

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

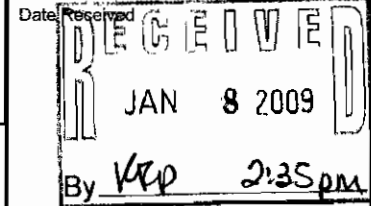
1 ACCOUNT #
(Ethics Commission filers)
00020798

2 PAGE #
1 of 11

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Hon. Billy Ray
NICKNAME LAST SUFFIX
Stubblefield

OFFICE USE ONLY



4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
3016 Gabriel View
Georgetown, TX 78628

Change of Address

Date Hand-delivered or Date Postmarked

P-

Receipt # Amount

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Hon. Billy Ray
NICKNAME LAST SUFFIX
Stubblefield

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
3016 Gabriel View
Georgetown, TX 78628

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

8 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 C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07/01/2008 12/31/2008

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/04/2008

11 OFFICE

OFFICE HELD (if any)
District Judge District 26

12 OFFICE SOUGHT (if known)
District Judge District 26

13 NOTICE OF
DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

... 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

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Stubblefield, Billy Ray (Hon.)

15 ACCOUNT # (Ethics Commission filers)
00020798

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. ..

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	\$	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	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	8,118.26
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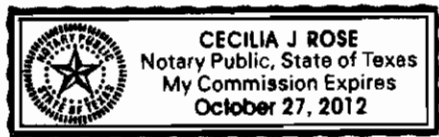
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	19,535.45
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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.

Billy Ray Stubblefield
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BILLY RAY STUBBLEFIELD, this the 8th day of JANUARY, 2009, to certify which, witness my hand and seal of office.

Cecilia J. Rose
Signature of officer administering oath

Cecilia J. Rose
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 3/11
2 FILER NAME Stubblefield, Billy Ray (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020798
4 Date 09/22/2008	5 Payee name D&L Printing 6 Payee address; City; State; Zip Code 40206 Industrial Park Circle Georgetown, TX 78626	7 Amount (\$) \$16.24
8 Purpose of payment (See instructions regarding type of information required.) typesetting for Palace ad (no. 1) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/02/2008	Payee name D&L Printing Payee address; City; State; Zip Code 40206 Industrial Park Circle Georgetown, TX 78626	Amount (\$) \$16.24
Purpose of payment (See instructions regarding type of information required.) typesetting for Palace ad (no. 2) (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 08/18/2008	Payee name Georgetown Area Republican Women Payee address; City; State; Zip Code 4500 Williams Drive Georgetown, TX 78628	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) luncheon fee (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 11/12/2008	Payee name Georgetown Area Republican Women Payee address; City; State; Zip Code 4500 Williams Drive Georgetown, TX 78628	Amount (\$) \$23.00
Purpose of payment (See instructions regarding type of information required.) 2009 dues (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.**1** PAGE #
Schedule: 2/5 Report: 4/11**2** FILER NAME Stubblefield, Billy Ray (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00020798

