

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8367

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 8129	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Chantal M. ----- NICKNAME LAST SUFFIX Eldridge	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: small;"> 2016 JUL 1 PM 2:16 FILED 2016 JUL 1 PM 2:16 FILED </div> 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 6526 Needham Ln, Austin, TX 78739		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 552-0293		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Chantal M. ----- NICKNAME LAST SUFFIX Eldridge		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6526 Needham Ln, Austin, TX 78739		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 552-0293		
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 1 / 1 / 2014 THROUGH 6 / 30 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) criminal court judge	

GO TO PAGE 2

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

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

14 C/OH NAME

Chantal M. Eldridge

15 ACCOUNT # (Ethics Commission Filers)

8129

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 3000.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3000.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1000.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1000.00

CONTRIBUTION BALANCE

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

\$ 0

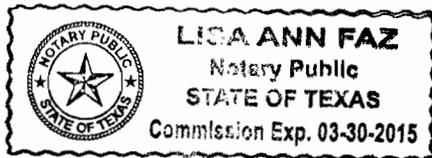
OUTSTANDING LOAN TOTALS

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

\$ 6000.00

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Chantal M. Eldridge*, this the *11* day of *July*, 20*14*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Lisa Ann Faz
Print name of officer administering oath

Admin. Associate
Title of officer administering oath

LOANS (JUDICIAL)**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME Chantal M. Eldridge		3 ACCOUNT # (Ethics Commission Filers) 8129
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0
5 Date of loan 4/1/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Chantal M. Eldridge	9 Loan Amount (\$) 3000.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 6526 Needham Ln, Austin, TX 78739	10 Interest rate 0
		11 Maturity date 0
12 Lender's Principal Occupation Candidate/attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Law Office of Chantal M. Eldridge		15 Law Firm of lender's spouse (if any) N/A
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2	2 FILER NAME Chantal M. Eldridge	3 ACCOUNT # (Ethics Commission Filers) 8129
4 Date 2/3/14	5 Payee name Tsoke Adjawn	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$ 250.00	7 Payee address; City: State: Zip Code 501 Grosbeck Dr., Pflugerville, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) event expense	(b) Description (If travel outside of Texas, complete Schedule T) Sponsor Women's history forum
Date 4/16/14	Payee name Burnt Orange Report	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$ 250.00	Payee address; City: State: Zip Code 501 N. Interstate 35, Austin, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) SPONSOR FOR ANNUAL PARTY
Date 4/20/14	Payee name Texas Democratic Party	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$ 100.00	Payee address; City: State: Zip Code 4818 E. Ben White, Blvd., Ste 104, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) ticket to LBS dinner
Date 5/14/14	Payee name Texas Tribune	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$ 150.00	Payee address; City: State: Zip Code 823 Congress Ave., Austin, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) ticket to annual workshops

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Chantal M. Eldridge</i>	3 ACCOUNT # (Ethics Commission Filers) <i>8129</i>
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4 Date <i>6/16/14</i>	5 Payee name <i>Capital Area Democratic Women</i>
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6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>5106 Dorval Str, Austin, TX 78751</i>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Sponsor for Trio of Stars</i>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

Chantal M. Eldridge

3 ACCOUNT # (Ethics Commission Filers)

8129

LENDER INFORMATION

4 Name of lender

Chantal M. Eldridge

5 Lender address; City; State; Zip Code

6526 Nealham Ln, Austin, TX 78739

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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