

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) 00020526	2 PAGE # 1 of 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Hon. W. Jeanne		<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <p>Date Received 2008 JAN 10 AM 10:39 FILED FOR RECORD</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p>
NICKNAME LAST SUFFIX Meurer		4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4502 Spanish Oak Trail Austin, TX 78731		<input type="checkbox"/> Change of Address	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Hon. W. Jeanne	
NICKNAME LAST SUFFIX Meurer		6 CAMPAIGN TREASURER ADDRESS (Residence or business)	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4502 Spanish Oak Trail Austin, TX 78731		7 CAMPAIGN TREASURER PHONE	
AREA CODE PHONE NUMBER EXTENSION		8 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)	
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2007 12/31/2007	
10 ELECTION		ELECTION DATE ELECTION TYPE	
Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		12 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) District Judge			
13 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			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME Meurer, W. Jeanne (Hon.)

15 ACCOUNT # (Ethics Commission filers)
00020526

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

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) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 8,626.50

CONTRIBUTION BALANCE

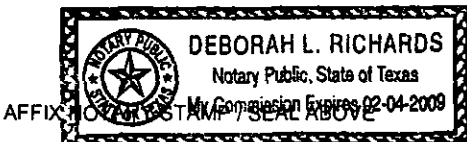
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 27,282.74

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.



W. Jeanne Meurer
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W. JEANNE MEURER, this the 9TH day of JANUARY, 2008, to certify which, witness my hand and seal of office.

Deborah Richards
Signature of officer administering oath

DEBORAH RICHARDS
Print name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6 Report: 3/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 07/16/2007	5 Payee name Animal Trustees of Austin 6 Payee address; City; State; Zip Code 5129 Cameron Austin, TX 78723	7 Amount (\$) \$50.00
8 Purpose of payment (See instructions regarding type of information required.) Donation (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 09/04/2007	Payee name Austin Bar Association Payee address; City; State; Zip Code 816 Congress Austin, TX 78701	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Bar & Grill VLS (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 10/25/2007	Payee name Austin Children's Shelter Payee address; City; State; Zip Code P.O.Box684213 Austin, TX 78768	Amount (\$) \$2,100.00
Purpose of payment (See instructions regarding type of information required.) Donation (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 08/21/2007	Payee name Austin Parks Foundation Payee address; City; State; Zip Code 701 Brazos Suite 170 Austin, TX 78701	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation Jack Jenkins Memorial (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: 2/6 Report: 4/18
2 FILER NAME · Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 12/01/2007	5 Payee name Austin Womens Political Caucus 6 Payee address; City; State; Zip Code 815 Brazos Street Austin, TX 78701	7 Amount (\$) \$65.00
8 Purpose of payment (See instructions regarding type of information required.) Dues (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 07/11/2007	Payee name Center for Child Protection Payee address; City; State; Zip Code 1110 East 32nd Street Austin, TX 78722	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Donation (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 07/11/2007	Payee name Kitchens, Deborah (Ms.) Payee address; City; State; Zip Code 158 FM 86 Red Rock, TX 78662	Amount (\$) \$750.00
Purpose of payment (See instructions regarding type of information required.) Update and prepare campaign reports (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 12/01/2007	Payee name Kitchens, Deborah (Ms.) Payee address; City; State; Zip Code 158 FM 86 Red Rock, TX 78662	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Update and prepare campaign reports (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: 3/6 Report: 5/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 11/15/2007	5 Payee name Liedtke, Peg (Mrs.) 6 Payee address; City; State; Zip Code P. O. Box 1748 Austin, TX 78767	7 Amount (\$) \$35.00
8 Purpose of payment (See instructions regarding type of information required.) Office Holiday Luncheon (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 07/11/2007	Payee name Ozarka Payee address; City; State; Zip Code 2767 Imperial Highway Suite 100 Brea, CA 92821-6713	Amount (\$) \$21.96
Purpose of payment (See instructions regarding type of information required.) Water for Office (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 08/01/2007	Payee name Ozarka Payee address; City; State; Zip Code 2767 Imperial Highway Suite 100 Brea, CA 92821-6713	Amount (\$) \$4.99
Purpose of payment (See instructions regarding type of information required.) Water for Office (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 Ozarka Payee address; City; State; Zip Code 2767 Imperial Highway Suite 100 Brea, CA 92821-6713	Amount (\$) \$24.96
Purpose of payment (See instructions regarding type of information required.) Water for Office (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: 4/6 Report: 6/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 10/04/2007	5 Payee name Ozarka 6 Payee address; City; State; Zip Code 2767 Imperial Highway Suite 100 Brea, CA 92821-6713	7 Amount (\$) \$4.99
8 Purpose of payment (See instructions regarding type of information required.) Water for Office (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 12/06/2007	Payee name Ozarka Payee address; City; State; Zip Code 2767 Imperial Highway Suite 100 Brea, CA 92821-6713	Amount (\$) \$5.96
Purpose of payment (See instructions regarding type of information required.) Water for Office (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 08/21/2007	Payee name Serna, Bert Payee address; City; State; Zip Code 408 Candlelight San Marcos, TX 78666	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Travel -Mileage Expense (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 11/08/2007	Payee name Serna, Bert Payee address; City; State; Zip Code 408 Candlelight San Marcos, TX 78666	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Supplies, water, and overtime (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: 5/6 Report: 7/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 11/01/2007	5 Payee name Sheriff's Memorial and Benevolent Society	7 Amount (\$) \$14.00
6 Payee address; City; State; Zip Code P. O. Box 1748 Austin, TX 78701		
8 Purpose of payment (See instructions regarding type of information required.) Staff gift (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 07/16/2007	Payee name Sprint	Amount (\$) \$196.29
6 Payee address; City; State; Zip Code P. O. Box 219554 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required.) Cell Phone Bill (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 08/01/2007	Payee name Sprint	Amount (\$) \$127.48
6 Payee address; City; State; Zip Code P. O. Box 219554 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required.) Cell Phone Bill (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 09/05/2007	Payee name Sprint	Amount (\$) \$131.65
6 Payee address; City; State; Zip Code P. O. Box 219554 Austin, TX 78767		
Purpose of payment (See instructions regarding type of information required.) Cell Phone Bill (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: 6/6 Report: 8/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 10/04/2007	5 Payee name Sprint 6 Payee address: City; State; Zip Code P. O. Box 219554 Austin, TX 78767	7 Amount (\$) \$146.04
8 Purpose of payment (See instructions regarding type of information required.) Cell Phone Bill (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 11/01/2007	Payee name Sprint Payee address: City; State; Zip Code P. O. Box 219554 Austin, TX 78767	Amount (\$) \$142.31
