

**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)	2 Total pages filed: 7/7 ga
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Erleigh NICKNAME LAST SUFFIX Norville	OFFICE USE ONLY Date Received BY: S 2007 JAN 21 P 10:11 LAURAN HUGHES COUNTY CLERK KAUFMAN CO. TEXAS FILED FOR RECORD Date Hand-Delivered or Date Post-Marked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 932-0212		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Janas NICKNAME LAST SUFFIX Byrnes		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 740 Martin Lane, Combine, TX 75759		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 202-3916		
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 7 / 18 / 06 1 / 5 / 0		
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 2006	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Kaufman Co Ct. at Law	13 OFFICE SOUGHT (if known) Kaufman Co. Ct. at Law	
14 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 N/A Address / PO Box; Apt. / Suite #; City; State; Zip Code N/A		
GO TO PAGE 2			

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Erleigh Norville **16 ACCOUNT # (Ethics Commission Filers)**

17 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. **

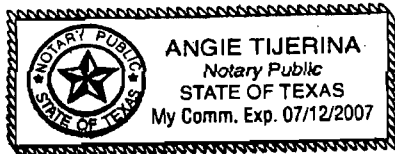
<input type="checkbox"/> GENERAL	COMMITTEE NAME <u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS <u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER NAME <u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>N/A</u>

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>N/A</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>- 0 -</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,439.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>123.93</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

19 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

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Erleigh Norville, this the 12th day of January, 20 07, to certify which, witness my hand and seal of office.

Angie Tijerina Angie Tijerina Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>1 of 5</i>
2 FILER NAME <i>Erleigh Norville</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/28/06</i>	5 Payee name <i>Kaufman Co. Young Republican</i> 6 Payee address; City; State; Zip Code <i>Co, Treasurer: Eric Williams 107 N. Jackson Kaufman, TX 75142</i>	7 Amount (\$) <i>\$ 30.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Republican party donation for membership</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/29/06</i>	Payee name <i>MBNA</i> Payee address; City; State; Zip Code <i>Credit Corp Chase Manhattan</i>	Amount (\$) <i>\$ 250.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Republican party events: food & lodging</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/11/06</i>	Payee name <i>Cingular Wireless</i> Payee address; City; State; Zip Code <i>Dallas, TX</i>	Amount (\$) <i>\$ 221.74</i>
Purpose of payment (See instructions regarding type of information required.) <i>wireless telephone service</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/17/06</i>	Payee name <i>Kaufman Co. Young Republican</i> Payee address; City; State; Zip Code <i>Co, Treasurer: Eric Williams 107 N. Jackson Kaufman, TX 75142</i>	Amount (\$) <i>\$ 250.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Republican party donation for fundrais+R</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>2 of 5</i>
2 FILER NAME <i>Erleigh Norville</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/23/06</i>	5 Payee name <i>Trinity Publications</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>\$6350</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign - advertising</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/25/06</i>	Payee name <i>Cingular Wireless</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$195.92</i>
Purpose of payment (See instructions regarding type of information required.) <i>Wireless telephone service</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/9/06</i>	Payee name <i>Friends of Jeb Hensarling</i> Payee address; City; State; Zip Code <i>PO Box 820504 Dallas, TX 75382-0504</i>	Amount (\$) <i>\$100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>donation to candidate</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/23/06</i>	Payee name <i>Kaufman Chamber of Commerce</i> Payee address; City; State; Zip Code <i>2100 S. Washington Kaufman, TX 75142</i>	Amount (\$) <i>\$150.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>donation for community event</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>3 of 5</i>
2 FILERNAME <i>Erleigh Norville</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/20/06</i>	5 Payee name <i>Cingular Wireless</i>	7 Amount (\$) <i>\$161.40</i>
6 Payee address; City; State; Zip Code <i>2300 S. Washington Kaufman, TX 75142</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>wireless telephone service</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/23/06</i>	Payee name <i>Kaufman Co. Farm Bureau</i>	Amount (\$) <i>\$41.00</i>
Payee address; City; State; Zip Code <i>2300 S. Washington Kaufman, TX 75142</i>		
Purpose of payment (See instructions regarding type of information required.) <i>membership payment</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/23/06</i>	Payee name <i>Kaufman Herald</i>	Amount (\$) <i>\$23.00</i>
Payee address; City; State; Zip Code <i>300 N. Washington Kaufman, TX 75142</i>		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/30/06</i>	Payee name <i>St. Ann's Catholic Church</i>	Amount (\$) <i>\$75.00</i>
Payee address; City; State; Zip Code <i>506 N. Washington Kaufman, TX 75142</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Carnival donation for charity</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4 of 5
2 FILER NAME Erleigh Norville		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/10/06	5 Payee name Kaufman Co. Rep. Party 6 Payee address; City; State; Zip Code	7 Amount (\$) \$44.00
8 Purpose of payment (See instructions regarding type of information required.) Kaufman, TX 75142 (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/13/06	Payee name Limited Editions of America Payee address; City; State; Zip Code 2122 8th Ave N., Suite 502 Seattle, WA 98109	Amount (\$) \$199.00
Purpose of payment (See instructions regarding type of information required.) Artwork for Court @ Courthouse (City of Law) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/30/06	Payee name FBA Payee address; City; State; Zip Code 400 S. Ervay Dallas, TX	Amount (\$) \$62.00
Purpose of payment (See instructions regarding type of information required.) Christmas Card Order for Court mailing list (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/8/06	Payee name Children's Shelter - A. Fern Norville Payee address; City; State; Zip Code FM 1380 Kaufman, TX 75142	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) charitable donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5 of 5
2 FILER NAME Erleigh Norville		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/13/04	5 Payee name Cingular Wireless 6 Payee address; City; State; Zip Code	7 Amount (\$) 158.67
8 Purpose of payment (See instructions regarding type of information required.) wireless telephone service (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/30/06	Payee name Cingular wireless Payee address; City; State; Zip Code	Amount (\$) 164.05
Purpose of payment (See instructions regarding type of information required.) wireless telephone service (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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