

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6400

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

The **JC/OH INSTRUCTION GUIDE** explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 PAGE #**
00057729 1 of 9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Madeleine	MI MI	OFFICE USE ONLY
	NICKNAME	LAST Connor	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; PO BOX 161962 Austin, TX 78716-1962	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Date Received Date Hand delivered or Date Postmarked				

5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jonathan	MI MI	Receipt #	Amount
	NICKNAME Jon	LAST Lee	SUFFIX	Date Processed	Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); PO BOX 161962 Austin, TX 78716-1962	APT / SUITE #;	CITY;	STATE;	ZIP CODE
--	--	----------------	-------	--------	----------

7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 436-0991	EXTENSION
-----------------------------------	--------------------	--------------------------	-----------

8 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 (officeholder only)
	<input type="checkbox"/> July 15	<input checked="" 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 09/29/2006	THROUGH	Month Day Year 10/28/2006
-------------------------	------------------------------	---------	------------------------------

10 ELECTION	ELECTION DATE Month Day Year 11/07/2006	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
--------------------	---	--

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) District Judge District 299
------------------	----------------------	---

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	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Connor, Madeleine (Mrs.)

15 ACCOUNT # (Ethics Commission filers)
00057729

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 \$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 600.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 50.00

4. TOTAL POLITICAL EXPENDITURES \$ 325.00

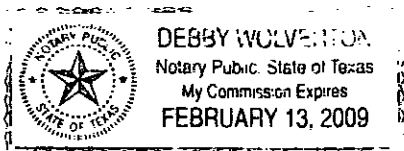
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,678.31

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Madeleine Connor this the 30th day of October, 2006, to certify which, witness my hand and seal of office.

[Handwritten Signature] Debby Wolverson Notary Public
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 PAGE # Schedule: 1/6 Report: 3/9		
2 FILER NAME Connor, Madeleine (Mrs.)			3 ACCOUNT # (Ethics Commission filers) 00057729		
4 Date 09/30/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ACT Pac		7 Amount of contribution (\$) \$100.00		
		6 Contributor address; City; State; Zip Code 8911 N. Capital of Texas Hwy Ste. 2110 Austin, TX 78759			
8 Contributor's principal occupation PAC			9 Contributor's job title PAC		
10 Contributor's employer/law firm PAC			11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)					
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description (if applicable)		
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
16 Departure city / location		17 Departure date	18 Destination city / location		19 Arrival date
20 Means of transportation			21 Purpose of travel		
4 Date 10/27/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Austin Republican Women PAC		7 Amount of contribution (\$) \$250.00		
		6 Contributor address; City; State; Zip Code 10720 Bay Laurel Trail Austin, TX 78750			
8 Contributor's principal occupation PAC			9 Contributor's job title PAC		
10 Contributor's employer/law firm PAC			11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)					
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description (if applicable)		
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
16 Departure city / location		17 Departure date	18 Destination city / location		19 Arrival date
20 Means of transportation			21 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/6 Report: 4/9

2 FILER NAME Connor, Madeleine (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00057729

4 Date 09/30/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reinarz, Roy & Susan Jr. (Mr.)	7 Amount of contribution (\$) \$13.00
6 Contributor address; City; State; Zip Code 21421 A Patton Ave Lago Vista, TX 78645		

8 Contributor's principal occupation retired	9 Contributor's job title retired
---	--------------------------------------

10 Contributor's employer/law firm retired	11 Law firm of contributor's spouse (if any)
---	--

12 If contributor is a child, law firm of parent(s) (if any)
.

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
--	--

15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

20 Means of transportation	21 Purpose of travel
----------------------------	----------------------

4 Date 10/02/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reinarz, Roy & Susan Jr. (Mr.)	7 Amount of contribution (\$) \$26.00
6 Contributor address; City; State; Zip Code 21421 A Patton Ave Lago Vista, TX 78645		

8 Contributor's principal occupation retired	9 Contributor's job title retired
---	--------------------------------------

10 Contributor's employer/law firm retired	11 Law firm of contributor's spouse (if any)
---	--

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
--	--

15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

20 Means of transportation	21 Purpose of travel
----------------------------	----------------------

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/6 Report: 5/9

2 FILER NAME Connor, Madeleine (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00057729

4 Date 10/13/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reinarz, Roy & Susan Jr. (Mr.)	7 Amount of contribution (\$) \$47.00
6 Contributor address; City; State; Zip Code 21421 A Patton Ave Lago Vista, TX 78645		

8 Contributor's principal occupation retired	9 Contributor's job title retired
---	--------------------------------------

10 Contributor's employer/law firm retired	11 Law firm of contributor's spouse (if any)
---	--

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
--	--

15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

20 Means of transportation	21 Purpose of travel
----------------------------	----------------------

4 Date 10/17/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reinarz, Roy & Susan Jr. (Mr.)	7 Amount of contribution (\$) \$14.00
6 Contributor address; City; State; Zip Code 21421 A Patton Ave Lago Vista, TX 78645		

8 Contributor's principal occupation retired	9 Contributor's job title retired
---	--------------------------------------

10 Contributor's employer/law firm retired	11 Law firm of contributor's spouse (if any)
---	--

12 If contributor is a child, law firm of parent(s) (if any)

13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.	14 In-kind description (if applicable)
--	--

15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

16 Departure city / location	17 Departure date	18 Destination city / location	19 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

20 Means of transportation	21 Purpose of travel
----------------------------	----------------------

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 6/9

2 FILER NAME Connor, Madeleine (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00057729

4 Date

10/23/2006

5 Payee name
Lost Creek Neighborhood Association

7 Amount (\$)

\$75.00

6 Payee address: City; State; Zip Code
5802 Sedgefield Dr.
Austin, TX 78746

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

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

4 Date

10/23/2006

5 Payee name
The Fugitive Post

7 Amount (\$)

\$200.00

6 Payee address: City; State; Zip Code
P.O. Box 140393
Austin, TX 78714

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

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

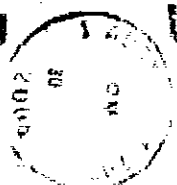
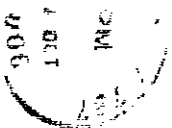
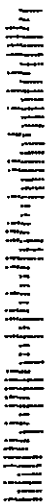
13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

Madelein
P.O. Box
Austin, T



Dana DeBeauvoir, County Clerk
Elections Division
PO Box 149325
Austin TX 78714-9325

SYXSL 2 4 10 1 1 7 9 1

12:55 PM 4-10-2008

QJDD