

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7878

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	<input checked="" type="radio"/> MS / MRS / MR FIRST MI Elisabeth A NICKNAME LAST SUFFIX Earle	OFFICE USE ONLY Date Received Date Hand Delivered or Postmarked Receipt # Amount Date Processed Date Imaged Travis County Clerk Dana DeBeauvoir Travis County, Texas 2012 JUL -5 PM 4:45 FILED FOR RECORD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7211 Mesa Drive Austin Texas 78731		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 854-3794		
6 CAMPAIGN TREASURER NAME	<input type="radio"/> MS / MRS / MR FIRST MI Mack R NICKNAME LAST SUFFIX Hernandez		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 700 N. Lamar Austin Texas 78703		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-9433		
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 COH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 12 7 / 14 / 12		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / /		
12 OFFICE	OFFICE HELD (if any) Travis County Court at Law #7	13 OFFICE SOUGHT (if known) Some	
GOTO PAGE 2			

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME Elisabeth Earle 15 ACCOUNT # (Ethics Commission Filers)

16 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.

additional pages

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u> </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u> </u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>39³⁷</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1477¹⁴</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>23,420⁴⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> </u>

18 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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 5th day of July, 20 12, to certify which, witness my hand and seal of office.

[Signature] JENNIFER R. MARTINEZ
Notary Public
STATE OF TEXAS
Signature of officer administering oath Commission Exp. 10-13-2012

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

Non
POLITICAL EXPENDITURES
made from political contributions

SCHEDULE 5 |

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: <i>4</i>		2 FILER NAME <i>Elisabeth Earle</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1-7-12</i>		5 Payee name <i>AT+T</i>			
6 Amount (\$) <i>80⁴⁴</i>		7 Payee address; City; State; Zip Code <i>919 Congress Avenue Austin Texas 78701</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		<i>Telephone for campaign</i>			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1-17-12</i>		Payee name <i>United States Postal Service</i>			
Amount (\$) <i>57⁰³</i>		Payee address; City; State; Zip Code <i>510 Guadalupe Austin Texas 78701</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		<i>Post Office Box for Campaign</i>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1-18-12</i>		Payee name <i>Jack Lot</i>			
Amount (\$) <i>7⁰⁰</i>		Payee address; City; State; Zip Code <i>Austin Texas 78701</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		<i>parking fees</i>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>1-20-12</i>		Payee name <i>Ozarka Water</i>			
Amount (\$) <i>20⁰⁷</i>		Payee address; City; State; Zip Code <i>16420 W. Int'l Hwy Austin Texas 78782</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		<i>water purchased for office staff</i>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Non-political expenditures
POLITICAL EXPENDITURES
made from political contributions

SCHEDULE **E1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| 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:	2 FILER NAME <i>Elizabeth Earle</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>1-28-12</i>	5 Payee name <i>Austi American Statesman</i>
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6 Amount (\$) <i>176⁰⁰</i>	7 Payee address; City; State; Zip Code <i>2901 South Capitol of Texas Austi Texas 78746</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Subscription</i>	(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 <i>2-1-12</i>	Payee name <i>West Austie News</i>
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Amount (\$) <i>\$45</i>	Payee address; City; State; Zip Code <i>5511 Parkcrest Drive Austi Texas 78731</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Subscription</i>	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 <i>2-6-12</i>	Payee name <i>AT + T</i>
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Amount (\$) <i>134²⁴</i>	Payee address; City; State; Zip Code <i>919 Congress Avenue Austi Texas 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Telephone for campaign</i>	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 <i>2-10-12</i>	Payee name <i>Austi Bar Association</i>
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Amount (\$) <i>300⁰⁰</i>	Payee address; City; State; Zip Code <i>816 Congress Avenue Austi Texas 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>membership dues</i>	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Non
POLITICAL EXPENDITURES
made from political contributions

SCHEDULE 1

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 FILER NAME <i>Elisabeth Earle</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2-19-12</i>	5 Payee name <i>Ozarka Water</i>
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6 Amount (\$) <i>28⁰⁰</i>	7 Payee address; City; State; Zip Code <i>16420 N. Int'l Hwy Austin Texas 78782</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>water purchased for office staff</i>	(b) 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 <i>3-10-12</i>	Payee name <i>AT-T</i>
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Amount (\$) <i>270⁴¹</i>	Payee address; City; State; Zip Code <i>919 Congress Avenue Austin Texas 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Telephone for campaign</i>	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 <i>3-21-12</i>	Payee name <i>Ozarka Water</i>
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Amount (\$) <i>22⁰¹</i>	Payee address; City; State; Zip Code <i>16420 N. Int'l Hwy Austin Texas 78782</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>water purchased for office staff</i>	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 <i>4-19-12</i>	Payee name <i>Ozarka Water</i>
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Amount (\$) <i>22⁰⁵</i>	Payee address; City; State; Zip Code <i>16420 N. Int'l Hwy Austin Texas 78782</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>water purchased for office staff</i>	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

non-POLITICAL EXPENDITURES

SCHEDULE F /

made from political contribution

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) |

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1 Total pages Schedule F:	2 FILER NAME <i>Elisabeth Earle</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-30-12</i>	5 Payee name <i>AT+T</i>
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6 Amount (\$) <i>47</i> <i>135</i>	7 Payee address; City; State; Zip Code <i>919 Congress Avenue Austin Texas 78701</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Telephone for campaign</i>	(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 <i>5-19-12</i>	Payee name <i>Ozarka Water</i>
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Amount (\$) <i>22</i> ^{<i>13</i>}	Payee address; City; State; Zip Code <i>16420 N. Int'l Hwy Austin Texas 78782</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>water for office staff</i>	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 <i>6-4-12</i>	Payee name <i>AT+T</i>
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Amount (\$) <i>134</i> ^{<i>29</i>}	Payee address; City; State; Zip Code <i>919 Congress Avenue Austin Texas 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Telephone for campaign</i>	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 <i>6-20-12</i>	Payee name <i>Ozarka Water</i>
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Amount (\$) <i>22</i> ^{<i>13</i>}	Payee address; City; State; Zip Code <i>16420 N. Int'l Hwy Austin Texas 78782</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>water purchased for office staff</i>	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED