

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6464

## FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00057729	2 PAGE # 1 of 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Madeleine	MI
	NICKNAME	LAST Connor	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	PO BOX 161962 Austin, TX 78716-1962		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jonathan	MI
	NICKNAME Jon	LAST Lee	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	PO BOX 161962 Austin, TX 78716-1962		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(281) 436-0991			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
<input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month	Day	Year
	10/29/2006		
Month			
Day			
Year			
12/31/2006			
10 ELECTION	Month	ELECTION DATE 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. ...

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**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) **\$ 250.00**

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 49.80**

4. TOTAL POLITICAL EXPENDITURES **\$ 2,220.72**

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

**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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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 <b>I</b> NSTRUCTION <b>G</b> UIDE explains how to complete this form.				1 PAGE # Schedule: 1/2 Report: 3/6	
2 FILER NAME Connor, Madeleine (Mrs.)			3 ACCOUNT # (Ethics Commission filers) 00057729		
4 Date  11/01/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cox, Don (Mr.)		7 Amount of contribution (\$)  \$150.00		
6 Contributor address; City; State; Zip Code 6506 Huckleberry Cove Austin, TX 78746					
8 Contributor's principal occupation Real Estate			9 Contributor's job title Real Estate		
10 Contributor's employer/law firm Real Estate			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  11/03/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hensley, Donna (Ms.)		7 Amount of contribution (\$)  \$100.00		
6 Contributor address; City; State; Zip Code 8110 FM 620 N Austin, TX 78726					
8 Contributor's principal occupation Bank Employee			9 Contributor's job title Bank Employee		
10 Contributor's employer/law firm Bank Employee			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: 1/2 Report: 4/6

**2 FILER NAME** Connor, Madeleine (Mrs.)

**3 ACCOUNT #** (Ethics Commission filers)  
00057729

<b>4</b> Date	<b>5</b> Payee name Bullard, Chace (Mr.)	<b>7</b> Amount (\$)
12/31/2006	<b>6</b> Payee address; City; State; Zip Code 2107 Bellmeade Houston, TX 77019	\$678.68

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Web services, email blasts, etc  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
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<b>15</b> Means of transportation	<b>16</b> Purpose of travel
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<b>4</b> Date	<b>5</b> Payee name Bullard, Sara (Mrs.)	<b>7</b> Amount (\$)
12/18/2006	<b>6</b> Payee address; City; State; Zip Code 2107 Bellmeade Houston, TX 77019	\$869.15

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for copying fees, and payment for secretarial services (mailing lists, design, etc)  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
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<b>15</b> Means of transportation	<b>16</b> Purpose of travel
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# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.				<b>1 PAGE #</b> Schedule: 2/2 Report: 5/6	
<b>2 FILER NAME</b> Connor, Madeleine (Mrs.)			<b>3 ACCOUNT #</b> (Ethics Commission filers) 00057729		
<b>4 Date</b>	<b>5 Payee name</b> RedBud Bar & Grill			<b>7 Amount</b> (\$)	
11/07/2006	<b>6 Payee address;                      City;   State;   Zip Code</b> 3267 Bee Cave Rd #145 Austin, TX 78746			\$473.09	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Election Night Volunteer Reception  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:		
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>					
<b>11 Departure city / location</b>		<b>12 Departure date</b>	<b>13 Destination city / location</b>		<b>14 Arrival date</b>
<b>15 Means of transportation</b>			<b>16 Purpose of travel</b>		
<b>4 Date</b>	<b>5 Payee name</b> Women's Advocacy Project Gala			<b>7 Amount</b> (\$)	
12/31/2006	<b>6 Payee address;                      City;   State;   Zip Code</b> PO Box 833 Austin, TX 78767-0833			\$150.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Volunteer Appreciation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:		
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>					
<b>11 Departure city / location</b>		<b>12 Departure date</b>	<b>13 Destination city / location</b>		<b>14 Arrival date</b>
<b>15 Means of transportation</b>			<b>16 Purpose of travel</b>		

# MADELEINE CONNOR

ATTORNEY AT LAW

P. O. Box 161962 Austin, Texas 78716-1962  
512-289-2424 mgbconnor@yahoo.com 512-329-5229 (fax)

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January 16, 2007

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

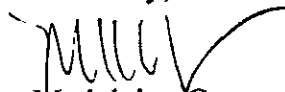
Re: January 16, 2007 Campaign Finance Filing

To Whom It May Concern:

Please find enclosed an un-notarized copy of my filing due today. I filed electronically with the Ethics Commission last night, but I am unable to get the document notarized because I cannot get out of my home due to the ice. I assume that the mail will run today, despite the ice, so I'm sending this today to comply with the law as best as I can under the circumstances. I will send a notarized copy as soon as the ice recedes.

Your kind attention to this matter is greatly appreciated.

Sincerely,

  
Madeleine Connor

CLERK  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

2007 JAN 22 PM 2:05

RECORDED