Purpose of payment (See instructions regarding type of information required.) Cell Phone Bill (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 12/01/2007	Payee name Sprint Payee address: City; State; Zip Code P. O. Box 219554 Austin, TX 78767	Amount (\$) \$135.34
Purpose of payment (See instructions regarding type of information required.) Cell Phone Bill (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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/9 Report: 9/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 07/16/2007	5 Payee name Abe's of Maine 6 Payee address; City; State; Zip Code 5 Fernwood Ave. Edison, NJ 08837	8 Amount (\$) \$399.94
7 Purpose of expenditure (See instructions regarding type of information required.) Computer - Electronic Update (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/24/2007	Payee name Amazon Payee address; City; State; Zip Code 500 W. Cummings Park, Ste 1050 Woburn, MA 01801	Amount (\$) \$47.99
Purpose of expenditure (See instructions regarding type of information required.) Flash Drive (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08/22/2007	Payee name Anderson Coffee Co Payee address; City; State; Zip Code 1601 W. 38th Street Jefferson Square Austin, TX 78758	Amount (\$) \$27.50
Purpose of expenditure (See instructions regarding type of information required.) Coffee for Office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/13/2007	Payee name Anderson Coffee Co Payee address; City; State; Zip Code 1601 W. 38th Street Jefferson Square Austin, TX 78758	Amount (\$) \$13.50
Purpose of expenditure (See instructions regarding type of information required.) Coffee for Office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/10/2007	Payee name Belmont Payee address; City; State; Zip Code 305 West 6th Street Austin, TX 78701	Amount (\$) \$37.00
Purpose of expenditure (See instructions regarding type of information required.) Meeting LBJ Prof. on Certification Issues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/9 Report: 10/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 10/15/2007	5 Payee name Belmont 6 Payee address; City; State; Zip Code 305 West 6th Street Austin, TX 78701 7 Purpose of expenditure (See instructions regarding type of information required.) Meeting Volunteers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$54.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/17/2007	Payee name Belmont Payee address; City; State; Zip Code 305 West 6th Street Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Meeting Juvenile Training (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$41.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/05/2007	Payee name Belmont Payee address; City; State; Zip Code 305 West 6th Street Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$25.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/25/2007	Payee name Best Buy Payee address; City; State; Zip Code 9607 Research Blvd. Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$54.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/30/2007	Payee name Best Buy Payee address; City; State; Zip Code 9607 Research Blvd. Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$15.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/9 Report: 11/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 08/08/2007	5 Payee name Best Buy 6 Payee address; City; State; Zip Code 9607 Research Blvd. Austin, TX 78759 7 Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$40.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08/10/2007	Payee name Best Buy Payee address; City; State; Zip Code 9607 Research Blvd. Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Computer supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$21.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/01/2007	Payee name Best Buy Payee address; City; State; Zip Code 9607 Research Blvd. Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Computer supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$62.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/09/2007	Payee name Best Buy Payee address; City; State; Zip Code 9607 Research Blvd. Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$89.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/01/2007	Payee name Best Buy Payee address; City; State; Zip Code 9607 Research Blvd. Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$43.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 12/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 08/30/2007	5 Payee name Caviness, Bobbi (Ms.) ----- 6 Payee address; City; State; Zip Code Raleigh Street Austin, TX 78703	8 Amount (\$) \$150.00
7 Purpose of expenditure (See instructions regarding type of information required.) Meals and Room for Admin. Retreat (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/16/2007	Payee name County Line on the Lake ----- Payee address; City; State; Zip Code 5204 FM 2222 Austin, TX 78731	Amount (\$) \$45.00
Purpose of expenditure (See instructions regarding type of information required.) Dinner/Meeting Juvenile speakers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/19/2007	Payee name Dona Emilia's ----- Payee address; City; State; Zip Code 101 San Jacinto Blvd. Austin, TX 78701	Amount (\$) \$26.00
Purpose of expenditure (See instructions regarding type of information required.) Meeting with Commissioner (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08/07/2007	Payee name Enoteca Vespaio ----- Payee address; City; State; Zip Code 1610 S. Congress Ave. Austin, TX 78704	Amount (\$) \$49.00
Purpose of expenditure (See instructions regarding type of information required.) Meeting regarding TYC and Juvenile (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08/07/2007	Payee name Fonda San Miguel ----- Payee address; City; State; Zip Code 2330 W. North Blvd. Austin, TX 78756	Amount (\$) \$82.00
Purpose of expenditure (See instructions regarding type of information required.) Meeting with CPS caseworkers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/9 Report: 13/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 10/22/2007	5 Payee name Fonda San Miguel 6 Payee address; City; State; Zip Code 2330 W. North Blvd. Austin, TX 78756 7 Purpose of expenditure (See instructions regarding type of information required.) Dinner Juvenile Speakers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$143.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/08/2007	Payee name Four Seasons Payee address; City; State; Zip Code 1309 E. 7th Street Austin, TX 78702 Purpose of expenditure (See instructions regarding type of information required.) Parking CPC Fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/06/2007	Payee name Four Seasons Payee address; City; State; Zip Code 1309 E. 7th Street Austin, TX 78702 Purpose of expenditure (See instructions regarding type of information required.) Parking - Retirement Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/11/2007	Payee name Four Seasons Payee address; City; State; Zip Code 1309 E. 7th Street Austin, TX 78702 Purpose of expenditure (See instructions regarding type of information required.) Parking Speaker (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/20/2007	Payee name Gueros Taco Bar Payee address; City; State; Zip Code 1412 S. Congress Austin, TX 78704 Purpose of expenditure (See instructions regarding type of information required.) Meeting with Juvenile A.J.s (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9 Report: 14/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 08/10/2007	5 Payee name Gueros Taco Bar 6 Payee address; City; State; Zip Code 1412 S. Congress Austin, TX 78704 7 Purpose of expenditure (See instructions regarding type of information required.) Juv. Staff Budget appreciation Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$40.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08/17/2007	Payee name Gueros Taco Bar Payee address; City; State; Zip Code 1412 S. Congress Austin, TX 78704 Purpose of expenditure (See instructions regarding type of information required.) Juv. Judges Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$13.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/08/2007	Payee name Jaimes Spanish Village Payee address; City; State; Zip Code 802 Red River Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Business Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$14.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/07/2007	Payee name Lamberts Payee address; City; State; Zip Code 401 W. 2nd Street Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Dinner for NCJFJC staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$182.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/07/2007	Payee name Manuel's Payee address; City; State; Zip Code 310 Congress Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Lunch NCJFJC (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$16.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 15/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 09/05/2007	5 Payee name Meurer, W. Jeanne 6 Payee address; City; State; Zip Code 4502 Spanish Oak Trail Austin, TX 78731 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement expenses not covered by agencies for CPS Conference in S.A., Texas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$284.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/14/2007	Payee name Meurer, W. Jeanne Payee address; City; State; Zip Code 4502 Spanish Oak Trail Austin, TX 78731 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement Staff Bonus - Christmas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$710.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/12/2007	Payee name Office Depot Payee address; City; State; Zip Code 8752 Research Blvd. Austin, TX 78758 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$133.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/11/2007	Payee name PF Changs Restraurant Payee address; City; State; Zip Code 10114 Jollyville Rd Austin, TX 78759 Purpose of expenditure (See instructions regarding type of information required.) Dinner for Juvenile Court Visitors (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$68.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/11/2007	Payee name Roaring Fork Payee address; City; State; Zip Code 701 Congress Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Meeting TJPC (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$42.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9 Report: 16/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 09/13/2007	5 Payee name Serna, Bert 6 Payee address; City; State; Zip Code 408 Candlelight San Marcos, TX 78666 7 Purpose of expenditure (See instructions regarding type of information required.) Water for Office at Juvenile (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/18/2007	Payee name Shoal Creek Payee address; City; State; Zip Code 909 N. Lamar Blvd. Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Meeting with Political Advisor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$67.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/24/2007	Payee name Shoal Creek Payee address; City; State; Zip Code 909 N. Lamar Blvd. Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Meeting with Judge (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08/20/2007	Payee name Shoal Creek Payee address; City; State; Zip Code 909 N. Lamar Blvd. Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) CPS Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$19.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/11/2007	Payee name Shoal Creek Payee address; City; State; Zip Code 909 N. Lamar Blvd. Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Meeting Legislator (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$23.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/9 Report: 17/18
2 FILER NAME Meurer, W. Jeanne (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020526
4 Date 10/31/2007	5 Payee name Shoal Creek 6 Payee address; City; State; Zip Code 909 N. Lamar Blvd. Austin, TX 78701	8 Amount (\$) \$10.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Meeting CPS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/07/2007	Payee name Sprint Payee address; City; State; Zip Code P. O. Box 219554 Austin, TX 78767	Amount (\$) \$77.92
	Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Charger (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/19/2007	Payee name Travis County Children's Center Payee address; City; State; Zip Code 804 Rio Grande, Suite C Austin, TX 78701	Amount (\$) \$100.00
	Purpose of expenditure (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 18/18

2 FILER NAME Meurer, W. Jeanne (Hon.)

3 ACCOUNT #

(Ethics Commission filers)

00020526

4 Description of Asset
HP Laptop Computer

Description of Asset
Desktop Computer

Description of Asset
Computer Monitor

Description of Asset
ACI Omega Notebook Computer

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