4 Date 11/12/2008	5 Payee name Georgetown Area Republican Women 6 Payee address; City; State; Zip Code 4500 Williams Drive Georgetown, TX 78628	7 Amount (\$) \$15.00
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8 Purpose of payment (See instructions regarding type of information required.)
luncheon fee(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 12/22/2008	Payee name Lesesne, John (Mr.) Payee address; City; State; Zip Code 402 East Thornton Georgetown, TX 78628	Amount (\$) \$300.00
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Purpose of payment (See instructions regarding type of information required.)
purchase office furniture (barrister bookcases)(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 12/17/2008	Payee name Lonestar Mac Payee address; City; State; Zip Code 8800 Taylor Road Austin, TX 78733	Amount (\$) \$200.00
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Purpose of payment (See instructions regarding type of information required.)
installation of new computer, transfer of data(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 09/22/2008	Payee name Palace Theater of Georgetown Payee address; City; State; Zip Code P.O. Box 1516 Georgetown, TX 78626	Amount (\$) \$495.00
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Purpose of payment (See instructions regarding type of information required.)
Playbill political ads(If travel outside of Texas, complete Schedule T) ** 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.		1 PAGE # Schedule: 3/5 Report: 5/11
2 FILER NAME Stubblefield, Billy Ray (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020798
4 Date 07/02/2008	5 Payee name Republican Club of Sun City 6 Payee address; City; State; Zip Code 145 Stetson Trail Georgetown, TX 78628	7 Amount (\$) \$16.00
8 Purpose of payment (See instructions regarding type of information required.) Dinner 16.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/08/2008	Payee name Republican Club of Sun City Payee address; City; State; Zip Code 145 Stetson Trail Georgetown, TX 78628	Amount (\$) \$26.00
Purpose of payment (See instructions regarding type of information required.) Dinner 16.00 , annual dues 2009, 10.00 (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 08/09/2008	Payee name Rotary Club of Georgetown, Texas Payee address; City; State; Zip Code P.O. Box 921 Georgetown, TX 78627	Amount (\$) \$120.00
Purpose of payment (See instructions regarding type of information required.) dues two months, contribution to Rotary Foundation of \$20.00 (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 10/15/2008	Payee name Rotary Club of Georgetown, Texas Payee address; City; State; Zip Code P.O. Box 921 Georgetown, TX 78627	Amount (\$) \$120.00
Purpose of payment (See instructions regarding type of information required.) dues two months, contribution to Rotary Foundation of \$20.00 (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.		1 PAGE # Schedule: 4/5 Report: 6/11
2 FILER NAME Stubblefield, Billy Ray (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020798
4 Date 07/12/2008	5 Payee name Stubblefield, Billy Ray (Hon.) 6 Payee address; City; State; Zip Code 405 Martin Luther King, Jr. Drive Georgetown, TX 78626	7 Amount (\$) \$347.29
8 Purpose of payment (See instructions regarding type of information required.) Reimburse expenditure of personal funds (Verizon telephone service at office) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/10/2008	Payee name Stubblefield, Billy Ray (Hon.) Payee address; City; State; Zip Code 405 Martin Luther King, Jr. Drive Georgetown, TX 78626	Amount (\$) \$2,459.99
Purpose of payment (See instructions regarding type of information required.) Reimburse expenditure of personal funds (Purchase of computer, extended warranty, etc.) (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 08/06/2008	Payee name United States Fifth Circuit Court of Appeals Librarian Payee address; City; State; Zip Code 600 Maestri Place New Orleans, LA 70130-3408	Amount (\$) \$10.00
Purpose of payment (See instructions regarding type of information required.) Membership dues, federal bar of the Fifth Circuit (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 12/03/2008	Payee name Williamson County Employee Fund Payee address; City; State; Zip Code 710 Main Street Courthouse Georgetown, TX 78626	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Contribution toward the costs of the Swearing-In Ceremony (January 2, 2008) (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.		1 PAGE # Schedule: 5/5 Report: 7/11
2 FILER NAME Stubblefield, Billy Ray (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020798
4 Date 09/08/2008	5 Payee name Williamson County Republican Party 6 Payee address; City; State; Zip Code P.O. Box 393 Round Rock, TX 78680	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) 2009 annual dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/10/2008	Payee name Williamson County Republican Women Payee address; City; State; Zip Code P.O. Box 342 Round Rock, TX 78680	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) 2009 dues (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 11/10/2008	Payee name Williamson County Republican Women Payee address; City; State; Zip Code P.O. Box 342 Round Rock, TX 78680	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) luncheon (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 12/17/2008	Payee name Wooden Heart Antiques Payee address; City; State; Zip Code 105 Vance Street Taylor, TX 76574	Amount (\$) \$703.63
Purpose of payment (See instructions regarding type of information required.) purchase office furniture (credenza) (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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 8/11
2 FILER NAME Stubblefield, Billy Ray (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020798
4 Date 09/16/2008	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 1013 West University Avenue Georgetown, TX 78628 7 Purpose of expenditure (See instructions regarding type of information required.) USB cable (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$23.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/13/2008	Payee name Office Depot Payee address; City; State; Zip Code 1013 West University Avenue Georgetown, TX 78628 Purpose of expenditure (See instructions regarding type of information required.) Printer ink (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$63.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/22/2008	Payee name Office Depot Payee address; City; State; Zip Code 1013 West University Avenue Georgetown, TX 78628 Purpose of expenditure (See instructions regarding type of information required.) Printer paper, DVD media blanks, cartridge (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$50.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/26/2008	Payee name Office Depot Payee address; City; State; Zip Code 1013 West University Avenue Georgetown, TX 78628 Purpose of expenditure (See instructions regarding type of information required.) 2009 Pocket Calendar (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$16.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/02/2008	Payee name Small Dog Electronics Payee address; City; State; Zip Code 1673 Main Street Waitsfield, VT 05673 Purpose of expenditure (See instructions regarding type of information required.) Purchase of Computer, extended warranty, etc. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$2,459.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 9/11
2 FILER NAME Stubblefield, Billy Ray (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020798
4 Date 11/20/2008	5 Payee name Texas Office Products and Supply 6 Payee address; City; State; Zip Code 4300 South IH35 Georgetown, TX 78628 7 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies (paper, pens, pencils, shredder, postal scale, legal pads) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$131.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 07/25/2008	Payee name Verizon Payee address; City; State; Zip Code P.O. Box 920041 Dallas, TX 75392 Purpose of expenditure (See instructions regarding type of information required.) monthly service, DSL, office/campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$57.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08/25/2008	Payee name Verizon Payee address; City; State; Zip Code P.O. Box 920041 Dallas, TX 75392 Purpose of expenditure (See instructions regarding type of information required.) monthly service, DSL, office/campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$57.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/25/2008	Payee name Verizon Payee address; City; State; Zip Code P.O. Box 920041 Dallas, TX 75392 Purpose of expenditure (See instructions regarding type of information required.) monthly service, DSL, office/campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$56.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/25/2008	Payee name Verizon Payee address; City; State; Zip Code P.O. Box 920041 Dallas, TX 75392 Purpose of expenditure (See instructions regarding type of information required.) monthly service, DSL, office/campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$57.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 10/11
2 FILER NAME Stubblefield, Billy Ray (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020798
4 Date	5 Payee name Verizon	8 Amount (\$)
11/25/2008	6 Payee address; City; State; Zip Code P.O. Box 920041 Dallas, TX 75392	\$57.69
	7 Purpose of expenditure (See instructions regarding type of information required.) monthly service, DSL, office/campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Verizon	Amount (\$)
12/25/2008	Payee address; City; State; Zip Code P.O. Box 920041 Dallas, TX 75392	\$60.98
	Purpose of expenditure (See instructions regarding type of information required.) monthly service, DSL, office/campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Williamson County Bar Association	Amount (\$)
10/07/2008	Payee address; City; State; Zip Code c/o Amy McLean P.O. Box 751 Taylor, TX 76574	\$15.00
	Purpose of expenditure (See instructions regarding type of information required.) CLE/dinner (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Williamson County Republican Women	Amount (\$)
10/13/2008	Payee address; City; State; Zip Code P.O. Box 342 Round Rock, TX 78680	\$15.00
	Purpose of expenditure (See instructions regarding type of information required.) Luncheon (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 11/11
2 FILER NAME Stubblefield, Billy Ray (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00020798
4 Date	5 Payee name Lifesteps (Wilco Council on Alcohol and Drugs)	8 Amount (\$)
10/08/2008	6 Payee address; City; State; Zip Code 311 South Main Street Georgetown, TX 78626	\$250.00
	7 Purpose of expenditure (See instructions regarding type of information required.) contribution	
Date	Payee name Rotary Club of Georgetown, Texas	Amount (\$)
12/03/2008	Payee address; City; State; Zip Code P.O. Box 921 Georgetown, TX 78627	\$295.00
	Purpose of expenditure (See instructions regarding type of information required.) dues one months, contribution to Rotary Foundation of \$245.00	
Date	Payee name Texas Highway Patrol Association	Amount (\$)
10/21/2008	Payee address; City; State; Zip Code 501 Oakland Avenue Austin, TX 78703	\$25.00
	Purpose of expenditure (See instructions regarding type of information required.) donation	
Date	Payee name The Caring Place	Amount (\$)
11/24/2008	Payee address; City; State; Zip Code 2000 Railroad Avenue Georgetown, TX 78626	\$200.00
	Purpose of expenditure (See instructions regarding type of information required.) Donation	
Date	Payee name Wesleyan Homes of Texas, Inc.	Amount (\$)
08/12/2008	Payee address; City; State; Zip Code P.O. Box 486 Georgetown, TX 78627-0486	\$250.00
	Purpose of expenditure (See instructions regarding type of information required.) donation (501 (c) (3) charity)	