

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3710

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">5</div>																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">TITLE</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Judge</td> <td>Paul</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Davis</td> <td></td> </tr> </table>	TITLE	FIRST	MI	Judge	Paul		NICKNAME	LAST	SUFFIX		Davis		<div style="text-align: center; font-weight: bold; font-size: 14px;">OFFICE USE ONLY</div> <div style="font-size: 10px; text-align: center;"> Date Received: JUN 14 3 59 PM '98 CLERK OF COURTS TARRANT COUNTY, TEXAS </div> <div style="font-size: 24px; font-weight: bold; text-align: center; margin-top: 10px;">FILED</div>								
TITLE	FIRST	MI																				
Judge	Paul																					
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">ADDRESS / PO BOX,</td> <td style="width:15%; border-bottom: 1px solid black;">APT / SUITE #</td> <td style="width:15%; border-bottom: 1px solid black;">CITY,</td> <td style="width:10%; border-bottom: 1px solid black;">STATE,</td> <td style="width:30%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td>P.O. Box 1748</td> <td></td> <td>Austin, TX</td> <td></td> <td>78767</td> </tr> </table>	ADDRESS / PO BOX,	APT / SUITE #	CITY,	STATE,	ZIP CODE	P.O. Box 1748		Austin, TX		78767											
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">STREET ADDRESS (NO PO BOX PLEASE),</td> <td style="width:15%; border-bottom: 1px solid black;">APT / SUITE #</td> <td style="width:15%; border-bottom: 1px solid black;">CITY,</td> <td style="width:10%; border-bottom: 1px solid black;">STATE,</td> <td style="width:30%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td>1210 Nueces</td> <td></td> <td>Austin TX</td> <td></td> <td>78701</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE),	APT / SUITE #	CITY,	STATE,	ZIP CODE	1210 Nueces		Austin TX		78701											
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13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>.. 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. ..</p> <p>Name</p> <hr/> <p>Address / PO Box, Apt / Suite #, City, State, Zip Code</p>																					

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME
Paul Davis

15 ACCOUNT # (Ethics Commission filers)

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. --

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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

\$

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1712.23

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

31,133.90

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

-0-

18 AFFIDAVIT



SEAL ABOVE

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.

Paul Davis

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paul Davis, this the 13th day of January

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

Jo Ann Torrez

Jo Ann Torrez

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 Total pages Schedule F:

2

2 FILER NAME

Paul Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

SEE ATTACHED

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

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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

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
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		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)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



Expenses July 1, 1997 - Jan. 1, 1998				
Date	Ck. No.	Payee	Amt.	Purpose
21-Jul	523	Lands' End	\$ 146.45	Brief case
22-Jul	524	Youth Sports & Academics	\$ 100.00	Sponsorship
23-Jul	525	AT&T	\$ 13.72	Telephone
11-Aug	529	Computize	\$ 498.04	Printer and cable
9-Sep	751	Office Depot	\$ 39.34	Office supplies
9-Oct	752	South Austin Democrats	\$ 100.00	Sponsor event
2-Nov	753	Best Buy	\$ 18.07	Computer supplies
3-Nov	754	Office Depot	\$ 155.82	Computer supplies
5-Nov	755	Laser Recharge	\$ 48.71	Printer ink refills
6-Nov	757	Paul Davis; reimb for Laser Impact	\$ 167.79	Computer repair
6-Nov	758	Target	\$ 27.05	Coffee pot
7-Nov	759	Office Depot	\$ 9.74	Computer supplies
19-Dec	760	Paul Davis; reimb:	\$ 318.50	Reimbursement
		staff atty interview lunches \$47		
		computer repair \$229		
		USPO \$42.50		
7/1/-1/1		Capitol Credit Union	\$ 69.00	Bank charges
		Total	\$ 1,712.23	

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

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

PAUL DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Laptop computer

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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