

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4754

**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 FIRST MI <i>Judge J. David</i> NICKNAME LAST SUFFIX <i>Phillips</i>	OFFICE USE ONLY Date Received <i>AM 9 1 49 PM '00</i> <div style="font-size: 2em; text-align: center; margin-top: 10px;">FILED</div>	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>207 East Milton, Austin, TX 78704</i>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>self</i> 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 <i>Same</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 445-0414</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 THROUGH Month Day Year <i>7 / 1 / 2000 12 / 31 / 2000</i>		
10 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>Judge Travis County Court at Law #1</i>	12 OFFICE SOUGHT (if known)	
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 <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">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

14 C/OH NAME

J. David Phillips

15 ACCOUNT # (Ethics Commission files)

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. ==

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

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*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *4034.31*

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.

J. David Phillips

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

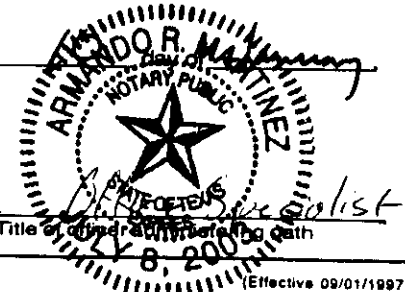
Sworn to and subscribed before me, by the said *J. David Phillips*, this the *10-20-01*, to certify which, witness my hand and seal of office.

Armando R. Martinez

Signature of officer administering oath

Armando R. Martinez

Print name of officer administering oath



Title of officer administering oath

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

J. David Phillips

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor out of state PAC

NONE

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.

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

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 0

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
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12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
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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)

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)

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 files)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ ~~0~~

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

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

NONE

8 Purpose of expenditure

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

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>NONE</i>	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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

NONE

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:

1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

NONE

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

2 FILER NAME

J. David Phillip

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name <i>NONE</i>	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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L: 1

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:

1

2 FILER NAME

J. David Phillip

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

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED