

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7403 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms</b> NICKNAME	FIRST <b>ELIZABETH</b> LAST	MI <b>A</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7211 MESA DR. AUSTIN, TX. 78731</b>		<div style="border: 1px solid black; padding: 2px;"> <b>OFFICE USE ONLY</b>                  Date Received                  Date Handled                  Date Processed                  Date Imaged                  RECORDED FOR RECORD                  JUL 15 PM 12:39                  CLERK                  COUNTY CLERK                  TRAVIS COUNTY TEXAS             </div>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>854-3794</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b> NICKNAME	FIRST <b>MACK</b> LAST	MI <b>R</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>700 N LAMAR AUSTIN, TX. 78703</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>477-9433</b>	EXTENSION
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 01 / 10</b> <b>6 / 30 / 10</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>  /  /  </b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>TRAVIS COUNTY COURT AT LAW #7</b>	13 OFFICE SOUGHT (if known)	
14 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**

**15 C/OH NAME** \_\_\_\_\_ **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"/> <b>GENERAL</b>  <input type="checkbox"/> <b>SPECIFIC</b>	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

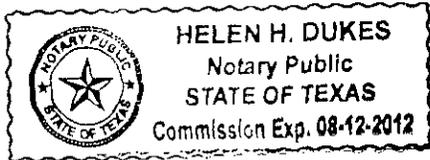
additional pages

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ _____
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>174<sup>49</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2960<sup>26</sup></u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>32,636<sup>13</sup></u>
<b>OUTSTANDING LOAN TOTALS</b>	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 A. Earle, this the 15<sup>th</sup> day of July, 20 10, to certify which, witness my hand and seal of office.

Helen H. Dukes Helen H. Dukes Bailiff  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 5		2 FILER NAME ELIZABETH A EARLE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/5/10		5 Payee name BETTY LEISSNER			
6 Amount (\$) 298 <sup>00</sup>		7 Payee address; City; State; Zip Code 7211 MESARD AUSTON, TX 78731			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) LAPTOP FOR CAMPAIGN		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/19/10		Payee name AT&T			
Amount (\$) 102 <sup>96</sup>		Payee address; City; State; Zip Code 919 CONGRESS AVE AUSTON, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TELEPHONE FOR CAMPAIGN		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/19/10		Payee name AUSTON TEXANS DEMOCRATS			
Amount (\$) 350 <sup>00</sup>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DUES		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/16/10		Payee name AT&T			
Amount (\$) 171 <sup>46</sup>		Payee address; City; State; Zip Code 919 CONGRESS AVE AUSTON, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TELEPHONE FOR CAMPAIGN		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2 of 5</b>		2 FILER NAME <b>ELIZABETH A EARLE</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/4/10</b>		5 Payee name <b>LONNIE A DREAM</b>			
6 Amount (\$) <b>80<sup>00</sup></b>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Donation</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/4/10</b>		Payee name <b>AUSTON BAR FOUNDATION</b>			
Amount (\$) <b>150<sup>00</sup></b>		Payee address; City; State; Zip Code <b>727 E DEAN KEENE ST AUSTON, TX 78745</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DUES</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/8/10</b>		Payee name <b>AWPC</b>			
Amount (\$) <b>65<sup>00</sup></b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DUES</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/22/10</b>		Payee name <b>AT&amp;T</b>			
Amount (\$) <b>136<sup>05</sup></b>		Payee address; City; State; Zip Code <b>919 CONGRESS AVE AUSTON, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TELEPHONE FOR CAMPAIGN</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 5	2 FILER NAME ELIZABETH A EARLE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/16/10	5 Payee name FIRST TEE YOUTH PROGRAM
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6 Amount (\$) 60 <sup>00</sup>	7 Payee address; City; State; Zip Code 5501 E BLUESTEAD BLVD AUSTON, TX. 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION	(b) Description (If travel outside of Texas, complete Schedule F)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/10	Payee name FRIENDS OF LBJ NHP
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Amount (\$) 55 <sup>00</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule F)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/24/10	Payee name INNS OF COURT
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Amount (\$) 200 <sup>00</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule F)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/10	Payee name AT & T
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Amount (\$) 147 <sup>20</sup>	Payee address; City; State; Zip Code 919 CONGRESS AVE, AUSTON, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TELEPHONE FOR CAMPAIGN	Description (If travel outside of Texas, complete Schedule F)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4 of 5	<b>2</b> FILER NAME ELIZABETH A EARLE	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/30/10	<b>5</b> Payee name LEADERSHIP AUSTON	
<b>6</b> Amount (\$) 250 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DUES	(b) Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5/10/10	Payee name AT&T	
Amount (\$) 147 <sup>48</sup>	Payee address; City; State; Zip Code 919 CONGRESS AVE, AUSTON, TX. 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) TELEPHONE FOR CAMPAIGN	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5/14/10	Payee name SALVATION ARMY	
Amount (\$) 150 <sup>00</sup>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) FUNDRAISER/Donation	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5/16/10	Payee name TRAVIS COUNTY WOMEN LAWYERS FUND	
Amount (\$) 100 <sup>00</sup>	Payee address; City; State; Zip Code 900 E 30TH ST, AUSTON, TX. 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) DUES	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 5	2 FILER NAME ELIZABETH A EARLE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/27/10	5 Payee name EMANUEL PET
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6 Amount (\$) 100 <sup>00</sup>	7 Payee address; City; State; Zip Code Austin Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/9/10	Payee name AT & T
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Amount (\$) 147 <sup>62</sup>	Payee address; City; State; Zip Code 919 CONGRESS AVE, AUSTON, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TELEPHONE FOR CAMPAIGN	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/21/10	Payee name BRETT LEISSNER
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Amount (\$) 75 <sup>00</sup>	Payee address; City; State; Zip Code 7211 MEVA DR AUSTON, TX 78731
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) E-FAK ACT REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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