

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7028

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: <u>Ms</u> FIRST: <u>ELISABETH</u> MI: <u>A</u> NICKNAME: _____ LAST: <u>EARLE</u> SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>7211 MESA DR. AUSTIN, TX. 78731</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 854-3794</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>MACK</u> MI: <u>R</u> NICKNAME: _____ LAST: <u>HERNANDEZ</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <u>700 N LAMAR AUSTIN, TX. 78703</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 477-9433</u>		
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 <u>7 / 1 / 08</u> <u>12 / 31 / 08</u>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>TRAVIS COUNTY COURT AT LAW #7</u>	13 OFFICE SOUGHT (if known)	
14 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**

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

17 NOTICE FROM POLITICAL COMMITTEE(S)

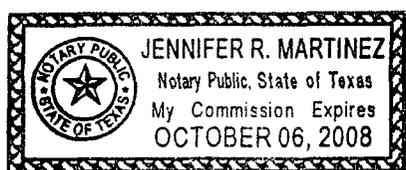
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		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	\$ 40 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,909 ⁸²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 24,254 ⁷⁸
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 15th day of January, 2009, to certify which, witness my hand and seal of office.

Jennifer R. Martinez Jennifer R. Martinez Judicial Aide
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 FILER NAME

ELIZABETH A EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/13/08

5 Payee name

BRETT LEBSYER

7 Amount (\$)

170⁰⁰

6 Payee address; City; State; Zip Code

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

REIMBURSE STAFF LUNCHEON

(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

8/19/08

Payee name

AUSTON FARM

Amount (\$)

60⁰⁰

Payee address; City; State; Zip Code

Dues

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

DUES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

8/20/08

Payee name

INNS OF COURT

Amount (\$)

315⁰⁰

Payee address; City; State; Zip Code

Dues

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

DUES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

9/8/08

Payee name

AT&T

Amount (\$)

124³⁶

Payee address; City; State; Zip Code

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

TELEPHONE

(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:

2 FILER NAME

ELIZABETH A EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29/08

5 Payee name

AT&T

7 Amount (\$)

120⁸⁵

6 Payee address; City; State; Zip Code

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

TELEPHONE

(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

10/30/08

Payee name

TCBA FOUNDATION

Amount (\$)

150⁰⁰

Payee address; City; State; Zip Code

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

DUES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

10/30/08

Payee name

LEADERSHIP AUSTON

Amount (\$)

125⁰⁰

Payee address; City; State; Zip Code

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

DUES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

11/2/08

Payee name

TRAUBS COUNTY DEMOCRATIC PARTY

Amount (\$)

250⁰⁰

Payee address; City; State; Zip Code

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

DUES

(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:

2 FILER NAME

ELIZABETH A EARLE

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/26/08

5 Payee name

AT&T

6 Payee address; City; State; Zip Code

7 Amount (\$)

1196⁶¹

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

TELEPHONE

(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

12/1/08

Payee name

AWPC

Payee address; City; State; Zip Code

Amount (\$)

100⁰⁰

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

DOES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

12/15/08

Payee name

ZACHARY SCOTT THEATRE

Payee address; City; State; Zip Code

Amount (\$)

375⁰⁰

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

STAFF DEVELOPMENT

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee 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