

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

7512

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MS

NICKNAME

FIRST

ELIZABETH

LAST

EARLE

MI

A

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7211 MESA DR. AUSTIN, TX 78733

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(512)

PHONE NUMBER

854-3794

EXTENSION

P1

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MR

NICKNAME

FIRST

MACK

LAST

HERNANDEZ

MI

R

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

700 N LAMAR AUSTIN, TX 78703

8 CAMPAIGN TREASURER PHONE

AREA CODE

(512)

PHONE NUMBER

477-9433

EXTENSION

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
- July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 7 / 1 / 10 THROUGH Month Day Year 12 / 31 / 10

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

TRAVIS COUNTY COURT AT LAW #7

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

additional pages

GOTO 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)

additional pages

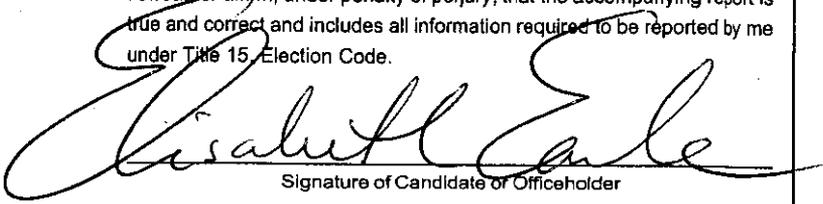
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

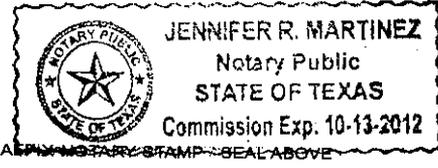
<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ <u>100⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>136³⁹</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,019⁰⁴</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>29,717⁰⁹</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

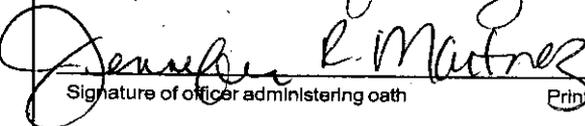
19 AFFIDAVIT

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.


Signature of Candidate or Officeholder


APPLY NOTARY STAMP & SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Earle, this the 18th day of January, 20 11, to certify which, witness my hand and seal of office.

 Jennifer R. Martinez Judicial Aide
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

1

2 FILER NAME

ELISABETH A EARLE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/5/10

5 Full name of contributor out-of-state PAC (ID#: _____)

HEL STROUP

6 Contributor address; City; State; Zip Code

811 BARTON SPRINGS #111 AUSTIN, TX. 78704

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

RE TOLLES

10 Contributor's job title

VP

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 out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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 out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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 SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 4	2 FILER NAME ELIZABETH A EARLE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/12/10	5 Payee name AT&T
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6 Amount (\$) 146 ³²	7 Payee address; City; State; Zip Code 919 CONGRESS AVE AUSTON, TX. 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead OTHER - TELEPHONE	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELIZABETH EARLE	Office sought Trans County Ct # 7 July	Office held
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Date 8/6/10	Payee name AT&T
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Amount (\$) 148 ⁰⁷	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) Office Overhead OTHER - TELEPHONE	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 Elizabeth Earle	Office sought Trans County Ct # 7 July	Office held
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Date 9/10/10	Payee name BRETT LEISSNER
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Amount (\$) 69 ⁰⁰	Payee address; City; State; Zip Code 7211 MESA DR. AUSTON, TX. 78731
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSEMENT - FAX	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 Elizabeth Earle	Office sought Trans County Ct # 7	Office held
--	--	--------------------------------------	-------------

Date 9/10/10	Payee name AT&T
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Amount (\$) 145 ⁸⁷	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) Office Overhead OTHER - TELEPHONE	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 Elizabeth Earle	Office sought Trans County Ct # 7	Office held
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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: 2 of 4	2 FILER NAME ELIZABETH A EARLE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/22/10	5 Payee name INNS OF COURT
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6 Amount (\$) 550⁰⁰	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DUES / Fees	(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 Elizabeth Earle	Office sought Travis County Ct # 7	Office held
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Date 10/5/10	Payee name ANN RICHARDS SCHOOL FOUNDATION
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Amount (\$) 200⁰⁰	Payee address; City; State; Zip Code 2206 PRATHER LN AUSTON, TX. 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATIONS MADE BY CANDIDATE	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 10/21/10	Payee name AT&T
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Amount (\$) 293³⁹	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) Office Overhead OTHER - TELEPHONE	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 Elizabeth Earle	Office sought Travis County Ct. # 7	Office held
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Date 11/1/10	Payee name SHOES FOR AUSTON
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Amount (\$) 60⁰⁰	Payee address; City; State; Zip Code 1201 W 6TH ST, STE 6 AUSTON, TX. 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATIONS MADE BY CANDIDATE	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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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 4		2 FILER NAME ELIZABETH A EARLE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/7/10		5 Payee name UT BASS AUSTIN			
6 Amount (\$) 525⁰⁰		7 Payee address; City; State; Zip Code 2350 ROBERT DEAMAN DR., AUSTON, TX. 78712			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) GIFT / Staff		(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 12/10/10		Payee name ELIZABETH A EARLE			
Amount (\$) 200⁰⁰		Payee address; City; State; Zip Code 7211 MESA DR. AUSTON, TX. 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) GIFT - REIMBURSEMENT		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 12/15/10		Payee name STARBUCKS			
Amount (\$) 95⁰⁰		Payee address; City; State; Zip Code 3637 FAR WEST AUSTON, TX. 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD Food/Beverage Expense for Staff		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 12/17/10		Payee name TEXAS BAR FOUNDATION			
Amount (\$) 200⁰⁰		Payee address; City; State; Zip Code 504 LAURICA ST, #1005, AUSTON, TX. 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Dues / Fees		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elizabeth Earle		Office sought Office held Trans Conf Cont at L	

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: 4 of 4	2 FILER NAME: ELIZABETH A EARLE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 12/17/10	5 Payee name: TRAVIS COUNTY WOMEN LAWYERS FOUNDATION
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6 Amount (\$): 250⁰⁰	7 Payee address; City; State; Zip Code: 900 E 30TH ST, AUSTON, TX. 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Dues/Fees	(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: Travis County Elizabeth Earle	Office sought: July #7	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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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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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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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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