

**JUDICIAL CANDIDATE / OFFICEHOLDER 4361
CAMPAIGN FINANCE REPORT**
**FORM JC/OH
COVER SHEET PG 1**
ORIGINAL

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	FIRST	MI
	NICKNAME	LAST	SUFFIX
Judge		F.	Scott
McCown			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	3503 Hillbrook Circle Austin, TX 78731		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Attorney		Fernando	(NMI)
		Rodriguez	
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	<input 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 checked="" 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
	01	01	99
	THROUGH		Month Day Year
			06 / 30 / 99
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03	/	/ 2000
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (# known)	
	Judge, 345th District Court	345th District Court	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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		
	None		
Address / PO Box; Apt. / Suite #; City; State; Zip Code			

GO TO PAGE 2

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)

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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

Judge F. Scott McCown

3 ACCOUNT # (Ethics Commission files)**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 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)

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 01/12/99	5 Payee name Texas Democratic Party 6 Payee address; City; State; Zip Code 919 Congress Avenue, Suite 1600 Austin, TX 78701	7 Amount (\$) \$ 35.00
8 Purpose of expenditure Event Ticket		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 02/25/99	Payee name Central Austin Democrats Payee address; City; State; Zip Code P. O. Box 13522 Austin, TX 78711	Amount (\$) \$ 100.00
Purpose of expenditure Fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 04/01/99	Payee name Texas Democratic Party Payee address; City; State; Zip Code 919 Congress Avenue, Suite 1600 Austin, TX 78701	Amount (\$) \$ 100.00
Purpose of expenditure Sustaining Member Program		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 04/01/99	Payee name Texas Lawyer Payee address; City; State; Zip Code P.O. Box 891260 Dallas, TX 75389	Amount (\$) \$ 249.00
Purpose of expenditure Subscription Renewal		** 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 files)
4 Date 04/06/99	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code Austin, TX 78701	7 Amount (\$) \$ 33.25
8 Purpose of expenditure Postage Stamps		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 04/26/99	Payee name Margaret Gomez Payee address; City; State; Zip Code c/o Commissioner Precinct 4 314 W. 11th Street, Suite 525 Austin, TX 78701	Amount (\$) \$ 25.00
Purpose of expenditure Sponsor Cinco de Mayo Celebration		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 04/26/99	Payee name Volunteer Legal Services Payee address; City; State; Zip Code c/o Judge Covington P.O. Box 1748 Austin, TX 78767	Amount (\$) \$ 100.00
Purpose of expenditure Benefit Sponsorship		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 04/28/99	Payee name AYLA Foundation Payee address; City; State; Zip Code c/o Travis County Bar 700 Lavaca, Suite 602 Austin, TX 78701	Amount (\$) \$ 80.00
Purpose of expenditure Law Day Banquet Tickets		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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**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

05/26/99

5 Payee name

Sam Biscoe Special Projects

7Amount
(\$)**6** Payee address; City; State; Zip CodeP.O. Box 1748
Austin, TX 78767

\$ 25.00

8 Purpose of expenditure

Sponsor Juneteenth Celebration

9 -- 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

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

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

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		<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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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: 1
2 FILER NAME Judge F. Scott McCown		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
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:

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

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

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
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2 FILER NAME Judge F. Scott McCown	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

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

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

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

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

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule L: 1
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2 FILER NAME Judge F. Scott McCown	3 ACCOUNT # (Ethics Commission filers)
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LENDER INFORMATION	4 Name of lender

	5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION	6 Name of guarantor

<input type="checkbox"/> 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

<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender

	Lender address; City; State; Zip Code

GUARANTOR INFORMATION	Name of guarantor

<input type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender

	Lender address; City; State; Zip Code

GUARANTOR INFORMATION	Name of guarantor

<input type="checkbox"/> 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

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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