

**ORIGINAL****JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00019834	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Alfred	MI
	NICKNAME Burt	LAST Carnes	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	405 MLK #8 Georgetown, TX 78626		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Hon.	FIRST Alfred	MI
	NICKNAME Burt	LAST Carnes	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	310 C.R. 317 Georgetown, TX 78626		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	930-1585	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	01/01/2009	THROUGH	06/30/2009
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) District Judge District 368		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
<b>GO TO PAGE 2</b>			

<b>OFFICE USE ONLY</b>	
Date Received	
JUL 10 2009	
By 4:11 PM CMA (P)	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Carnes, Alfred (Hon.)

15 ACCOUNT # (Ethics Commission filers)  
00019834

### 16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	378.68
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4. TOTAL POLITICAL EXPENDITURES	\$	2,634.44
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### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,098.37
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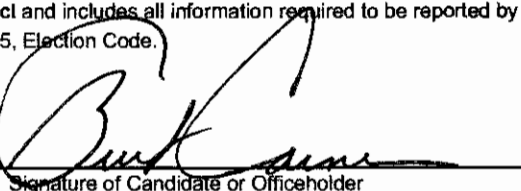
### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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### 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.

Alfred Carnes

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Burt Carnes, this the 10th day of July, 2009, to certify which, witness my hand and seal of office.

Helen Smith  
Signature of officer administering oath

Helen Smith  
Print name of officer administering oath

Williamson  
Deputy District Clerk  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/3 Report: 3/5
<b>2</b> FILER NAME Carnes, Alfred (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00019834
<b>4</b> Date 03/13/2009	<b>5</b> Payee name Amazon.com  <b>6</b> Payee address; City; State; Zip Code P.O. Box 81226 Seattle, WA 98108-1226	<b>7</b> Amount (\$)  \$1,092.20
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Purchase Acer laptop computer  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/19/2009	Payee name Amazon.com  Payee address; City; State; Zip Code P.O. Box 81226 Seattle, WA 98108-1226	Amount (\$)  \$50.93
Purpose of payment (See instructions regarding type of information required.) Purchase computer case  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 06/11/2009	Payee name Boys and Girls Club of Georgetown  Payee address; City; State; Zip Code 210 West 18th St. Georgetown, TX 78626	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 05/05/2009	Payee name Office Depot  Payee address; City; State; Zip Code 1013 West University Georgetown, TX 78628	Amount (\$)  \$82.23
Purpose of payment (See instructions regarding type of information required.) Ink cartridges for printer  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/3 Report: 4/5
<b>2</b> FILER NAME Carnes, Alfred (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00019834
<b>4</b> Date  04/28/2009	<b>5</b> Payee name Round Rock Bakery  <b>6</b> Payee address; City; State; Zip Code P.O. Box 1583 Round Rock, TX 78680	<b>7</b> Amount (\$)  \$50.50
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Buy donuts for Rural Area Court Administrators Conference  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/01/2009	Payee name Taylor Floral  Payee address; City; State; Zip Code 601 Davis Taylor, TX 76574	Amount (\$)  \$68.20
Purpose of payment (See instructions regarding type of information required.) Flowers for Carl Walker funeral  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/29/2009	Payee name The Flower Box Florist  Payee address; City; State; Zip Code 910 M.L.K. Georgetown, TX 78626	Amount (\$)  \$61.70
Purpose of payment (See instructions regarding type of information required.) Flowers for Bijou funeral  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/02/2009	Payee name WCRW--PAC  Payee address; City; State; Zip Code PO Box 342 Round Rock, TX 78680	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation to Fundraiser  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/3 Report: 5/5
<b>2</b> FILER NAME Carnes, Alfred (Hon.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00019834
<b>4</b> Date  03/05/2009	<b>5</b> Payee name Williamson Co. Child Welfare Board  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 1065 Georgetown, TX 78627	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/09/2009	Payee name Williamson County Republican Party  ..... Payee address; City; State; Zip Code P.O. Box 393 Round Rock, TX 78680	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Pro rata share of table at Reagan Dinner  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/01/2009	Payee name Williamson County Republican Party  ..... Payee address; City; State; Zip Code P.O. Box 393 Round Rock, TX 78680	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Sponsor annual picnic  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: