

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4262

## 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
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Judge</i>	FIRST <i>Robert</i>	MI <i>A.</i>
	NICKNAME <i>Bob</i>	LAST <i>Perkins</i>	SUFFIX
<b>OFFICE USE ONLY</b>			
4 CANDIDATE / OFFICEHOLDER ADDRESS		Date Received	
<input type="checkbox"/> Change of Address ADDRESS (PG BOX APT / SUITE # CITY STATE ZIP CODE) <i>2633 Deerfoot Trail Austin, TX 78704</i>		RECEIVED JUN 10 4 23 PM '99	
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS		Receipt #	
<input type="checkbox"/> Change of Address STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <i>Same as above</i>		HD / PM Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		<i>(512) 440 7020</i>	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	<i>7</i>	<i>1</i>	<i>98</i>
	THROUGH		Month Day Year
			<i>12 / 31 / 98</i>
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<i>11</i>	<i>3</i>	<i>98</i>
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	<i>Judge, 331<sup>ST</sup> District Court</i>		<i>Same</i>
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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form. *None*

2 FILER NAME

1 Total pages Schedule A(J)

3 ACCOUNT # (Ethics Commission file#)

4 Date

5 Full name of contributor  out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address City State Zip Code

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  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City State Zip Code

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  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City State Zip Code

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.

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

*None*

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J)
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS:    ⅈ   ⅈ   ⅈ   ⅈ   ⅈ   ⅈ   ⅈ		
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)		

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 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

*None*

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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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

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# OUTSTANDING LOANS

# SCHEDULE L

*None*

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

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

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