

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**3662 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 5
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Judge FIRST: J. (James) MI: David NICKNAME: Phillios LAST: Phillios SUFFIX:	OFFICE USE ONLY Date Received: JAN 5 10 29 AM '98 DAVID PHILLIOS COUNTY CLERK TRAVIS COUNTY, TEXAS FILED	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 207 E. Milton, Austin, TX 78704		
5 CAMPAIGN TREASURER NAME	TITLE: same FIRST: same MI: NICKNAME: LAST: SUFFIX:	Receipt # HD / PM: Amount: Date Processed: Date Imaged:	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 445-0414 EXTENSION:		
8 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 JC/OH - FR)		
9 PERIOD COVERED	Month / Day / Year THROUGH Month / Day / Year 7 / 1 / 97 THROUGH 12 / 31 / 97		
10 ELECTION	ELECTION DATE Month / Day / Year 3 / 10 / 93	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, Travis County Court at Law #1	12 OFFICE SOUGHT (if known) same	
13 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: None Address / PO Box, Apt / Suite #, City, State, Zip Code:		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

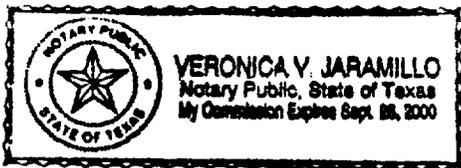
14 C/OH NAME J. David Phillips	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / 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. --	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME None
	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-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3969.31

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 J. David Phillips this the 5th day of January

19 98, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

one

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

J. David Phillips

5 Lender address; City; State; Zip Code

Same as above

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): one	
2 FILER NAME J. David Phillips		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$-0-
5 Date of loan 12/30/97	7 Name of lender J. David Phillips <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) 1200.00	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code Same as above	10 Interest rate -0-	11 Maturity date None
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 checked="" type="checkbox"/> none			
18 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	19 Name of guarantor None		21 Amount Guaranteed (\$)
20 Guarantor address; City; State; Zip Code			
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)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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:

one

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/30/97

5 Payee name

Travis County Democratic Party

7 Amount (\$)

1200.00

6 Payee address; City; State; Zip Code

1905 N. Lamar, Suite 101, Austin, TX 78705

8 Purpose of expenditure

Primary Filing Fee

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED