

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3780

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE _____ FIRST MI _____
Richard E
NICKNAME _____ LAST SUFFIX _____
Scott

OFFICE USE ONLY
FILED
JAN 16 3 30 PM '98
CLERK
TARRANT COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address
P.O. Box 15052 Austin TX 78761

5 CAMPAIGN TREASURER NAME

TITLE _____ FIRST MI _____
Richard E
NICKNAME _____ LAST SUFFIX _____
Scott

Receipt # _____
HD / PM _____ Amount _____
Date Processed *Jan 16, 1998*
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 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
2 / 16 / 97 *1 / 15 / 98*

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
3 / 10 / 98

11 OFFICE

OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)
Justice of the Peace #2 *Justice of the Peace Act. 1*

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 _____
N/A
Address / PO Box; Apt / Suite #; City; State; Zip Code _____

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Richard E. Scott

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. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

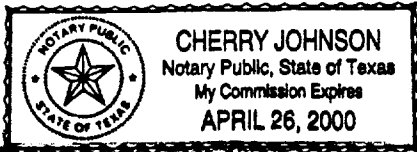
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 875.00
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 225.00

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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

Richard E. Scott
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard E. Scott, this the 15th day of JANUARY, 19 98, to certify which, witness my hand and seal of office.

Cherry Johnson
Signature of officer administering oath

Cherry Johnson
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME Richard E. Scott

3 ACCOUNT # (Ethics Commission filers)

4 Date 1-2-98

5 Full name of contributor Mr. Martin Leff out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
5909 Mount Bonnell Austin, TX 78731

200.00

9 Principal occupation

10 Employer (optional)

Date 1-2-98

Full name of contributor Robert L. Rangel out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2902 INRIDGE Drive Austin TX 78745

100.00

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

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

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation		Employer (optional)	

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Richard E Scott</u>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ <u>0</u>
5 Date of loan <u>12-5-97</u>	7 Name of lender <input type="checkbox"/> out of state PAC <u>Richard E Scott</u>	9 Loan Amount (\$) <u>800.00</u>
6 Is lender a financial institution? <u>Y</u> <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>601 EASY MEADOW BOYS WALKER, TX 78653</u>	10 Interest rate
12 Description of Collateral <input checked="" type="checkbox"/> none		11 Maturity date
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation	18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution? <u>Y</u> <u>N</u>	Lender address; City; State; Zip Code	Interest rate
Description of Collateral <input type="checkbox"/> none		Maturity date
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation	Employer	

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: 1

2 FILER NAME

Richard E. Scott

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-5-97

5 Payee name

TRAVIS County Democratic Party

7

Amount (\$)

800.00

6 Payee address; City; State; Zip Code

1905 N. LAMAR Suite 101 Austin, TX 78705

8 Purpose of expenditure

Filing fee

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

1-2-98

Payee name

TRAVIS County Democratic Party

Amount (\$)

251.00

Payee address; City; State; Zip Code

1905 N. LAMAR Suite 101 Austin, TX 78705

Purpose of expenditure

Filing Day Celebration

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

1-9-98

Payee name

TEXAS Democratic Party

Amount (\$)

50.00

Payee address; City; State; Zip Code

919 Congress Avenue Austin, TX 78701

Purpose of expenditure

TEXAS Democratic Party Salute

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

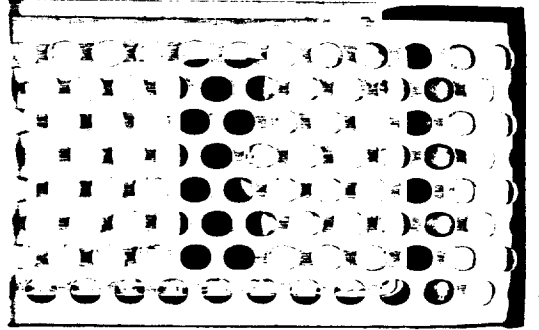
Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Richard E. Scott
P.O. Box 5052
Austin, Texas

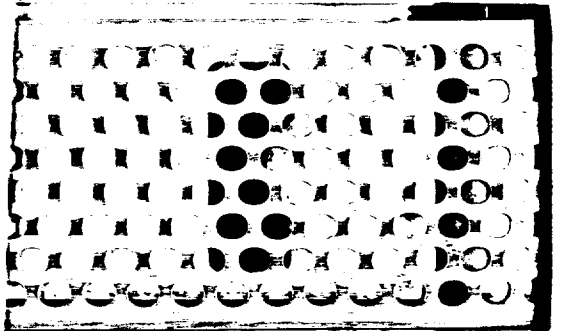


FILED

JAN 16 12 05 PM '98

DANA...
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Travis County Clerk
Elections Division Manager
P.O. Box 1748
Austin, Texas 78767



78767-1748

