

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6697

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. Paula Jan Breland	FIRST MI LAST SUFFIX	OFFICE USE ONLY FILED FOR RECORD COUNTY CLERK JAN 15 PM 1:45 DAVIS COUNTY TEXAS Date Received: 1/15/08 Date Hand-delivered or Date Postmarked: 1/15/08 Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Randy T. Leavitt	FIRST MI LAST SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 07 12 / 31 / 07		
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 06	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) Travis County County Court at Law #6	13 OFFICE SOUGHT (if known) Travis County County Court at Law #6	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>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.</p> Name: N/A Address / PO Box: Apt. / Suite #: City: State: Zip Code: <input type="checkbox"/> additional pages		

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8606

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.

Form with fields: COMMITTEE TYPE (GENERAL, SPECIFIC), COMMITTEE NAME, COMMITTEE ADDRESS, COMMITTEE CAMPAIGN TREASURER NAME, COMMITTEE CAMPAIGN TREASURER ADDRESS.

18 CONTRIBUTION TOTALS

Table with 3 columns: Item number, Description, Amount. Rows include: 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS... \$ 0; 2. TOTAL POLITICAL CONTRIBUTIONS... \$ 0; 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS... \$ 0; 4. TOTAL POLITICAL EXPENDITURES \$ 3,000.00; 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 722.72; 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 39,000.00.

19 AFFIDAVIT

Judge Breland is ill. We will send a signed copy as soon as she is back at work.

of perjury, that the accompanying report is information required to be reported by me

AFFIX NOTARY STAMP / SEAL ABC

Sworn to and subscribed before me of _____, 20____, at _____.

Candidate or Officeholder

_____, this the _____ day

Signature of officer administering oath

Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-9506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME Paula Jan Breland		3 ACCOUNT # (Ethics Commission Use):	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor 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.

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):

2 FILER NAME

Paula Jan Breland

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#):

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(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.

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

Paula Jan Breland

3 ACCOUNT # (Ethics Commission file)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#:

8 Loan Amount (\$)

6 Is lender a financial institution?
Y N

6 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

20 Guarantor address; City; State; Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 483-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Paula Jan Breland

3 ACCOUNT # (Ethics Commission file#)

4 Date

5 Payee name

7 Amount (\$)

6 Payee 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

Payee name

Amount (\$)

Payee 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

Payee name

Amount (\$)

Payee 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

Payee name

Amount (\$)

Payee 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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAME <i>Paula Jan Breland</i>	3 ACCOUNT # (Ethics Commission file):

4 Date	5 Payee name 6 Payee address: City: State: Zip Code	8 Amount (\$)
	7 Purpose of expenditure (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The instruction Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <i>Paula Jan Breland</i>		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Business name 6 Business address: City: State: Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.) (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	Business name Business 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
Date	Business name Business 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
Date	Business name Business 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-328-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME Paula Jan Breland		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name Paula Jan Breland 6 Payee address: City: State: Zip Code 6600 Mesa Dr. Austin TX 78731	8 Amount (\$) 3,000.⁰⁰
	7 Purpose of expenditure (See instructions regarding type of information required.) Repayment (partial) of loan	
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <i>Paula Jan Breland</i>		3 ACCOUNT # (Ethics Commission file)
4 Date	5 Payor name 6 Payor address: City: State: Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

OUTSTANDING LOANS	SCHEDULE L
--------------------------	-------------------

The Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
---	---------------------------

2 FILER NAME Paula Jan Breland	3 ACCOUNT # (Ethics Commission files)
--	---------------------------------------

LENDER INFORMATION	4 Name of lender John Howard Lipscombe <hr/> 5 Lender address; City; State; Zip Code 6600 Mesa Drive Austin TX 78731
--------------------	---

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor <hr/> 7 Guarantor address; City; State; Zip Code
--	---

LENDER INFORMATION	Name of lender Paula Jan Breland <hr/> Lender address; City; State; Zip Code 6600 Mesa Drive Austin TX 78731
--------------------	---

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; City; State; Zip Code
--	---

LENDER INFORMATION	Name of lender <hr/> Lender address; City; State; Zip Code
--------------------	---

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; City; State; Zip Code
--	---

LENDER INFORMATION	Name of lender <hr/> Lender address; City; State; Zip Code
--------------------	---

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; City; State; Zip Code
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (612) 463-5800 1-800-325-8506

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

Paula Jan Breland

3 ACCOUNT # (Ethics Commission filers)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME Paula Jan Breland		3 ACCOUNT # (Ethics Commission files)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**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)
-------------	--------------------------------------

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