

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4220

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:
14

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Judge F. Scott
NICKNAME LAST SUFFIX
Mc Cown

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3503 Hillbrook Circle
Austin, TX 78731

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Attorney Fernando (NMI)
NICKNAME LAST SUFFIX
Rodriguez

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
1005 Congress Avenue, Suite 400
Austin, TX 78701-2415

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 472-1081

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 JC/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 98 THROUGH 12 / 31 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03 / / 2000 Primary Runoff General 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

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 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

 GENERAL SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

 additional pages17 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

\$ 1,733.88

CONTRIBUTION
BALANCE

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

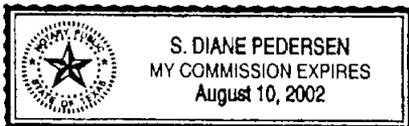
\$ 29,166.85

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, 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.

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 12th day of January, 19 99, to certify which, witness my hand and seal of office.

S. D. Pedersen
Signature of officer administering oath

S. D. Pedersen
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): 1	
2 FILER NAME Judge F. Scott McCown		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
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)	
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 Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
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 Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
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)			

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 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 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 none**18** GUARANTOR INFORMATION**19** Name of guarantor**21** Amount Guaranteed (\$) not applicable**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: 3
2 FILER NAME Judge F. Scott McCown		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/02/98	5 Payee name Custom Book Binders 6 Payee address; City; State; Zip Code 3208 E. 19th Austin, TX 78721	7 Amount (\$) \$152.63
8 Purpose of expenditure Book Binding		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 09/02/98	Payee name Jan Patterson Campaign Payee address; City; State; Zip Code Austin, TX	Amount (\$) \$100.00
Purpose of expenditure Fund raiser ticket		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 09/02/98	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 919 Congress Avenue, Suite 600 Austin, TX 78701	Amount (\$) \$100.00
Purpose of expenditure Coordinated 1998 Campaign		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 09/02/98	Payee name Will Flowers Campaign Payee address; City; State; Zip Code Austin, TX	Amount (\$) \$100.00
Purpose of expenditure Fund raiser ticket		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / 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: 3
2 FILER NAME Judge F. Scott McCown		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/02/98	5 Payee name American Bar Association 6 Payee address; City; State; Zip Code P. O. Box 4745 Carol Stream, IL 60197-4745	7 Amount (\$) \$251.25
8 Purpose of expenditure Membership Renewal		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 09/02/98	Payee name Austin Young Lawyers Association Payee address; City; State; Zip Code 700 Lavaca, Suite 602 Austin, TX 78701-3102	Amount (\$) \$200.00
Purpose of expenditure Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 09/02/98	Payee name Judicial Section, State Bar of Texas Payee address; City; State; Zip Code Honorable Thomas H. Bacus County Courthouse \$30.00 Judge, County Court at Law #2 Room 353 Secretary-Treasurer, Judicial Section Wichita Falls, TX 76301	Amount (\$)
Purpose of expenditure Membership Renewal		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 09/30/98	Payee name Lori Livingston Campaign Payee address; City; State; Zip Code Austin, TX	Amount (\$) \$100.00
Purpose of expenditure Fund raiser tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / 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: <p style="text-align: center;">3</p>
2 FILER NAME Judge F. Scott McCown		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/01/98	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code 919 Congress Avenue, Suite 600 Austin, TX 78701	7 Amount (\$) \$600.00
8 Purpose of expenditure Coordination Campaign		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 12/11/98	Payee name Alliance for Judicial Fund..... Payee address; City; State; Zip Code c/o Lynn Nabers 111 Congress Avenue, Suite 1200 Austin, TX 78701	Amount (\$) \$100.00
Purpose of expenditure Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Judge F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule H: <u>1</u>
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2 FILER NAME Judge F. Scott Campaign	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
--------------------	---

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
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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 Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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:

1

2 FILER NAME

Judge F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	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

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:

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

