

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**8495**

**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

MS / MRS / MR Ms. FIRST Elisabeth MI A.  
NICKNAME LAST SUFFIX  
Earle

**OFFICE USE ONLY**

Date Received: NOV 15 11:05 AM

Date Hand-delivered or Postmarked:

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: P.O. Box 29432 APT / SUITE #: CITY: Austin Texas STATE: ZIP CODE: 78755

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: 512 PHONE NUMBER: 659 3365 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Mr. FIRST Mack MI Ray  
NICKNAME LAST SUFFIX  
Hernandez

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE  
901 South Mopac Expressway Ste 300  
Aust Texas 78746

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 COH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
6 30 14    1 1 15

11 ELECTION

ELECTION DATE: Month 11 Day 4 Year 14

ELECTION TYPE:  Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD (if any)  
Travis County Court at Law #7

13 OFFICE SOUGHT (if known)

Travis County Court at Law #7

**GO TO 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.

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

\$ \_\_\_\_\_

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

\$ 500 <sup>→ AFSCME</sup>  
94 <sup>→ receipt for websec</sup>

EXPENDITURE TOTALS

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

\$ \_\_\_\_\_

4. TOTAL POLITICAL EXPENDITURES

\$ 3,230<sup>-2</sup>

CONTRIBUTION BALANCE

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

\$ 24,327<sup>39</sup>

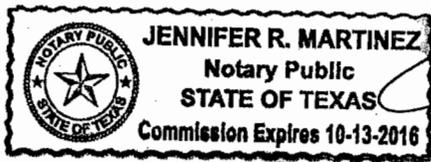
OUTSTANDING LOAN TOTALS

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

\$ ~~0~~<sup>39</sup>

### 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Elisabeth Earle*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 14<sup>th</sup> day of January, 2015, to certify which, witness my hand and seal of office.

*Jennifer R. Martinez*  
Signature of officer administering oath

Jennifer R. Martinez  
Print name of officer administering oath

Judicial Aide  
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):

2 FILER NAME

*Elisabeth Earle*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*10/28/14*

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

*AFSCME American Federation of State County Municipal Employees*

6 Contributor address; City; State; Zip Code

*1812 Concho Creek Dr. #310  
Austin Texas 78754*

7 Amount of contribution (\$)

*\$500*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

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

*7/1/14*

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

*ACT Rally/Pixy*

Contributor address; City; State; Zip Code

*1444 2nd street 1st floor  
San Francisco CA 94105*

Amount of contribution (\$)

*9425*

In-kind contribution description (if applicable)

*reimburse for web hosting*

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

*reimbursement for*

Contributor's job title

*payment for web server*

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 | 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 Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |                                                                            |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>Elisabeth Earle</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	----------------------------------------	----------------------------------------

4 Date <b>7/1/14</b>	5 Payee name <b>GoDaddy</b>
-------------------------	--------------------------------

6 Amount (\$) <b>95<sup>88</sup></b>	7 Payee address; City; State; Zip Code <b>www.Godaddy.com 14455 North Hayden Rd. Ste. 224 Arizona 85260</b> <b>480/5058855 AZ</b>
-----------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>web hosting computer support</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>email service</b>
--------------------------	---------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>7-2-14</b>	Payee name <b>Bittitan</b>
-----------------------	-------------------------------

Amount (\$) <b>11<sup>99</sup></b>	Payee address; City; State; Zip Code <b>www.Bittitan.com 206/428-6030 WA</b>
---------------------------------------	---------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>computer support</b>	Description (If travel outside of Texas, complete Schedule T) <b>email service</b>
------------------------	-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date <b>7-16-14</b>	Payee name <b>United States Postal Service</b>
------------------------	---------------------------------------------------

Amount (\$) <b>101<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3575 Fairview Blvd. Austin Texas 78731</b>
----------------------------------------	---------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>P.O. Box</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>7-16-14</b>	Payee name <b>HEB</b>
------------------------	--------------------------

Amount (\$) <b>37<sup>37</sup></b>	Payee address; City; State; Zip Code <b>1000 East 41st Austin Texas</b>
---------------------------------------	----------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>food expense office</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
-----------------------------------------------------	-------------------------------	---------------	-------------

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 Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |                                                                            |

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F: <u>2</u>	2 FILER NAME <u>Elizabeth Enle</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <u>9/10/14</u>	5 Payee name <u>Texas County Democratic Party</u>
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6 Amount (\$) <u>1120</u>	7 Payee address; City; State; Zip Code <u>1311 East 6<sup>th</sup> St. Aust Texas 78702</u>
---------------------------	----------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>contribution</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>fees</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-------------------------------------------------------	-------------------------------	---------------	-------------

Date <u>10/9/14</u>	Payee name <u>Texas County Democratic Party</u>
------------------------	----------------------------------------------------

Amount (\$) <u>\$250</u>	Payee address; City; State; Zip Code <u>1311 East 6<sup>th</sup> St. Aust Texas 78702</u>
--------------------------	--------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>contribution fundraising</u>	Description (If travel outside of Texas, complete Schedule T) <u>event expense</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	-------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>6</b>	2 FILER NAME <i>Risbeth Enle</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>6-30-14</b>	5 Payee name <b>Penys</b>	
6 Amount (\$) <b>140</b>	7 Payee address; City; State; Zip Code <b>1147th street Aust. Texas 78701</b>	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) <b>food expense</b>	(b) Description (See instructions regarding type of information required.) <b>staff and DWI Court event</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>6</i>	2 FILER NAME <i>Elisabeth Eile</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>7/9/14</i>	5 Payee name <i>Ozark</i>	
6 Amount (\$) <i>32<sup>32</sup></i>	7 Payee address: City; State; Zip Code <i>729 SW 3<sup>rd</sup> St. Oklahoma City OK 73109</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>food/water for staff</i>	(b) Description (See instructions regarding type of information required.) <i>water</i>
Date <i>7/31/14</i>	Payee name <i>Target</i>	
Amount (\$) <i>42<sup>40</sup></i>	Payee address: City; State; Zip Code <i>10107 Research Blvd. Aust Texas 78759</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>food/beverage expense</i>	(b) Description (See instructions regarding type of information required.) <i>office staff expense</i>
Date <i>8/3/14</i>	Payee name <i>Toys R Us</i>	
Amount (\$) <i>50<sup>00</sup></i>	Payee address: City; State; Zip Code <i>4025 Capitol Texas Hwy Aust Texas 78747</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>gift card for DWI Court defense Katie Selge</i>	(b) Description (See instructions regarding type of information required.) <i>gift/awards expense</i>
Date <i>8/3/14</i>	Payee name <i>Austi Bar Association</i>	
Amount (\$) <i>200<sup>00</sup></i>	Payee address: City; State; Zip Code <i>816 Congress Ave Aust Texas 78701</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>Bar Foundation Contributor/Dues legal</i>	(b) Description (See instructions regarding type of information required.)

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>6</b>	2 FILER NAME <b>Elizabeth Earle</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>9/2/14</b>	5 Payee name <b>USPS</b>	
6 Amount (\$) <b>49<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>3575 Farwest Blvd. Arlt Texas 78731</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Office overhead</b>	(b) Description (See instructions regarding type of information required.) <b>P.O. Box expenses</b>
<del>Date <b>9/10/14</b></del>	<del>Payee name <b>Francis Camp Danvers</b></del>	
<del>Amount (\$) <b>125<sup>00</sup></b></del>	<del>Payee address; City; State; Zip Code</del>	
<del>PURPOSE OF EXPENDITURE</del>	<del>(a) Category (See instructions for examples of acceptable categories) <b>Contributions</b></del>	<del>(b) Description (See instructions regarding type of information required.)</del>
Date <b>9-12-14</b>	Payee name <b>Hilda Arsh</b>	
Amount (\$) <b>43<sup>75</sup></b>	Payee address; City; State; Zip Code <b>300 East 4th St Arlt Texas</b>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>food/parking for stall</b>	(b) Description (See instructions regarding type of information required.) <b>food/parky</b>
Date <b>9/20/14</b>	Payee name <b>UT Parking Garage</b>	
Amount (\$) <b>6<sup>00</sup></b>	Payee address; City; State; Zip Code <b>Arlt Texas 78712</b>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Parking garage fee for speech</b>	(b) Description (See instructions regarding type of information required.) <b>parking expenses</b>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>6</b>	2 FILER NAME <b>Elizabeth Earle</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>8/30/14</b>	5 Payee name <b>Ozarka Water</b>	
6 Amount (\$) <sup>44</sup> <b>47</b>	7 Payee address; City; State; Zip Code <b>729 SW 3<sup>rd</sup> St. Oklahoma City Ok. 73109</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>water for staff offices</b>	(b) Description (See instructions regarding type of information required.) <b>staff expense</b>
Date <b>10/21/14</b>	Payee name <b>Ozarka Water</b>	
Amount (\$) <sup>50</sup> <b>47</b>	Payee address; City; State; Zip Code <b>729 SW. 3<sup>rd</sup> St. Oklahoma City Ok. 73109</b>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>water for staff</b>	(b) Description (See instructions regarding type of information required.) <b>staff expense</b>
Date <b>11/20/14</b>	Payee name <b>Ozarka Water</b>	
Amount (\$) <sup>46</sup> <b>47</b>	Payee address; City; State; Zip Code <b>729 SW 3<sup>rd</sup> St. Oklahoma City Ok. 73109</b>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>water for staff offices</b>	(b) Description (See instructions regarding type of information required.) <b>staff expense</b>
Date <b>12/5/14</b>	Payee name <b>Profloures</b>	
Amount (\$) <sup>23</sup> <b>82</b>	Payee address; City; State; Zip Code <b>4840 Eastgate Mall San Diego California 92121</b>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>monopol expense for bailiff's mother</b>	(b) Description (See instructions regarding type of information required.) <b>staff expense</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>6</i>	2 FILER NAME <i>Elisbeth Earle</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12/6/14</i>	5 Payee name <i>Big Lots</i>	
6 Amount (\$) <i>99<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>8740 Research Blvd. Aust Texas 78757</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>Office overhead</i>	(b) Description (See instructions regarding type of information required.) <i>office purchased staff furniture</i>
Date <i>12/10/14</i>	Payee name <i>Kardalls Store #2482</i>	
Amount (\$) <i>36<sup>50</sup></i>	Payee address; City; State; Zip Code <i>8040 Mesa Dr. Aust Texas 78759</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>food/beverage exper</i>	(b) Description (See instructions regarding type of information required.) <i>Staff offices</i>
Date <i>12/10/14</i>	Payee name <i>Papa John's Pizza</i>	
Amount (\$) <i>125<sup>16</sup></i>	Payee address; City; State; Zip Code <i>411 West MLK Aust Texas 78701</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>food/event expense</i>	(b) Description (See instructions regarding type of information required.) <i>DWI Court graduation</i>
Date <i>12/10/14</i>	Payee name <i>M<sup>c</sup> Gattis' Pizza</i>	
Amount (\$) <i>48<sup>46</sup></i>	Payee address; City; State; Zip Code <i>Market place 6800 Westlake Aust Texas 78747</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>food/event expense</i>	(b) Description (See instructions regarding type of information required.) <i>DWI Court graduation</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>6</i>	2 FILER NAME <i>Elisabeth Eule</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12/10/14</i>	5 Payee name <i>HEB #096</i>	
6 Amount (\$) <i>32</i> <i>40</i>	7 Payee address: City, State; Zip Code <i>7025 Village Center Dr. Austi Texas 78731</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>food/event expense</i>	(b) Description (See instructions regarding type of information required.) <i>DWI court graduate</i>
Date <i>12/10/14</i>	Payee name <i>Starbucks</i>	
Amount (\$) <i>28</i> <i>224</i>	Payee address: City, State; Zip Code <i>3637 Fan West Blvd. Austi Texas 78731</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>food/beverage expense</i>	(b) Description (See instructions regarding type of information required.) <i>DWI Court graduate Court Staff</i>
Date <i>12/17/14</i>	Payee name <i>Sue Patrick</i>	
Amount (\$) <i>98</i> <i>172</i>	Payee address: City, State; Zip Code <i>5222 Burrell Rd. Austi Texas 78758</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>event expense</i>	(b) Description (See instructions regarding type of information required.) <i>Court staff Office Overhead</i>
Date <i>12/17/14</i>	Payee name <i>Randalls</i>	
Amount (\$) <i>90</i> <i>78</i>	Payee address: City, State; Zip Code <i>5311 Balcones Dr. Austi Texas 78731</i>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>food expense</i>	(b) Description (See instructions regarding type of information required.) <i>Office overhead food/beverage court offices</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED