

JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT 4857

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: 14

3 CANDIDATE / OFFICEHOLDER NAME  
TITLE: JUDGE, FIRST: F., MI: SCOTT  
NICKNAME: \_\_\_\_\_, LAST: \_\_\_\_\_, SUFFIX: \_\_\_\_\_  
MC COWN

4 CANDIDATE / OFFICEHOLDER ADDRESS  
ADDRESS / PO BOX: 3503 HILLBROOK CIRCLE  
APT / SUITE #: \_\_\_\_\_, CITY: AUSTIN, TX, STATE: TX, ZIP CODE: 78731  
 Change of Address

5 CAMPAIGN TREASURER NAME  
TITLE: ATTORNEY, FIRST: FERNANDO, MI: \_\_\_\_\_  
NICKNAME: FERDIE, LAST: RODRIGUEZ, SUFFIX: \_\_\_\_\_

6 CAMPAIGN TREASURER ADDRESS  
STREET ADDRESS (NO PO BOX PLEASE): 1005 CONGRESS AVENUE  
APT / SUITE #: SUITE 400, CITY: AUSTIN, TX, STATE: TX, ZIP CODE: 78701  
(Residence or business)

7 CAMPAIGN TREASURER PHONE  
AREA CODE: ( 512 ), PHONE NUMBER: 472-1081, EXTENSION: \_\_\_\_\_

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: 01 / 01 / 01 THROUGH Month / Day / Year: 06 / 31 / 01

10 ELECTION  
ELECTION DATE: Month / Day / Year: 11 / 07 / 00  
ELECTION TYPE:  Primary,  Runoff,  General,  Special

11 OFFICE: OFFICE HELD (if any) Judge, 345th District Court  
12 OFFICE SOUGHT (if known) Judge, 345th District Court

13 NOTICE OF 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

OFFICE USE ONLY  
Date Received: \_\_\_\_\_  
Date Hand-delivered or Date Postmarked: \_\_\_\_\_  
Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Date Imaged: \_\_\_\_\_  
FILED  
01 JUL 11 11:36  
DALLAS COUNTY CLERK  
TRAVIS COUNTY TEXAS

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME  
F. SCOTT MC COWN

15 ACCOUNT # (Ethics Commission Here)

16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 2,102.11

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 49,016.12

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

*F. Scott McCown*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said F. Scott McCown, this the 11<sup>th</sup> day of July, 20 01, to certify which, witness my hand and seal of office.

*S. Diane Pedersen*  
Signature of officer administering oath

S. Diane Pedersen  
Print name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME F. SCOTT MC COWN		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ..... 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 (ID#: ..... 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 (ID#: ..... 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):	
2 FILER NAME <p style="text-align: center;">F. SCOTT MC COWN</p>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 (ID#: _____)	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 (ID#: _____)	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.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME F. SCOTT MC COWN		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/04/01	5 Payee name Cinco De Mayo 6 Payee address: City: State: Zip Code c/o Margaret J. Gomez, County Commissioner Precinct 4, Stokes Bldg., Room 525 Austin, TX 78701	7 Amount (\$) \$ 25.00
8 Purpose of payment (See instructions regarding type of information required.) Travis County Cinco de Mayo Donation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/23/01	Payee name AYLA Foundation Payee address: City: State: Zip Code 700 Lavaca Austin, TX 78701	Amount (\$) \$ 25.00
Purpose of payment (See instructions regarding type of information required.) Law Day Banquet tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/26/01	Payee name Volunteer Legal Services Payee address: City: State: Zip Code c/o Judge Susan Covington P.O. Box 1748 Austin, TX 78767	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/18/01	Payee name RCL Portrait Design Payee address: City: State: Zip Code 107 RR 620 South, Suite 201 Austin, TX 78734	Amount (\$) \$243.56
Purpose of payment (See instructions regarding type of information required.) Portrait Order		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME F. SCOTT MC COWN		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	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  20 Guarantor address;   City;   State;   Zip Code	21 Amount Guaranteed (\$)
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:
2 FILER NAME F. SCOTT MC COWN		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/18/01	5 Payee name Sam Biscoe Special Projects 6 Payee address; City; State; Zip Code c/o Cheryl Brown Executive Assistant for Judge Biscoe 310 W. 11th Street, Stokes Bldg.; Austin, TX 78701	7 Amount (\$) \$ 25.00
8 Purpose of payment (See instructions regarding type of information required.) Juneteenth Celebration Donation		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 05/18/01	Payee name U.S. Postal Service Payee address; City; State; Zip Code Downtown Station Austin, TX 78701	Amount (\$) \$ 7.11
Purpose of payment (See instructions regarding type of information required.) Postage Stamps		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 06/14/01	Payee name American Bar Association Payee address; City; State; Zip Code P.O. Box 4745 Carol Stream, IL 60197-4745	Amount (\$) \$256.25
Purpose of payment (See instructions regarding type of information required.) Renewal of Membership Dues		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 06/08/01	Payee name Scott McCown Payee address; City; State; Zip Code 3503 Hillbrook Circle Austin, TX 78731	Amount (\$) \$37.13
Purpose of payment (See instructions regarding type of information required.) Reimbursement of food for Child Welfare Board Working June Meeting		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office 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 F. SCOTT MC COWN		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/25-27/01	5 Payee name Scott McCown  6 Payee address; City; State; Zip Code 3503 Hillbrook Circle Austin, TX 78731	7 Amount (\$)  \$1,258.06
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement of expenses to testify before Congress on 6/25-27/01		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

2 FILER NAME

F. SCOTT MC COWN

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
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
	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:
2 FILER NAME F. SCOTT MC COWN		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  6 Business address: City: State: Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name  Business address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name  Business address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name  Business address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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 this Schedule I:

2 FILER NAME

F. SCOTT MC COWN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code	Amount (\$) 
	Purpose of expenditure (See instructions regarding type of information required.)	
	Date Payee name Payee address; City; State; Zip Code	Amount (\$) 
	Purpose of expenditure (See instructions regarding type of information required.)	
	Date Payee name Payee address; City; State; Zip Code	Amount (\$) 
	Purpose of expenditure (See instructions regarding type of information required.)	
	Date Payee name Payee address; City; State; Zip Code	Amount (\$) 
	Purpose of expenditure (See instructions regarding type of information required.)	

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages (this Schedule K):

2 FILER NAME

F. SCOTT MC COWN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	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 this Schedule L:

2 FILER NAME

F. SCOTT MC COWN

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

**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 this Schedule M:

2 FILER NAME

F. SCOTT MC COWN

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

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**