F: 3

2 FILER NAME

ELIZABETH A. EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/2/06

5 Payee name

CHRIS BLAYNA

7 Amount (\$)

62<sup>50</sup>

6 Payee address: City: State: Zip Code

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

PRINTING

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

Candidate / Officeholder name Office sought Office held

Date

1/31/06

Payee name

AWPC

Amount (\$)

65<sup>00</sup>

Payee address: City: State: Zip Code

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

3/2/06

Payee name

LEADERSHIP AUSTON

Amount (\$)

100<sup>00</sup>

Payee address: City: State: Zip Code

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

3/20/06

Payee name

SAM'S CLUB

Amount (\$)

73<sup>80</sup>

Payee address: City: State: Zip Code

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

OFFICE SUPPLIES

\*\* 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:

3

2 FILER NAME

ELIZABETH A. EARLE

3 ACCOUNT # (Ethics Commission filer)

4 Date

5 Payee name

7 Amount (\$)

3/23/06

CINGULAR

100<sup>00</sup>

6 Payee address: City, State, Zip Code

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

TELEPHONE

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/31/06

UT CLUB

85<sup>94</sup>

Payee address: City, State, Zip Code

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

LUNCHEON

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/11/06

CARLOS BERNARDO

300<sup>00</sup>

Payee address: City, State, Zip Code

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

PHOTOGRAPHY

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/27/06

CINGULAR

100<sup>00</sup>

Payee address: City, State, Zip Code

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

TELEPHONE

\*\* 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: <b>3</b>
2 FILER NAME <b>ELIZABETH A. EARLE</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/31/06</b>	5 Payee name <b>CINGULAR</b> 6 Payee address, City, State, Zip Code	7 Amount (\$) <b>100<sup>00</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>TELEPHONE</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>6/30/06</b>	Payee name <b>BETH LEISSNER</b> Payee address: City, State, Zip Code	Amount (\$) <b>75<sup>90</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>PROFESSOR'S POSTAGE REIMBURSEMENT</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>6/30/06</b>	Payee name <b>RESENDER GROUP</b> Payee address: City, State, Zip Code	Amount (\$) <b>427<sup>28</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>COMPUTER SERVICES</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
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



### AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

#### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Date Processed

Date Imaged

Filer name <b>ELIZABETH A. EARLE</b>	Account #
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- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



*[Handwritten Signature]*  
 Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elisabeth Earle this the 14th day of July, 2006, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Melissa Ann Moreno Melissa Ann Moreno Judicial Aide  
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.**