



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Dietz, John K. (Hon.)

15 ACCOUNT # (Ethics Commission filers)  
00019973

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

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 \$ 200.00

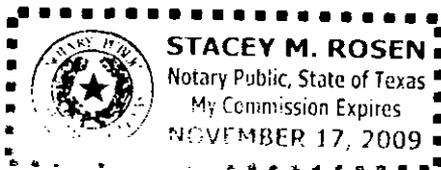
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 71,878.17

OUTSTANDING LOAN TOTALS

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

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.

*John K. Dietz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John K. Dietz, this the 17<sup>th</sup> day of July, 2006, to certify which, witness my hand and seal of office.

*Stacey M. Rosen*  
Signature of officer administering oath

Stacey M. ROSEN  
Print name of officer administering oath

Texas 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: 3/5**2** FILER NAME Dietz, John K. (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00019973

<b>4</b> Date  02/10/2006	<b>5</b> Payee name Howard, Donna (Ms.)  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 2124 Austin, TX 78768	<b>7</b> Amount (S)  \$100.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Campaign Contribution Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
Howard, Donna (Ms.)

Office sought: State Representative District 48

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date	<b>5</b> Payee name (see previous)  ..... <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (S)
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**8** Purpose of payment  
(See instructions regarding type of information required.) Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
sonleitner, Karen (Ms.)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 2/2 Report: 4/5

2 FILER NAME Dietz, John K. (Hon.)

3 ACCOUNT # (Ethics Commission filers)  
00019973

4 Date  
  
02/27/2006

5 Payee name  
Sonleitner, Karen (Ms.)  
  
6 Payee address; City; State; Zip Code  
P.O.Box 26524  
Austin, TX 78755

7 Amount  
( $\$$ )  
  
\$100.00

8 Purpose of payment  
(See instructions regarding type of information required.)  
Campaign Contribution  
  
 Payment for travel outside Texas (complete boxes 10-16)

9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:  
Sonleitner, Karen  
  
Office sought: County Commissioner  
Office held: County Commissioner

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/1 Report: 5/5

2 FILER NAME Dietz, John K. (Hon.)

3 ACCOUNT # (Ethics Commission filers)  
00019973

4 Date  
  
04/24/2006

5 Payee name  
Bay Bronze Inc.

6 Payee address; City; State; Zip Code  
5199 Fulton Rd.  
Suite D  
Fairfield, CA 94534

7 Purpose of expenditure (See instructions regarding type of information required.)  
Bronze to commemorate long time baliff who died 12-23-2005.

8 Amount (\$)  
  
\$2,756.00