

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

### 4862

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

12

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
**PAUL**  
NICKNAME LAST SUFFIX  
**DAVIS**

OFFICE USE ONLY

Date Received

DATE RECEIVED  
COMMITTEE CLERK  
TAMARA GRIFFIN  
512-463-5800

01 JUL 13 AM 10:29

FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE

PO Box 1748  
AUSTIN, TX. 78767

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

( )

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  6th day before election  Exceeded \$500 limit  Final report (Attach JC/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
1 / 1 / 01 THROUGH 6 / 30 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
**JUDGE, 200<sup>th</sup> DIST. CT.**

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

additional pages

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME PAUL DAVIS 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	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 -
	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	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,180.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,150.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -


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.

Paul Davis  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Davis this the 1<sup>st</sup> day of July.

 LORRAINE ELZIA  
Notary Public, State of Texas  
My Commission Expires  
JULY 15, 2005

Judicial Aide Lorraine Elzia  
Print name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

NONE

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A(J):
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2 FILER NAME <b>PAUL DAVIS</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)**

*NONE*

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B(J):

2 FILER NAME *PAUL DAVIS* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄   ⇄   \$

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)

**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

PAUL DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

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

SEE ATTACHED.

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

PAUL DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

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

<b>Paul Davis - Schedule F</b>			
<b>Payee</b>	<b>Date</b>	<b>Amount</b>	<b>Purpose</b>
Office Depot	January 3, 2001	\$ 33.87	Office Supplies
District Judge's Office	January 17, 2001	\$ 10.00	Flowers
Travis County Women Lawyer's Association	January 19, 2001	\$ 600.00	Mary Pearl Williams Scholarship
Ozarka	January 24, 2001	\$ 49.10	Water
Office Depot	January 24, 2001	\$ 31.99	Office Supplies
Pizza Hut	January 26, 2001	\$ 55.00	Jury Lunch
Texas Center for the Judiciary	February 9, 2001	\$ 35.00	Registration
Ozarka	March 1, 2001	\$ 39.75	Water
Ozarka	April 17, 2001	\$ 26.65	Water
Cinco de Mayo Celebration	April 17, 2001	\$ 25.00	Sponsor 5 de Mayo Celebration
District Judge's Office	April 18, 2001	\$ 8.00	Flowers
Volunteer Legal Services	April 23, 2001	\$ 150.00	Sponsor Volunteer Attorney Dinner
Ozarka	May 2, 2001	\$ 46.20	Water
Juneteenth Celebration	May 17, 2001	\$ 25.00	Sponsor Juneteenth Celebration
Office Depot	June 27, 2001	\$ 44.51	Office Supplies
Total		\$ 1,180.07	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

NONE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

PAUL DAVIS

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	B 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

*None*

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

*PAUL DROVES*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

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

*None*

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: .

2 FILER NAME

*PAUL DAVIS*

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

# OUTSTANDING LOANS

# SCHEDULE L

NONE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

PAUL DAVIS

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

*NONE*

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

*PAUL DAVIS*

3 ACCOUNT # (Ethics Commission files)

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