

**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.**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: **Ms** FIRST: **ELIZABETH** MI: **A**
 NICKNAME: LAST: **EARLE** SUFFIX:

OFFICE USE ONLY
 Date Received: **2007 JUL 16 PM 4:56**
 Date Handled or Date Postmarked: **2007 JUL 16 PM 4:56**
 Receipt #:
 Date Processed:
 Date Imaged:
 TRAVIS COUNTY CLERK
 TRAVIS COUNTY TEXAS
 CLERK OF COURTS
 TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
7211 MESA DR. AUSTON, TX. 78731
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(512) 854-3794

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: **MR.** FIRST: **MACK** MI: **R**
 NICKNAME: LAST: **MARTENEZ** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
700 N LAMAR AUSTON, TX. 78703

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(512) 477-9433

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year Month Day Year
1 / 1 / 07 THROUGH 6 / 30 / 07

11 ELECTION
 ELECTION DATE: Month Day Year **11 7 06**
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **TRAVIS COUNTY COURT AT LAW #7** **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
 additional pages

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 **

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

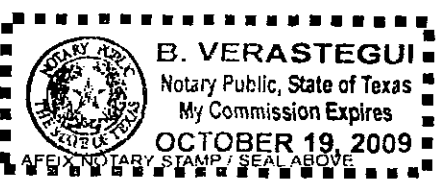
additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <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>36⁰⁰</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>864⁰⁴</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>29,623⁴¹</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.

[Signature]
Signature of Candidate or Officeholder



B. VERASTEGUI
Notary Public, State of Texas
My Commission Expires
OCTOBER 19, 2009
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 16 day of July, 20 07, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath B. Verastegui Print name of officer administering oath Notary Public 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
1/3/07

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

7 Amount (\$)
80⁰⁰

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
3/19/07

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

Amount (\$)
60⁰⁰

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
4/5/07

Payee name
TEXAS BAR FOUNDATION
Payee address: City, State, Zip Code

Amount (\$)
200⁰⁰

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
4/6/07

Payee name
TCWL FOUNDATION
Payee address: City, State, Zip Code

Amount (\$)
250⁰⁰

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

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 files):

4 Date

4/23/07

5 Payee name

COMGULAR

7 Amount (\$)

124⁰⁴

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

5/1/07

Payee name

ANNIE'S LIST

Amount (\$)

100⁰⁰

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

6/7/07

Payee name

AUSTIN BAR ASSOCIATION

Amount (\$)

50⁰⁰

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

Payee name

Payee address, City, State, Zip Code

Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED