

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME Yelenosky, Stephen (Hon.)

15 ACCOUNT # (Ethics Commission files)
00054142

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 <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 CONTRIBUTION TOTALS

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|----|--|----|------|
| 1. | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00 |
|----|--|----|------|

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| 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
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EXPENDITURE TOTALS

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| 3. | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ | 0.00 |
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| 4. | TOTAL POLITICAL EXPENDITURES | \$ | 2,955.00 |
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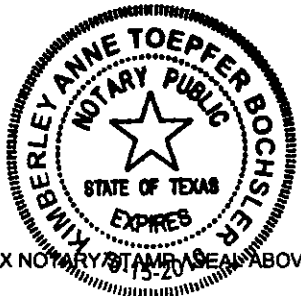
CONTRIBUTION BALANCE

| | | | |
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| 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 2,769.82 |
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OUTSTANDING LOAN TOTALS

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|----|--|----|------|
| 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |
|----|--|----|------|

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

Stephen Yelenosky

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Stephen Yelenosky, this the 7th day of January, 2008, to certify which, witness my hand and seal of office.

Kimberley Anne Toepfer Bochsler Kimberley Anne Toepfer Bochsler Texas Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/4 Report: 3/6 |
| 2 FILER NAME Yelenosky, Stephen (Hon.) | | 3 ACCOUNT # (Ethics Commission filers) 00054142 |
| 4 Date 08/01/2007 | 5 Payee name AFL-CIO 6 Payee address; City; State; Zip Code 1106 Lavaca St Austin, TX 78701 | 7 Amount (\$) \$215.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) ad (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 08/16/2007 | Payee name Austin Bar Association Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701 | Amount (\$) \$100.00 |
| Purpose of payment (See instructions regarding type of information required.) ad (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 07/13/2007 | Payee name Austin Bar Association Foundation Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701 | Amount (\$) \$150.00 |
| Purpose of payment (See instructions regarding type of information required.) annual contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 08/11/2007 | Payee name Capital Area Democratic Women Payee address; City; State; Zip Code c/o Travis Cty Democratic Party 1311-B East 6th Street Austin, TX 78702 | Amount (\$) \$100.00 |
| Purpose of payment (See instructions regarding type of information required.) contribution to Dem Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES

SCHEDULE F

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|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/4 Report: 4/6 |
| 2 FILER NAME Yelenosky, Stephen (Hon.) | | 3 ACCOUNT # (Ethics Commission filers) 00054142 |
| 4 Date 09/01/2007 | 5 Payee name Capital Area Progressive Democrats 6 Payee address; City; State; Zip Code P.O. Box 801 Austin, TX 78767 | 7 Amount (\$) \$50.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) contribution to Dem Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 09/11/2007 | Payee name Dia de la Raza Payee address; City; State; Zip Code 600 River Street Austin, TX 78701 | Amount (\$) \$50.00 |
| Purpose of payment (See instructions regarding type of information required.) contribution/program listing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 09/11/2007 | Payee name Glen Maxey Campaign Payee address; City; State; Zip Code PO Box 2505 Austin, TX 78768 | Amount (\$) \$100.00 |
| Purpose of payment (See instructions regarding type of information required.) political contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 09/12/2007 | Payee name Hispanic Bar Assn Foundation Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin Austin, TX 78701 | Amount (\$) \$40.00 |
| Purpose of payment (See instructions regarding type of information required.) luncheon (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 3/4 Report: 5/6

2 FILER NAME Yelenosky, Stephen (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00054142

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| 4 Date 07/14/2007 | 5 Payee name Hispanic Bar Assn of Austin 6 Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin Austin, TX 78701 | 7 Amount (\$) \$50.00 |
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| 8 Purpose of payment (See instructions regarding type of information required.) membership fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
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| Date 09/11/2007 | Payee name South Austin Democrats Payee address; City; State; Zip Code c/o Travis Cty Democratic Party 1311-B East 6th Street Austin, TX 78702 | Amount (\$) \$125.00 |
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| Purpose of payment (See instructions regarding type of information required.) contribution to Dem Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
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| Date 12/07/2007 | Payee name State Bar of Texas Foundation Payee address; City; State; Zip Code 1414 Colorado Street Austin, TX 78701 | Amount (\$) \$250.00 |
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| Purpose of payment (See instructions regarding type of information required.) annual contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
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| Date 12/14/2007 | Payee name Tejano Democrats Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 | Amount (\$) \$125.00 |
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| Purpose of payment (See instructions regarding type of information required.) contribution to Dem Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
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POLITICAL EXPENDITURES

SCHEDULE F

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|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/4 Report: 6/6 |
| 2 FILER NAME Yelenosky, Stephen (Hon.) | | 3 ACCOUNT # (Ethics Commission filers) 00054142 |
| 4 Date 12/05/2007 | 5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 | 7 Amount (\$) \$1,500.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) filing fee for 2008 election (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
| Date 10/07/2007 | Payee name University Democrats Payee address; City; State; Zip Code 100C West Dean Keeton SOC #145 Austin, TX 78712 | Amount (\$) \$100.00 |
| Purpose of payment (See instructions regarding type of information required.) contribution to Dem Party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: |
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