

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

**8707**

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	8 CAMPAIGN TREASURER PHONE		
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
11 ELECTION	ELECTION DATE: Month Day Year		ELECTION TYPE
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

FILED FOR REC'D  
 2016 JAN 15 PM 3:37  
 Data Department  
 Travis County Clerk  
 Travis County, Texas

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 JC/OH NAME Earle, Elisabeth

15 Filer ID (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

SPECIFIC

COMMITTEE ADDRESS

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 988<sup>73</sup>

CONTRIBUTION  
BALANCE

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

\$ 19,145<sup>12</sup>

OUTSTANDING  
LOAN TOTALS

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

\$ 0

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 15<sup>th</sup> day of January, 2016, to certify which, witness my hand and seal of office.



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

SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <i>Earle, Elisabeth</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>988<sup>73</sup></i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>5<sup>03</sup></i>

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Earle, Elisabeth</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7-21-15</i>	5 Payee name <i>GoDaddy.com</i>
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6 Amount (\$) <i>\$ 207.58</i>	7 Payee address; City; State; Zip Code <i>14455 North Hayden Rd. # 226 Scotts Dale, Arizona 85260 480-505-8855</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead computer email</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Dorain name</i>
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Judge</i>	Office held <i>Train Corp. Co. #7</i>
---	--	-------------------------------	--

Date <i>8/6/15</i>	Payee name <i>Austin Parking meter</i>
-----------------------	---

Amount (\$) <i>\$ 1.25</i>	Payee address; City; State; Zip Code <i>City of Austin Austin Texas</i>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Parking fee Travel in District</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Parking at Urube</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Judge</i>	Office held <i>Train Corp. Co. #7</i>
---	--	-------------------------------	--

Date <i>9-2-15</i>	Payee name <i>Nancy Hohengarten for baby shower gift for Kim Williams</i>
-----------------------	--

Amount (\$) <i>\$ 60.00</i>	Payee address; City; State; Zip Code <i>509 W. 11th Street Austin Texas 78701</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>baby shower gift Gift expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>gift / baby shower</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Judge</i>	Office held <i>Train Corp. Co. #7</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Earle, Elisabeth</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9-4-15</i>	5 Payee name <i>Keedy Kefed by Nestle</i>
-------------------------	--

6 Amount (\$) <i>\$ 140.81</i>	7 Payee address; City; State; Zip Code <i>PO Box 856680 Louisville KY 40285 800/274-5282</i>
-----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Beverage expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>water for court offices</i>
------------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Texas County Court at Law #7</i>	Office held
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Date <i>10/6/15</i>	Payee name <i>Whole Foods</i>
------------------------	----------------------------------

Amount (\$) <i>\$ 110.60</i>	Payee address; City; State; Zip Code <i>550 Bowie Street Aust Texas 78703</i>
---------------------------------	--

9 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>food/staples for court office</i>
------------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Texas County Court at Law #7</i>	Office held
---	--	--	-------------

Date <i>10/25/15</i>	Payee name <i>Costco Wholesale</i>
-------------------------	---------------------------------------

Amount (\$) <i>\$ 39.99</i>	Payee address; City; State; Zip Code <i>10401 Research Aust Texas 78759</i>
--------------------------------	--

9 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>food/beverage expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>water/food/staples for office</i>
------------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Texas County Court at Law #7</i>	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Earle, Elisabeth</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/9/15</i>	5 Payee name <i>Ready Refresh by Nestle</i>	
6 Amount (\$) <i>\$34.65</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 850680 <del>California</del> Louisville KY 40285</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>beverage expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>water for office</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Texas County Court at Law</i>

Date	Payee name <i>Reid's Laundry R3</i>	
Amount (\$) <i>\$68.52</i>	Payee address; City; State; Zip Code <i>3616 Fair West Austin Texas</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other → judicial robe expense</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>judicial robe dry cleaning</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Texas County Court at Law</i>

Date <i>12/6/15</i>	Payee name <i>Wal-Mart</i>	
Amount (\$) <i>\$25.81</i>	Payee address; City; State; Zip Code <i>2525 W. Anderson Lane Austin Texas 78758</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food expense</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>for court staff</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Texas County Court at Law</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Earle, Elisabeth</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/8/15</i>	5 Payee name <i>Ready Refresh by Nestle</i>	
6 Amount (\$) <i>\$26.59</i>	7 Payee address; City; State; Zip Code <i><del>California</del> P.O. Box 856680 Louisville KY 40280</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>beverage expense</i>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>water for cost of the</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i> Office sought <i>Train Conductor</i> Office held <i>at home</i>	
Date <i>12/13/15</i>	Payee name <i>Safe Place</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>1515 Grove Blvd #1A Austin Texas 78741</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Lunches</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donuts made by officeholder Lunch fee</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i> Office sought <i>Train Conductor</i> Office held <i>at home</i>	
Date <i>12/16/15</i>	Payee name <i>Starbucks</i>	
Amount (\$) <i>\$80.00</i>	Payee address; City; State; Zip Code <i>3677 Far West Blvd Austin Texas 78731</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>beverage expense</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>staff beverage at going to</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i> Office sought <i>Train Conductor</i> Office held <i>at home</i>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Earle, Elisabeth</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/17/15</i>	5 Payee name <i>Randall's Store</i>
---------------------------	--

6 Amount (\$) <i>\$164.85</i>	7 Payee address; City; State; Zip Code <i>8040 mesa Dr Austin Texas 78731</i>
----------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>food expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>holiday party</i>
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Earle, Elisabeth</i>	Office sought <i>Thurs Cook at la</i>	Office held
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Date	Payee name
------	------------

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

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

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

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

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:

2. FILER NAME *Earte, Elisabeth* 3 Filer ID (Ethics Commission Filers)

4 Date <i>2/31/15</i>	5 Name of person from whom amount is received <i>University Federal Credit Union</i>	8 Amount (\$) <i>.86</i>
6 Address of person from whom amount is received; City; State; Zip Code <i>201 West 7th Street Aust TX 78701</i>		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>Interest</i>		

Date <i>8/31/15</i>	Name of person from whom amount is received <i>University Federal Credit Union</i>	Amount (\$) <i>.86</i>
Address of person from whom amount is received; City; State; Zip Code <i>201 West 7th St. Aust Texas 78701</i>		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>Interest</i>		

Date <i>9/30/15</i>	Name of person from whom amount is received <i>UFCU</i>	Amount (\$) <i>.82</i>
Address of person from whom amount is received; City; State; Zip Code <i>201 West 7th St. Aust Texas 78701</i>		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>Interest</i>		

Date <i>10/31/15</i>	Name of person from whom amount is received <i>UFCU</i>	Amount (\$) <i>.85</i>
Address of person from whom amount is received; City; State; Zip Code <i>201 West 7th St. Aust Texas 78701</i>		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>Interest</i>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:

2. FILER NAME *Eaule, Elisabeth* 3 Filer ID (Ethics Commission Filers)

4 Date <i>11/30/15</i>	5 Name of person from whom amount is received <i>UFCW</i>	8 Amount (\$) <i>81</i>
6 Address of person from whom amount is received; City; State; Zip Code <i>201 West 7th Street Aust Texas 78701</i>		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>Interest</i>		

Date <i>12/31/15</i>	Name of person from whom amount is received <i>UFCW</i>	Amount (\$) <i>83</i>
Address of person from whom amount is received; City; State; Zip Code <i>201 West 7th Street Aust Texas 78701</i>		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>Interest</i>		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED