

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

6902

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>												
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <u>Ms</u> FIRST: <u>ELIZABETH</u> MI: <u>A</u> NICKNAME: _____      LAST: _____      SUFFIX: _____ <u>EARLE</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;">                 JUL 15 2008                  11:14 AM                  TRAVIS COUNTY CLERK                  TEXAS             </td> </tr> <tr> <td>Date Hand-delivered or Date Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	JUL 15 2008 11:14 AM TRAVIS COUNTY CLERK TEXAS	Date Hand-delivered or Date Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
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Date Hand-delivered or Date Postmarked															
Receipt #	Amount														
Date Processed															
Date Imaged															
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <u>7211 MESA DR. AUSTEN, TX 78731</u>														
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <u>(512) 854-3794</u>														
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <u>MR</u> FIRST: <u>MACK</u> MI: <u>R</u> NICKNAME: _____      LAST: _____      SUFFIX: _____ <u>HERNANDEZ</u>														
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <u>700 N LAMAR AUSTEN TX 78703</u>														
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <u>(512) 477-9433</u>														
<b>9 REPORT TYPE</b>	<input 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 checked="" 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)														
<b>10 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year <u>1 / 1 / 08</u> <u>6 / 30 / 08</u>														
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special /    /    /														
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>TRAVIS COUNTY COURT AT LAW #7</u>	<b>13 OFFICE SOUGHT (if known)</b>													
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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**

15 C/OH NAME ELISABETH A EARLE 16 ACCOUNT # (Ethics Commission Filers)

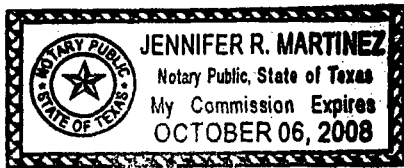
17 NOTICE FROM POLITICAL COMMITTEE(S)   
 \*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 75.19
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,415. <sup>50</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,204. <sup>60</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*[Handwritten Signature]*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 15 day of July, 20 08, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Jennifer R. Martinez  
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F **2**

2 FILER NAME

**ELIZABETH A EARLE**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**1/23/08**

5 Payee name

**AWPC**

6 Payee address; City; State; Zip Code

7 Amount (\$)

**100<sup>00</sup>**

8 Purpose of payment (See instructions regarding type of information required.)

**DUES**

(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

**3/10/08**

Payee name

**TCWLA**

Payee address; City; State; Zip Code

Amount (\$)

**250<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)

**CHARITABLE CONTRIBUTION**

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

**3/20/08**

Payee name

**RESENDER GROUP**

Payee address; City; State; Zip Code

Amount (\$)

**394<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)

**TECHNOLOGY**

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

**4/3/08**

Payee name

**TRAVIS COUNTY Women's FOUNDATION**

Payee address; City; State; Zip Code

Amount (\$)

**125<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)

**CHARITABLE CONTRIBUTION**

(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: <b>2</b>
2 FILER NAME <b>ELISABETH A EARLE</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>6/12/08</b>	5 Payee name <b>YOUTH LAUNCH</b> 6 Payee address; City; State; Zip Code	7 Amount (\$) <b>100<sup>00</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>LUNCHEON</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>6/14/08</b>	Payee name <b>AT&amp;T</b> Payee address; City; State; Zip Code	Amount (\$) <b>125<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>TELEPHONE + email service</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>2/25/08</b>	Payee name <b>AT+T</b> Payee address; City; State; Zip Code	Amount (\$) <b>124<sup>12</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>Telephone service + email</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/28/08</b>	Payee name <b>AT+T</b> Payee address; City; State; Zip Code	Amount (\$) <b>122<sup>25</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>Telephone + email service</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**