

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-6800 1-800-325-0606

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		7054	FORM JC/OH COVER SHEET PG 1
The JC/OH instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission file)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE # CITY; STATE; ZIP CODE	COUNTY CLERK JANIS COOK TEXAS 2009 JAN 15 PM 5:11 COURT RECORD	
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	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 (treasurer only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeds \$600 limit <input type="checkbox"/> Final report (Alltech COH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 7 / 1 / 08    1 / 1 / 08		
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)	13 OFFICE BOUGHT (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		

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Revised 03/27/2006

faxed 1-15-09

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME Paula Jan Breland 16 ACCOUNT # (Ethics Commission #) (None)

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. ... COMMITTEE TYPE: GENERAL, SPECIFIC. COMMITTEE NAME, ADDRESS, CAMPAIGN TREASURER NAME, ADDRESS.

Table with 6 rows: 18 CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns include description, amount, and dollar value (e.g., \$0, \$724.00, \$39,000).

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 16, Election Code.

Signature of Candidate/Officeholder: Jan Breland

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paula Jan Breland this the 15th day of January 2009, to certify which, witness my hand and seal of office.

Signature of Officer Administering oath: Nancy Hengarten, Judge, CCL 5, Travis County. Print name of officer administering oath: Nancy Hengarten. Title of officer administering oath: Judge, CCL 5, Travis County.

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

*N/A*

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Paula Jan Breland</i>		3 ACCOUNT # (Ethics Commission form)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DR _____)	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 (DR _____)	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 (DR _____)	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 contributions out-of-state PAC, please see instruction guide for additional reporting requirements.

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PLEGGED CONTRIBUTIONS (JUDICIAL) SCHEDULE B (J)

N/A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): 1	
2 FILER NAME <i>Paula Jan Breland</i>		3 ACCOUNT # (Ethics Commission file)	
4 TOTAL OF UNITEMIZED PLEDGES: 0 0 0 0 0 0 \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address: City: State: Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			
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 <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			
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 <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
<small>(If travel outside of Texas, complete Schedule T)</small>			
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)			

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<b>LOANS (JUDICIAL)</b>		<i>N/A</i>		<b>SCHEDULE E (J)</b>	
The instruction Guide explains how to complete this form.				1 Total pages Schedule E(J) 1	
2 FILER NAME <i>Paula Jan Breland</i>			3 ACCOUNT # (Ethics Commission file)		
4 TOTAL OF UNITEMIZED LOANS: 0 0 0 0 0 0 \$					
5 Date of loan		7 Name of lender <input type="checkbox"/> out-of-state PAC (OR _____)		9 Loan Amount (\$)	
6 Is lender financial institution? Y N		8 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 <input type="checkbox"/> none					
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		19 Name of guarantor		21 Amount Guaranteed (\$)	
		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)					
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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<b>POLITICAL EXPENDITURES</b>		<b>N/A</b>		<b>SCHEDULE F</b>	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule F: 1	
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		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	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		
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		
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		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		N/A		SCHEDULE G
The instruction Guide explains how to complete this form.			1 Total pages Schedule G: 1	
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 7 Purpose of expenditure <i>(if travel outside of Texas, complete Schedule T)</i>	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure <i>(if travel outside of Texas, complete Schedule T)</i>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure <i>(if travel outside of Texas, complete Schedule T)</i>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure <i>(if travel outside of Texas, complete Schedule T)</i>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure <i>(if travel outside of Texas, complete Schedule T)</i>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		
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**PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH** **SCHEDULE H**

*N/A*

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H: 1
2 FILER NAME <i>Paula Jan Breland</i>		3 ACCOUNT # (Ethics Commission filer)
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.) <i>(If travel outside of Texas, complete Schedule T)</i>		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.) <i>(If travel outside of Texas, complete Schedule T)</i>		- 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.) <i>(If travel outside of Texas, complete Schedule T)</i>		- 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.) <i>(If travel outside of Texas, complete Schedule T)</i>		- Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name      Office sought      Office held
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NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

N/A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule: 1

2 FILER NAME

Paula Jan Breland

3 ACCOUNT # (Ethics Commission file)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)**

**SCHEDULE K**

The instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILERNAME		3 ACCOUNT # (Ethics Commission file)
4 Date	5 Payorname 6 Payoraddress; City; State; ZipCode 7 Reasonforcredit	8 Amount (\$)
Date	Payorname Payoraddress; City; State; ZipCode Reasonforcredit	Amount (\$)
Date	Payorname Payoraddress; City; State; ZipCode Reasonforcredit	Amount (\$)
Date	Payorname Payoraddress; City; State; ZipCode Reasonforcredit	Amount (\$)
Date	Payorname Payoraddress; City; State; ZipCode Reasonforcredit	Amount (\$)

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OUTSTANDING LOANS		SCHEDULE L	
The instruction Guide explains how to complete this form.		1 Total pages Schedule L: 1	
2 FILER NAME <i>Paula Jan Breland</i>		3 ACCOUNT # (Ethics Commission File)	
LENDER INFORMATION	4 Name of lender <i>John Howard Lipscombe</i>		
	5 Lender address: City: State: Zip Code <i>16600 Mesa Dr. Austin TX 78731</i>		
GUARANTOR INFORMATION	6 Name of guarantor		
	7 Guarantor address: City: State: Zip Code <input type="checkbox"/> not applicable		
LENDER INFORMATION	Name of lender <i>Paula Jan Breland</i>		
	Lender address: City: State: Zip Code <i>16600 Mesa Drive Austin TX 78731</i>		
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address: City: State: Zip Code <input type="checkbox"/> not applicable		
LENDER INFORMATION	Name of lender		
	Lender address: City: State: Zip Code		
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address: City: State: Zip Code <input type="checkbox"/> not applicable		
LENDER INFORMATION	Name of lender		
	Lender address: City: State: Zip Code		
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address: City: State: Zip Code <input type="checkbox"/> not applicable		

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