

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7159

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>	<b>OFFICE USE ONLY</b> Date Received: _____ 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 / 01 / 09</u> <u>6 / 30 / 09</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**

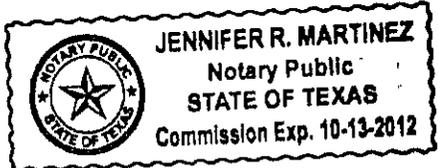
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees 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. **	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

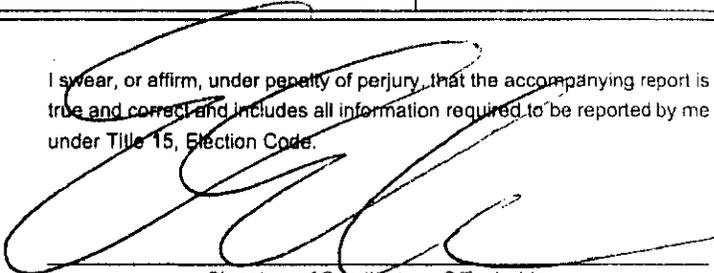
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 86 <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,557 <sup>76</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,611 <sup>02</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.

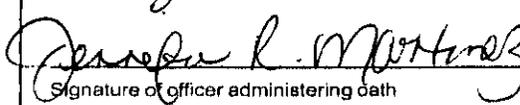


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 15<sup>th</sup> day of July, 2009, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Jennifer R. Martinez

Print name of officer administering oath

Judicial Aide

Title of officer administering oath

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F.
2 FILER NAME <b>ELIZABETH A EARLE</b>		3 ACCOUNT # (Commission files)
4 Date <b>2/18/09</b>	5 Payee name <b>PEOPLE COMMUNITY CLINIC</b> 6 Payee address; City; State; Zip Code <b>2909 NORTH IH-35, AUSTIN, TX 78722</b>	7 Amount (\$) <b>150<sup>00</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>DUES</b> (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 <b>3/4/09</b>	Payee name <b>AUSTIN BAR FOUNDATION</b> Payee address; City; State; Zip Code <b>727 EAST DEAN KEOTON ST. AUSTIN, TX 78705</b>	Amount (\$) <b>330<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>DUES</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>3/5/09</b>	Payee name <b>AMERICAN HEART ASSOC.</b> Payee address; City; State; Zip Code <b>3801 N. LAMAR BLVD. SUIT 300 AUSTIN, TX 78756</b>	Amount (\$) <b>150<sup>00</sup></b>
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 <b>3/23/09</b>	Payee name <b>AT&amp;T</b> Payee address; City; State; Zip Code <b>919 CONGRESS AVE. AUSTIN, TX 78701</b>	Amount (\$) <b>138<sup>96</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>TELEPHONE for Campaign</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**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 # (Commission filers)

4 Date <b>4/28/09</b>	5 Payee name <b>TRAVIS COUNTY DEMOCRATIC PARTY</b>	7 Amount (\$) <b>300<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>1311 E. 6th St., Austin, TX 78701</b>		

8 Purpose of payment (See instructions regarding type of information required.)  (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
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Date <b>5/1/09</b>	Payee name <b>TRAVIS COUNTY WOMEN LAWYERS FOUND.</b>	Amount (\$) <b>100<sup>00</sup></b>
Payee address; City; State; Zip Code <b>900 E. 30th St, Austin, TX 78701</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Dues and 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
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Date <b>6/18/09</b>	Payee name <b>AT&amp;T</b>	Amount (\$) <b>138<sup>00</sup></b>
Payee address; City; State; Zip Code <b>919 Congress Ave, Austin, TX 78701</b>		

Purpose of payment (See instructions regarding type of information required.) <b>TELEPHONE for company</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
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Date <b>1/2/09</b>	Payee name <b>TRAVIS COUNTY WOMEN LAWYERS FOUND</b>	Amount (\$) <b>250<sup>00</sup></b>
Payee address; City; State; Zip Code <b>900 E. 30th St, Austin, TX 78701</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Dues</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
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**