

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6452

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	TRAVIS COUNTY CLERK COUNTY CLERK TRAVIS COUNTY TEXAS JAN 11 11 45 AM '06 PROCEED	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: 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"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Alltech C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 7 / 1 / 06          12 / 31 / 06		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	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: <input type="checkbox"/> additional pages		

GO TO PAGE 2

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

*Paula Jan Breland*

16 ACCOUNT # (Ethics Commission Files)

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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1500

CONTRIBUTION BALANCE

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

\$ 3718.22

OUTSTANDING LOAN TOTALS

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

\$ 42,000.00

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 16, Election Code.



*Paula Jan Breland*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paula Jan Breland this the 18 day of January 2007, to certify which, witness my hand and seal of office.

D'Ann Underwood D'Ann Underwood Notary  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

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PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

N/A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B(J):

2 FILER NAME Paula Jan Ireland 3 ACCOUNT # (Ethics Commission file #)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 6 Full name of pledgor 7 Pledgor address; City; State; Zip Code 8 Amount of pledge (\$) 9 In-kind description (if applicable) (If travel outside of Texas, complete Schedule T)

10 Pledgor's principal occupation 11 Pledgor's job title

12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date Full name of pledgor out-of-state PAC (ID#) Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

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

Date Full name of pledgor out-of-state PAC (ID#) Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: <u>1</u>
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2 FILER NAME <i>Paula Jan Breland</i>	3 ACCOUNT # (Ethics Commission files)
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4 Date <i>10/19/06</i>	5 Payee name <i>Travis County Democratic Party Cook Camp</i>	7 Amount (\$) <i>\$1,500</i>
6 Payee address: City, State, Zip Code <i>Austin Tx</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Continental Campaign</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	--

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

N/A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule H:
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2 FILER NAME <i>Paula Jan Ireland</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Business name	7 Amount (\$)
6 Business address: City, State, Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	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	Business name	Amount (\$)
Business 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	Business name	Amount (\$)
Business 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	Business name	Amount (\$)
Business 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)	

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<b>CREDITS (optional)</b>		<b>SCHEDULE K</b>
<i>N/A</i>		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <i>Paula Jan Ireland</i>		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date *	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
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**ASSETS VALUED AT \$500 OR MORE**

**SCHEDULE M**

*N/A*

The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME <i>Paula Jan Breland</i>	3 ACCOUNT # (Ethics Commission form)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>	

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**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME	2 ACCOUNT # (Ethics Commission file)
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**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**  
\*\* Complete A & B below only if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**  
\*\* Complete this section only if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder