

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8975

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>11</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Ms. Elisabeth A.</i> NICKNAME LAST SUFFIX <i>Earle</i>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 29432 Austin Texas 78755</i>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 659 0765</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mack</i> NICKNAME LAST SUFFIX <i>Hernandez</i>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Barton Springs Plaza One, Ste. 300 901 South Mopac Expressway Austin TX 78746</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 477-9433</i>		
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 <i>7 / 1 / 2016 12 / 31 / 2016</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	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) <i>Travis County Court at Law #7</i>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME Elisabeth Earle 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

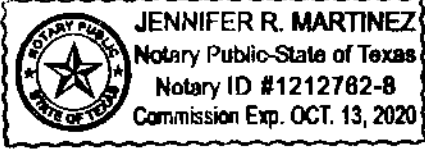
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

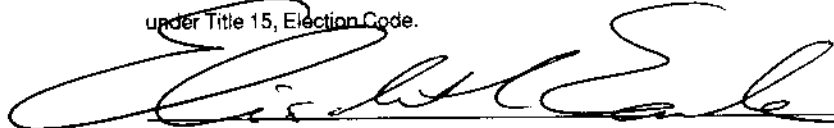
Additional Pages

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	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,929 ⁵⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,324 ⁵⁰
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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 13th day of January, 2017, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Jennifer Martinez

Printed name of officer administering oath

Judicial Aide

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Christell Earle</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	\$ 2210
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 120
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	\$ 599 ⁵⁹
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3.95

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1/13</u>		2 FILER NAME <u>Elisabeth Sale</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>8/16/16</u>		5 Payee name XXXXXXXXXX <u>Travis County Democratic Party</u>			
6 Amount (\$) <u>250⁰⁰</u>		7 Payee address; City; State; Zip Code <u>1311 East 6th Austin Texas 78702</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Contributions Donations Made by office holder</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	

Date <u>8/5/16</u>		Payee name <u>National Women Political Caucus</u>			
Amount (\$) <u>65</u>		Payee address; City; State; Zip Code <u>P.O. Box 65010 Washington DC 20035</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Contributions Donations made by office holder</u>		Description <input type="checkbox"/> Check 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	

Date <u>7/23/16</u>		Payee name <u>Austin AFL-CIO Council</u>			
Amount (\$) <u>310⁰⁰</u>		Payee address; City; State; Zip Code <u>1106 Lavaca #200 Austin Texas 78701</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Contributions Donations made by office holder</u>		Description <input type="checkbox"/> Check 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	

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: 11	2 FILER NAME <i>Elisabeth Earle</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>8/26/16</i>	5 Payee name <i>Tarrant County Democratic Party</i>	
6 Amount (\$): <i>1000</i>	7 Payee address; City; State; Zip Code <i>1311 East 6th Austin, Texas 78702</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contributor donation made by officeholder</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <i>8/25/16</i>	Payee name <i>Tarrant County Democratic Party</i>	
Amount (\$): <i>300</i>	Payee address; City; State; Zip Code <i>1311 East 6th Austin, Texas 78702</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributor donation made by officeholder</i>	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: <i>9/21/16</i>	Payee name <i>AIDS Services of Austin</i>	
Amount (\$): <i>50</i>	Payee address; City; State; Zip Code <i>7215 Cameron Road Austin, Texas 78752</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributor donation made by officeholder</i>	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: _____	

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>Elisabeth Earle</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/19/16</i>	5 Payee name <i>Center for Child Protection</i>	
6 Amount (\$) <i>125⁰⁰</i>	7 Payee address; City; State; Zip Code <i>5809 Fm 969 Aust Texas 78724</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contributions/Donations made by officeholder</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>10/25/16</i>	Payee name <i>Avance Austin</i>	
Amount (\$) <i>50⁰⁰</i>	Payee address; City; State; Zip Code <i>4900 Gonzalez Street #116 Austin Texas 78702</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>10/24/16</i>	Payee name <i>South Austin Democrats</i>	
Amount (\$) <i>60⁰⁰</i>	Payee address; City; State; Zip Code <i>1311 East 6th Austin Texas 78702</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/donations made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages/Schedule G: <u>1/(1)</u>	2 FILER NAME <u>Elizabeth Earle</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/27/16</u>	5 Payee name <u>Trawis County Democratic Party</u>	
6 Amount (\$) <u>120.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>1311 East 6th Austin Texas 78702</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Contribution Donation made by office holder</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

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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 11(2)	2 FILER NAME Elisabeth Earle		3 Filer ID (Ethics Commission Filers)
4 Date 7/10/14	5 Payee name Costco		
6 Amount (\$) 98 57	7 Payee address; City; State; Zip Code 10401 Rescard Blvd. Austin Texas 78759		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Food/Beverage Office overhead	(b) Description (See instructions regarding type of information required.) food and water for court staff	
Date 10/4/16	Payee name Randall's Store		
Amount (\$) 65 63	Payee address; City; State; Zip Code 5311 Balcones Drive Austin Texas 78731		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) food/beverage expense	Description (See instructions regarding type of information required.) office staff Dwi Court staff food/beverage expense	
Date 10/5/16	Payee name Taco deli		
Amount (\$) 24 24	Payee address; City; State; Zip Code 9200 North Lamar Austin Texas 78756		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) food/beverage expense	Description (See instructions regarding type of information required.) office staff Dwi Court + staff food/beverage expense	
Date 12/9/16	Payee name Capitol Giftshop		
Amount (\$) 110 110	Payee address; City; State; Zip Code 112 East 11th Austin Texas 78701		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Gift Award Expense	Description (See instructions regarding type of information required.) ornament gift award	

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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>11</i>	2 FILER NAME <i>Elisabeth Earle</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/22/16</i>	5 Payee name <i>Randalls Store</i>		
6 Amount (\$) <i>241⁹⁵</i>	7 Payee address; City; State; Zip Code <i>5311 Balcones Drive Austin Texas 78731</i>		
8 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 and DWI Court team</i>	
Date <i>12/23/16</i>	Payee name <i>Casa Chayala</i>		
Amount (\$) <i>65⁰⁰</i>	Payee address; City; State; Zip Code <i>9041 Research Blvd. #108 Austin Texas 78758</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>food/beverage expense</i>	Description (See instructions regarding type of information required.) <i>offices staff and DWI Court Team</i>	
Date <i>12/23/16</i>	Payee name <i>LAZ Parking</i>		
Amount (\$) <i>12⁰⁰</i>	Payee address; City; State; Zip Code <i>300 W. 6th Austin Texas 78701</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>parking fee at lunch meeting with Judge Kennedy</i>	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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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: 11 (2)

2 FILER NAME Elisabeth Earle

3 Filer ID (Ethics Commission Filers)

4 Date <u>7/31/16</u>	5 Name of person from whom amount is received <u>UFCU</u>	8 Amount (\$) <u>0.73</u>
	6 Address of person from whom amount is received; City; State; Zip Code <u>201 West 7th Austin Texas 78701</u>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>Interest</u>		

Date <u>8/31/16</u>	Name of person from whom amount is received <u>UFCU</u>	Amount (\$) <u>0.70</u>
	Address of person from whom amount is received; City; State; Zip Code <u>201 West 7th Austin Texas 78701</u>	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>Interest</u>		

Date <u>9/30/16</u>	Name of person from whom amount is received <u>UFCU</u>	Amount (\$) <u>0.63</u>
	Address of person from whom amount is received; City; State; Zip Code <u>201 West 7th Austin Texas 78701</u>	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>Interest</u>		

Date <u>10/31/16</u>	Name of person from whom amount is received <u>UFCU</u>	Amount (\$) <u>0.64</u>
	Address of person from whom amount is received; City; State; Zip Code <u>201 West 7th Austin Texas 78701</u>	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>Interest</u>		

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: 11

2 FILER NAME

Elisabeth Earle

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

11/30/16

UFCU

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

*201 West 7th
Austin Texas 78701*

.62

7 Purpose for which amount is received

Check if political contribution returned to filer

Interest

Date

Name of person from whom amount is received

Amount (\$)

12/31/16

UFCU

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

*201 West 7th
Austin Texas 78701*

.63

Purpose for which amount is received

Check if political contribution returned to filer

Interest

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

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

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED