

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 6446
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Ms</u> FIRST: <u>ELIZABETH</u> MI: <u>A</u> NICKNAME: _____ LAST: <u>EARLE</u> SUFFIX: _____	OFFICE USE ONLY Date Received: <u>6/16/06</u> Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>7211 MESA DR. AUSTEN, TX. 78731</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(512)</u> PHONE NUMBER: <u>854-3794</u> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>MACK</u> MI: <u>R</u> NICKNAME: _____ LAST: <u>MARTENEZ</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>700 N LAMAR</u> <u>AUSTEN TX. 78703</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(512)</u> PHONE NUMBER: <u>477-9433</u> EXTENSION: _____		
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>7 / 1 / 06</u> <u>12 / 31 / 06</u>		
11 ELECTION	ELECTION DATE: ELECTION TYPE: Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <u>11 / 7 / 06</u>		
12 OFFICE	OFFICE HELD (if any) <u>TRAVIS COUNTY COURT AT LAW #7</u>	13 OFFICE SOUGHT (if known)	
14 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**

15 C/OH NAME ELIZABETH EARLE 16 ACCOUNT # (Ethics Commission Filers)

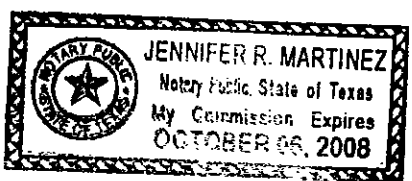
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. **

<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

18 CONTRIBUTION 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>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>20.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1785</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>30,169.97</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>_____</u>

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 Earle, this the 18th day of January, 20 07, to certify which, witness my hand and seal of office.

Jennifer R. Martinez Jennifer R. Martinez Office Specialist
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:

2 FILER NAME

ELIZABETH EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/5/06

5 Payee name

JEFFREY CLARK

7 Amount (\$)

427²⁸

6 Payee address: City: State: Zip Code

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

WEBSITE MAINTENANCE

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

7/12/06

Payee name

CINGULAR

Amount (\$)

100⁰⁰

Payee address: City: State: Zip Code

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

TELEPHONE

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

7/25/06

Payee name

ELIZABETH EARLE

Amount (\$)

119³⁰

Payee address: City: State: Zip Code

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

FLIGHT REIMBURSEMENT

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

8/31

Payee name

CINGULAR

Amount (\$)

100⁰⁰

Payee address: City: State: Zip Code

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

TELEPHONE

(If travel outside of Texas, complete Schedule T)

-- 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:

2 FILER NAME

ESABETH EARE

3 ACCOUNT # (Ethics Commission Users)

4 Date

9/2/06

5 Payee name

[Handwritten signature]

7 Amount (\$)

100⁰⁰

6 Payee address: City: State: Zip Code

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

TELEPHONE

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

9/2/06

Payee name

AFL CEO

Amount (\$)

65⁰⁰

Payee address: City: State: Zip Code

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

DUES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

9/7/06

Payee name

AYLA FOUNDATION

Amount (\$)

56²⁵

Payee address: City: State: Zip Code

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

[Handwritten signature]

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

9/7/06

Payee name

CARD

Amount (\$)

100⁰⁰

Payee address: City: State: Zip Code

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

[Handwritten signature]

(If travel outside of Texas, complete Schedule T)

** 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:

2 FILER NAME *ELIZABETH EARLE*

3 ACCOUNT # (Ethics Commission file #)

4 Date
9/11/06

5 Payee name
CINGULAR
6 Payee address: City: State: Zip Code

7 Amount (\$)
100⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)
TELEPHONE
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
10/11/06

Payee name
CINGULAR
Payee address: City: State: Zip Code

Amount (\$)
70⁰⁰

Purpose of payment (See instructions regarding type of information required.)
TELEPHONE
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
10/19/06

Payee name
Austin Smiles
Payee address: City: State: Zip Code

Amount (\$)
85⁰⁰

Purpose of payment (See instructions regarding type of information required.)
donation
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
11/1/06

Payee name
INNS OF COURT
Payee address: City: State: Zip Code

Amount (\$)
292⁵⁰

Purpose of payment (See instructions regarding type of information required.)
Don
(If travel outside of Texas, complete Schedule T)

-- 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:

2 FILER NAME

ELIZABETH EARLE

3 ACCOUNT # (If Texas Commission form)

4 Date

5 Payee name

7 Amount (\$)

11/16/06

LEADERSHIP AUSTON

100⁰⁰

6 Payee address, City, State, Zip Code

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

DUES

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

11/3/06

CONGULAR

70⁰⁰

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED