

JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

02 JAN 14 PM 1:34

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

ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE

FIRST

MI

JUDGE

F.

SCOTT

NICKNAME

LAST

SUFFIX

MC COWN

OFFICE USE ONLY

Date Received

02 JAN 14 PM 2:12

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3503 HILLBROOK CIRCLE
AUSTIN, TX 78731

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE

FIRST

MI

ATTORNEY

FERNANDO

NICKNAME

LAST

SUFFIX

RODRIGUEZ

Receipt #

Amount

Date Processed

Date Imaged

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

7 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 472-1081

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

THROUGH

Month

Day

Year

07 / 31 / 01

12 / 31 / 01

10 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

11 / 07 / 00

Primary

Runoff

General

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Judge, 345th District Court

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

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 filers)

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

GENERAL

SPECIFIC

COMMITTEE NAME

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 \$ 0.00

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 \$ 1,662.57

CONTRIBUTION BALANCE

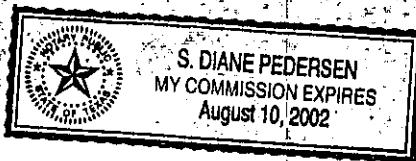
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 47,353.55

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 14th day of January, 20 02, 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 INSTRUCTION GUIDE 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

out-of-state PAC (ID#:

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 (ID#:

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 (ID#:

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):

2 FILER NAME

F. SCOTT MC COWN

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
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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
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Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
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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
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Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
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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):
2 FILER NAME F. SCOTT MC COWN		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
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 07/26/01	5 Payee name Travis County Democratic Party	7 Amount (\$) \$1,000.00
6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263		

8 Purpose of payment (See instructions regarding type of information required.) 2001 party office overhead.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 07/26/01	Payee name National Council of Juvenile & Family Court Judges	Amount (\$) \$ 125.00
Payee address; City; State; Zip Code P.O. Box 8970 Reno, NV 89507		

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
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Date 08/22/01	Payee name Austin Young Lawyers Foundation	Amount (\$) \$ 56.26
Payee address; City; State; Zip Code 700 Lavaca Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) Charitable Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 09/14/01	Payee name Houston Young Lawyers Association	Amount (\$) \$ 50.00
Payee address; City; State; Zip Code c/o Colleen McHugh 2000 One Shoreline Plaza, South Tower 800 North Shoreline Blvd., Corpus Christi, TX 78401		

Purpose of payment (See instructions regarding type of information required.) Charitable Donation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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

10/16/01

5 Payee name

Scott McCown

7 Amount (\$)

\$ 171.32

6 Payee address; City; State; Zip Code

3503 Hillbrook Circle
Austin, TX 78731

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement of four (4) books purchased from Mental Health Resources Conference & Catalog Booksellers

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/19/01

Payee name

Austin Young Lawyers Assoc/TCBA

Payee address; City; State; Zip Code

700 Lavaca
Austin, TX 78701

Amount (\$)

\$ 40.00

Purpose of payment (See instructions regarding type of information required.)

Charitable Donation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/10/01

Payee name

Travis County Democratic Party

Payee address; City; State; Zip Code

P.O. Box 684263
Austin, TX 78768-4263

Amount (\$)

\$ 100.00

Purpose of payment (See instructions regarding type of information required.)

January 2, 2002 Filing Day Dinner
2 Tickets, General Admission

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/11/01

Payee name

Texas Democratic Party

Payee address; City; State; Zip Code

701 Rio Grande Street
Austin, TX 78701

Amount (\$)

\$ 120.00

Purpose of payment (See instructions regarding type of information required.)

November sustaining membership dues

** 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 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	6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure		
			<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure		
			<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure		
			<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure		
			<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Payee address; City; State; Zip Code	Amount (\$)
	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:

2 FILER NAME
F. SCOTT MC COWN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

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

Amount
(\$)

Business address; City; State; Zip Code

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

Amount
(\$)

Business address; City; State; Zip Code

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

Amount
(\$)

Business address; City; State; Zip Code

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.)	

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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