

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4244

## 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:

14

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
*Judge Scott A*  
NICKNAME LAST SUFFIX  
*DAVIS*

OFFICE USE ONLY

Date Received

JAN 15 11 26 AM '99  
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

*P.O. Box 90043 Austin TX 78709*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*Scott*  
NICKNAME LAST SUFFIX  
*DAVIS*

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  
*6703 One Oak Rd Austin TX 78749*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(512) 892-1151*

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  
*10 / 26 / 98 THROUGH 12 / 31 / 98*

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
*11 / 03 / 98*

11 OFFICE

OFFICE HELD (if any)

*Justice of the Peace*

12 OFFICE SOUGHT (if known)

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

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 Scott A. 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. \*\*

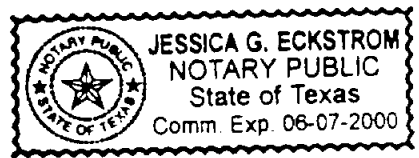
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ <u>500<sup>00/4</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,075<sup>00/4</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,466.39</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000</u>

### 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.



[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott A. Davis, this the 13<sup>th</sup> day of January, 19 99, to certify which, witness my hand and seal of office.

Jessica G. Eckstrom      Jessica G. Eckstrom      Notary  
Signature of officer administering oath      Print name of officer administering oath      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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Form)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/23/98

David + Debbie RAESZ

6 Contributor address: City: State: Zip Code

3755 S. Capt. of TX Hwy 78704

7500<sup>00</sup> <sup>1/4</sup>

9 Principal occupation

realtor

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/23/98

Ned Granger

Contributor address: City: State: Zip Code

605 W. 10th St Austin, TX 78701

500<sup>00</sup> <sup>1/4</sup>

Principal occupation

attorney

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.

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Scott A. Davis

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

11/03/98

7 Name of lender

Scott A. Davis

out of state PAC

9 Loan Amount (\$)

1,000 ~~000~~

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

P.O. Box 90043 Austin, TX 78709

10 Interest rate

None

11 Maturity date

None

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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.	<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission files)

<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address;      City; State; Zip Code	<b>7</b> Amount (\$)  .....
---------------	--	-----------------------------------

<b>8</b> Purpose of expenditure	<b>9</b> .. 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
------------------------	---

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**

**SCHEDULE F**

<sup>A</sup> The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME Scott A. Davis 3 ACCOUNT # (Ethics Commission Uses)

4 Date <u>10/27/98</u>	5 Payee name <u>Chris Sunders</u>	7 Amount (\$) <u>\$ 350<sup>off</sup></u>
6 Payee address: City: State: Zip Code <u>3713 Windsor Rd Austin TX 78703</u>		

8 Purpose of expenditure: mailer layout 9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name: Office sought / held

Date <u>10/27/98</u>	Payee name <u>Times Co. Clerk</u>	Amount (\$) <u>55</u>
Payee address: City: State: Zip Code <u>Courthouse Austin, TX 78701</u>		

Purpose of expenditure: election night results at vote -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name: Office sought / held

Date <u>10/27/98</u>	Payee name <u>Lone Star Press</u>	Amount (\$) <u>4,143<sup>40% TX</sup></u>
Payee address: City: State: Zip Code <u>1902 E. 6th St. Austin TX 78702</u>		

Purpose of expenditure: printing for mailers -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name: Office sought / held

Date <u>10/28/98</u>	Payee name <u>Smart Mail</u>	Amount (\$) <u>5,828<sup>25% TX</sup></u>
Payee address: City: State: Zip Code <u>2011 Anchor Ln Austin, TX 78723</u>		

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

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME SCOTT A. DAVID		3 ACCOUNT # (Ethics Commission files)
4 Date 10/27/98	5 Payee name U.S. Postmaster Payee address: City: State: Zip Code Oak Hill Station Austin TX 78709	7 Amount (\$) \$1,075 <sup>59/100</sup>
8 Purpose of expenditure mailer postage		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/27/98	Payee name Opinion Analyst Payee address: City: State: Zip Code 906 Rio Grande Austin, TX	Amount (\$) \$60 <sup>81/100</sup>
Purpose of expenditure mail list		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/27/98	Payee name Smart mail Payee address: City: State: Zip Code 2011 Anchor Ln Austin TX 78723	Amount (\$) \$54 <sup>14/100</sup>
Purpose of expenditure preparation of mailer + mailing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/27/98	Payee name U.S. Postmaster Payee address: City: State: Zip Code Oak Hill Station Austin TX 78709	Amount (\$) \$213 <sup>00/100</sup>
Purpose of expenditure postage for mailer		-- 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:

2 FILER NAME

Scott A. Davis

3 ACCOUNT # (Ethics Commission Uses)

4 Date

10/27/98

5 Payee name

Ace Printing

6 Payee address: City: State: Zip Code

P.O. Box 13522 Austin, TX 78711-3522

7 Amount (\$)

\$400<sup>00</sup>/<sub>100</sub>

8 Purpose of expenditure

Yard sign stakes + printing

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

Office sought / held

Date

10/27/98

Payee name

Oak Hill Gazette

Payee address: City: State: Zip Code

7200 West Hwy 71 Austin, TX

Amount (\$)

\$130<sup>00</sup>/<sub>100</sub>

Purpose of expenditure

Newspaper insert

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

Office sought / held

Date

10/27/98

Payee name

Opinion Analyst

Payee address: City: State: Zip Code

906 Rio Grande Austin, TX

Amount (\$)

\$307<sup>36</sup>/<sub>100</sub>

Purpose of expenditure

mailing list

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

Office sought / held

Date

10/27/98

Payee name

Smart Mail

Payee address: City: State: Zip Code

2011 Anchor Ln Austin, TX 78723

Amount (\$)

202<sup>40</sup>/<sub>100</sub>

Purpose of expenditure

Postage + cost of mail preparation

-- 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**

<sup>A</sup> The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **4**

2 FILER NAME **Scott A. Davis** 3 ACCOUNT # (Ethics Commission Clerk)

4 Date <b>11/2/98</b>	5 Payee name <b>Sen. Biscoe Campaign</b>	7 Amount (\$) <b>957<sup>02</sup>/<sub>100</sub></b>
6 Payee address; City; State; Zip Code <b>809 Rio Grande Austin TX 78701</b>		

8 Purpose of expenditure <b>Joint mailer</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
---	---

Date <b>12/7/98</b>	Payee name <b>Ace Printing</b>	Amount (\$) <b>111<sup>60</sup>/<sub>100</sub></b>
Payee address; City; State; Zip Code <b>P.O. Box 13522 Austin TX 78711</b>		

Purpose of expenditure <b>Sign materials</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
---	---

Date <b>12/4/98</b>	Payee name <b>Smart Mail</b>	Amount (\$) <b>\$1,577<sup>82</sup></b>
Payee address; City; State; Zip Code <b>2011 Anchor Ln Austin TX 78723</b>		

Purpose of expenditure <b>Preparation + mailing of mailer</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
--	---

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

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

**\*\* 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

**\*\* 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

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought / held

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:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name ..... <b>6</b> Payor address;      City; State; Zip Code ..... <b>7</b> Reason for credit	<b>8</b> Amount (\$)
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Date	Payor name ..... Payor address;      City; State; Zip Code ..... Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name ..... Payor address;      City; State; Zip Code ..... Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name ..... Payor address;      City; State; Zip Code ..... Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name ..... Payor address;      City; State; Zip Code ..... Reason for credit	Amount (\$)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on C/OH page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are a candidate \*\*

### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder