

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4467

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filer)

2 Total pages filed:  
3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
Judge	Richard	E
NICKNAME	LAST	SUFFIX
	Scott	

OFFICE USE ONLY

Date Received

JAN 14 4 17 PM '00  
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
P.O. Box 15052		Austin	TX	78761

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
	N/A	
NICKNAME	LAST	SUFFIX

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
N/A				

7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
( )	N/A	

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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month	Day	Year	THROUGH	Month	Day	Year
07	01	99		12	31	99

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE

OFFICE HELD (if any)  
Justice of the Peace

12 OFFICE SOUGHT (if known)

N/A

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  
N/A

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

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 Principal occupation (Optional)

10 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 (Optional)

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 (Optional)

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 (Optional)

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 (Optional)

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.**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Richard E. Scott **15 ACCOUNT # (Ethics Commission Acct)**

**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. --

N/A

additional pages

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

**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.)

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

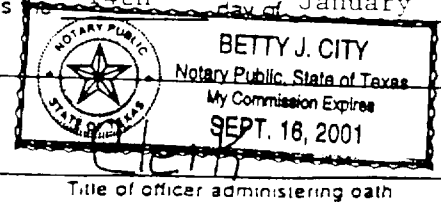
AFFIX NOTARY STAMP / SEAL ABOVE

Witnessed and subscribed before me, by the said Richard E. Scott this 14th day of January

2000, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Betty J. City  
Print name of officer administering oath





# 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" →

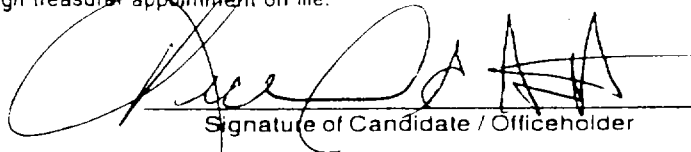
1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

Richard E. Stoff

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:

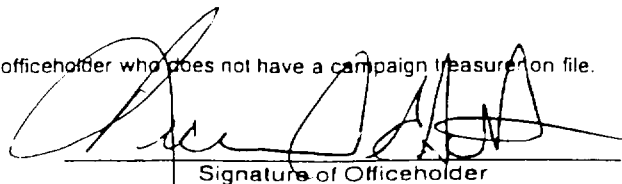
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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

# 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 files)

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