

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

4241

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed</b>  <div style="font-size: 2em; text-align: center;">6</div>															
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<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 colspan="3" style="text-align: center; padding: 5px;"> <div style="font-size: 1.5em;">JUDGE J. DAVID</div> </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 colspan="3" style="text-align: center; padding: 5px;"> <div style="font-size: 1.5em;">PHILLIPS</div> </td> </tr> </table>	TITLE	FIRST	MI	<div style="font-size: 1.5em;">JUDGE J. DAVID</div>			NICKNAME	LAST	SUFFIX	<div style="font-size: 1.5em;">PHILLIPS</div>			<b>OFFICE USE ONLY</b>	Date Received <div style="font-size: 1.5em; text-align: center;">JAN 15 10 29 AM '99</div>			
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<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX</td> <td style="width:15%;">APT / SUITE #</td> <td style="width:15%;">CITY</td> <td style="width:15%;">STATE</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;"> <div style="font-size: 1.2em;">207 E. MILTON AUSTIN TX 78704</div> </td> </tr> </table>	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	<div style="font-size: 1.2em;">207 E. MILTON AUSTIN TX 78704</div>					<div style="font-size: 2em; text-align: center; border: 1px solid black; padding: 5px;">FILED</div>						
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<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE)</td> <td style="width:10%;">APT / SUITE #</td> <td style="width:10%;">CITY</td> <td style="width:10%;">STATE</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;"> <div style="font-size: 1.5em;">Same</div> </td> </tr> </table>				STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	<div style="font-size: 1.5em;">Same</div>								
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<b>9 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td style="padding: 5px;">7</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">98</td> <td></td> <td style="padding: 5px;">12</td> <td style="padding: 5px;">31</td> <td style="padding: 5px;">98</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	7	1	98		12	31	98
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<b>11 OFFICE</b>	OFFICE HELD (if any) <div style="font-size: 1.5em;">Judge, Travis County Court at Law #1</div>	<b>12 OFFICE SOUGHT</b> (if known)																
<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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 <div style="font-size: 2em; text-align: center;">N/A</div> Address / PO Box    Apt / Suite #    City    State    Zip Code																	

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

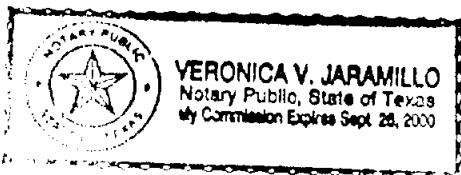
<b>14 C/OH NAME</b> <i>J. DAVID PHILLIPS</i>	<b>15 ACCOUNT #</b> (Ethics Commission files)
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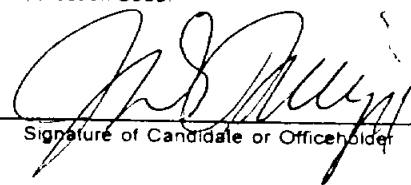
<b>16 SUPPORTING POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <div style="text-align:center; font-size:large; font-weight:bold;">NONE</div>
	<b>COMMITTEE ADDRESS</b>	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>65.00</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>4034.31</i>

### 18 AFFIDAVIT

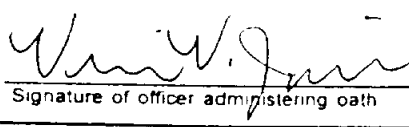
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *J. David Phillips* this the *15* day of *JAN* 19 *99* to certify which, witness my hand and seal of office.

 Signature of officer administering oath	<u><i>Veronica V. Jaramillo</i></u> Print name of officer administering oath	<u><i>NOTARY PUBLIC</i></u> Title of officer administering oath
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## LOANS (JUDICIAL)

## SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J)

1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$

0

5 Date of loan

8/21/98

7 Name of lender

 out of state PAC

SELF, Payment to Austin AFL-CIO Council

9 Loan Amount (\$)

65.00

6 Is lender a financial institution?

Y

(N)

8 Lender address

City

State

Zip Code

FOX ADVERTISING

POLITICAL EXPENDITURE FROM PERSONAL FUNDS

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

 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.



# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

*J. David Phillips*

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

*SELF*

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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

NONE

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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Description of Asset

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