

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6889

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00041364	2 PAGE # 1 of 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Darlene	MI
	NICKNAME	LAST Byrne	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	98 San Jacinto Blvd. Suite 2000 Austin, TX 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Stephen	MI
	NICKNAME Steve	LAST Adler	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
808 Nueces Street Austin, TX 78701			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 478-4995			
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	01/01/2008		THROUGH
10 ELECTION	Month	Day	Year
	11/04/2008		
11 OFFICE	OFFICE HELD (if any) District Judge District 126		12 OFFICE SOUGHT (if known) District Judge District 126
	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
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 Byrne, Darlene (Mrs.)

15 ACCOUNT # (Ethics Commission files)
00041364

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. ..

COMMITTEE TYPE

COMMITTEE NAME
The Friends of Darlene Byrne 2000

GENERAL

COMMITTEE ADDRESS
98 San Jacinto Blvd.
Suite 2000
Austin, TX 78701

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME
Adler, Stephen (Mr.)

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS
808 Nueces Street
Austin, TX 78701

17 CONTRIBUTION TOTALS

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

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	71.13
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CONTRIBUTION BALANCE

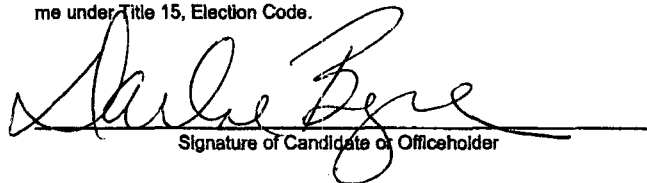
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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 DARLENE BYRNE, this the 11th day of JULY, 2008, to certify which, witness my hand and seal of office.


Signature of officer administering oath

LORI SCHUSTER
Print name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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

1 PAGE #
Schedule: 1/1 Report: 3/3

2 FILER NAME Byrne, Darlene (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00041364

4 Date	5 Payee name	8 Amount (\$)
03/27/2008	Breed & Company 6 Payee address; City; State; Zip Code 3663 Bee Cave Road Austin, TX 78746 7 Purpose of expenditure (See instructions regarding type of information required.) Purchase of staff birthday gift for Court Reporter (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$16.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
01/28/2008	James Avery 6 Payee address; City; State; Zip Code 2901 South Cap. Tx Hwy, #49 Austin, TX 78746 7 Purpose of expenditure (See instructions regarding type of information required.) Purchase of appreciation gift for Drug Court Volunteer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$34.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
03/27/2008	Sweetish Hill 6 Payee address; City; State; Zip Code 1120 West 6th Street Austin, TX 78701 7 Purpose of expenditure (See instructions regarding type of information required.) Purchase of birthday cake for court reporter (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$20.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended