

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

8035

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Elisabeth A. NICKNAME LAST SUFFIX Earle	OFFICE USE ONLY Date Received: 2013 JAN 15 PM 4:20 Date Hand-delivered or Postmarked: Receipt Amount: Date Processed: Date Imaged:	
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	MS / MRS / MR FIRST MI Mr. 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 North Lamar Austin, Texas 78703		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-9433		
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 (officeholder only) <input 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 7 / 1 / 2012 THROUGH 12 / 31 / 2012		
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) Travis County Court at Law # 7	13 OFFICE SOUGHT (if known) Same	

GO TO PAGE 2

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 4	2 FILER NAME Elisabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/2/2012	5 Payee name AT&T	
6 Amount (\$) \$134.29	7 Payee address; City; State; Zip Code 919 Congress Avenue Austin, Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (See instructions regarding type of information required.) Telephone Service
Date 7/19/2012	Payee name Ozarka Water	
Amount (\$) \$28.24	Payee address; City; State; Zip Code 16420 N. International Highway Austin, Texas 78782	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (See instructions regarding type of information required.) Water for office staff
Date 7/28/2012	Payee name AT&T	
Amount (\$) \$134.00	Payee address; City; State; Zip Code 919 Congress Avenue Austin, Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (See instructions regarding type of information required.) Telephone service
Date 8/19/2012	Payee name Ozarka Water	
Amount (\$) \$21.97	Payee address; City; State; Zip Code 16420 N. International Highway Austin, Texas 78782	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (See instructions regarding type of information required.) Water for office staff

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 4	2 FILER NAME Elisabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/27/12	5 Payee name AT&T
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6 Amount (\$) \$476.88	7 Payee address; City; State; Zip Code 919 Congress Avenue Austin, Texas 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) other	(b) Description (See instructions regarding type of information required.) Telephone Service
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Date 9/20/12	Payee name Ozarka Water
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Amount (\$) \$21.97	Payee address; City; State; Zip Code 16420 North International Highway Austin, Texas 78782
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (See instructions regarding type of information required.) water for office staff
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Date 10/11/12	Payee name AT&T
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Amount (\$) \$129.32	Payee address; City; State; Zip Code 919 Congress Avenue Austin, Texas 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (See instructions regarding type of information required.) Telephone Service
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Date 10/19/12	Payee name Ozarka Water
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Amount (\$) \$28.24	Payee address; City; State; Zip Code 16420 North International Highway Austin, TX 78782
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (See instructions regarding type of information required.) water for office
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 4	2 FILER NAME Elisabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/1/2012	5 Payee name AT&T	
6 Amount (\$) \$131.26	7 Payee address; City; State; Zip Code 919 Congress Avenue Austin, Texas 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) other	(b) Description (See instructions regarding type of information required.) Telephones Service
Date 11/9/2012	Payee name Travis County Democratic Party	
Amount (\$) \$1,120	Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions	Description (See instructions regarding type of information required.) Sustaining Membership
Date 11/21/12	Payee name Ozeuka Water	
Amount (\$) \$12.98	Payee address; City; State; Zip Code 16420 North International Highway Austin, Texas 78782	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (See instructions regarding type of information required.) Water for office staff
Date 11/29/12	Payee name Austin AFL-CIO	
Amount (\$) \$310	Payee address; City; State; Zip Code 1106 Cavaca Street Austin, Texas 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (See instructions regarding type of information required.) Labor Day Ad

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 4	2 FILER NAME Elisabeth Earle	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/4/12	5 Payee name AT&T
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6 Amount (\$) \$129.60	7 Payee address; City; State; Zip Code 919 Congress Avenue Austin, Texas 78761
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (See instructions regarding type of information required.) Telephone Service
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Date 12/20/12	Payee name Ozavka Water
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Amount (\$) \$22.09	Payee address; City; State; Zip Code 16420 North International Highway Austin, Texas 78782
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (See instructions regarding type of information required.) Water for office staff
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Date 12/20/12	Payee name AT&T
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Amount (\$) \$129.60	Payee address; City; State; Zip Code 919 Congress Avenue Austin, Texas 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (See instructions regarding type of information required.) Telephone Service
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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 (See instructions regarding type of information required.)
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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2

2 FILER NAME

Elizabeth Earle

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/31/12

5 Name of person from whom amount is received

University Federal Credit Union

6 Address of person from whom amount is received; City; State; Zip Code

P.O. Box 9350
Austin, TX 78766

8 Amount (\$)

\$0.99

7 Purpose for which amount is received

Interest on checking account

Date

8/31/12

Name of person from whom amount is received

University Federal Credit Union

Address of person from whom amount is received; City; State; Zip Code

P.O. Box 9350
Austin, TX 78766

Amount (\$)

\$0.98

Purpose for which amount is received

Interest on checking Account

Date

9/30/12

Name of person from whom amount is received

University Federal Credit Union

Address of person from whom amount is received; City; State; Zip Code

P.O. Box 9350
Austin, TX 78766

Amount (\$)

\$0.93

Purpose for which amount is received

Interest on Checking Account

Date

10/31/12

Name of person from whom amount is received

University Federal Credit Union

Address of person from whom amount is received; City; State; Zip Code

P.O. Box 9350
Austin, TX 78766

Amount (\$)

\$0.96

Purpose for which amount is received

Interest on Checking Account

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2

2 FILER NAME

Elisabeth Earle

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/30/12

5 Name of person from whom amount is received

University Federal Credit Union

6 Address of person from whom amount is received; City; State; Zip Code

P.O. Box 9350
Austin, TX 78766

8 Amount (\$)

\$0.89

7 Purpose for which amount is received

Interest on checking Account

Date

12/31/12

Name of person from whom amount is received

University Federal Credit Union

Address of person from whom amount is received; City; State; Zip Code

P.O. Box 9350
Austin, TEXAS 78766

Amount (\$)

\$0.88

Purpose for which amount is received

Interest on checking Account

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount (\$)

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

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

additional pages

17 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 \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 20,597.52

OUTSTANDING LOAN TOTALS

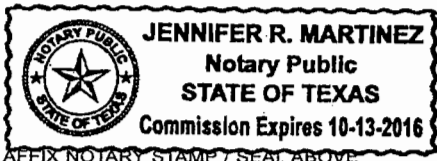
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

Elisabeth Earle
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 15th day of January, 20 13, to certify which, witness my hand and seal of office.

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