

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3549 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:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Judge F. Scott McCown NICKNAME LAST SUFFIX	FIRST MI	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX. APT / SUITE # CITY, STATE, ZIP CODE 3503 Hillbrook Circle Austin, TX 78731		
5 CAMPAIGN TREASURER NAME	TITLE Attorney NICKNAME LAST SUFFIX	FIRST Fernando Rodriguez MI	Receipt # HD / PM Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # CITY, STATE, ZIP CODE 1005 Congress Avenue, Suite 1050 Austin, TX 78701-2424		Amount AUG 15 8 49 AM '97 FILED TRAVIS COUNTY TEXAS
7 CAMPAIGN TREASURER PHONE	AREA CODE ( 512 )	PHONE NUMBER 472-1081	EXTENSION
8 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month Day Year 01 / 01 / 97	THROUGH	Month Day Year 06 / 30 / 97
10 ELECTION	ELECTION DATE Month Day Year 3 / - / 2000	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) Judge, 345th District Court	12 OFFICE SOUGHT (if known) 345th District Court	
13 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 None Address / PO Box, Apt / Suite #, City, State, Zip Code		
<input type="checkbox"/> additional pages			

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

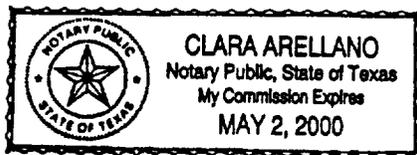
14 C/OH NAME Judge F. Scott McCown 15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S) -- This listing includes 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"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,294.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 32,364.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

### 18 AFFIDAVIT



I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*F. Scott McCown*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said F. Scott McCown, this the 15th day of July, 19 97, to certify which, witness my hand and seal of office.

*Clara Arellano*  
Signature of officer administering oath

Clara Arellano  
Print name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A(J)**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A(J): <b>1</b>
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2 FILER NAME <b>Judge F. Scott McCown</b>	3 ACCOUNT # (Ethics Commission filers)
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code			

9 Contributor's principal occupation	10 Contributor's job title
--------------------------------------	----------------------------

11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
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13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code			

Contributor's principal occupation	Contributor's job title
------------------------------------	-------------------------

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
---------------------------------	---

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address: City: State: Zip Code			

Contributor's principal occupation	Contributor's job title
------------------------------------	-------------------------

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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If contributor is a child, parents' law firm(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEGGED CONTRIBUTIONS (JUDICIAL)**

**SCHEDULE B(J)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

1

2 FILER NAME

Judge F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$ 0.00

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address: City State Zip Code

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address: City State Zip Code

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind contribution description (if applicable)

Pledgor address: City State Zip Code

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS (JUDICIAL)****SCHEDULE E(J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME Judge F. Scott McCown		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial institution?  Y            N	8 Lender address:    City:    State:    Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral  <input type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor  ..... 20 Guarantor address.    City:    State:    Zip Code	21 Amount Guaranteed (\$)
22 Guarantor's Principal Occupation		23 Guarantor's Job Title
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)
26 If guarantor is child, law firm of parent(s) (if any)		

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Judge F. Scott McCown		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name See Attached Pages	7 Amount (\$)
6 Payee address: City: State: Zip Code		
8 Purpose of expenditure		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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**POLITICAL EXPENDITURES**

Page 1

**SCHEDULE F**

<u>Date</u>	<u>Amount</u>	<u>Payee Name</u>	<u>Purpose of Expenditure</u>
02-12-97	\$209.00	Texas Lawyer P.O. Box 840328 Dallas, TX 75284-0328	Subscription Renewal
02-12-97	\$175.00	Texas Weekly P.O. Box 5306 Austin, TX 78763	Subscription Renewal
02-28-97	\$100.00	Texas Democratic Party 919 Congress Avenue, Suite 600 Austin, TX 78701	Sustaining Membership Enrollment
04-14-97	\$ 80.00	Volunteer Legal Services of Central Texas 700 Lavaca, Suite 603 Austin, TX 78701	Tickets for 1997 Law Day Banquet
04-14-97	\$ 25.00	Amalia Rodriguez-Mendoza Travis County & City of Austin Celebration Austin, TX 78701	Sponsorship to Cinco de Mayo
06-19-97	\$ 25.00	Sam Biscoe Travis County Austin, TX 78701	Sponsorship to Juneteenth Celebration
06-30-97	\$248.95	GTE Mobilenet 6010 N. IH 35 Austin, TX 78752	Cellular Equipment



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: 1
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2 FILER NAME Judge F. Scott McCown	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City, State, Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1
2 FILER NAME Judge F. Scott McCown		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name ..... 6 Payee address:                      City:    State:    Zip Code  7 Purpose of expenditure	8 Amount (\$)
Date	Payee name ..... Payee address:                      City:    State:    Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address:                      City:    State:    Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address:                      City:    State:    Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name ..... Payee address:                      City:    State:    Zip Code  Purpose of expenditure	Amount (\$)

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

**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule K: <b>1</b>
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2 FILER NAME <b>Judge F. Scott McCown</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payor name ..... 6 Payor address:                      City,   State,   Zip Code	8 Amount (\$)
	7 Reason for credit	

Date	Payor name ..... Payor address:                      City,   State,   Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name ..... Payor address:                      City,   State,   Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name ..... Payor address:                      City,   State,   Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name ..... Payor address:                      City,   State,   Zip Code	Amount (\$)
	Reason for credit	

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

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:  
1

2 FILER NAME

Judge F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address, City, State, Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M:  
1

2 FILER NAME Judge F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED