

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**5012**

**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 <i>Judge</i>	FIRST <i>Robert</i>	MI <i>A.</i>
	NICKNAME <i>Bob</i>	LAST <i>Perkins</i>	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received JAN 15 PM 3:50 BANA GREGORY COUNTY CLERK TARRANT COUNTY, TEXAS			
Date Hand-deli... or Date Postmarked			
Receipt #		Amount	
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
<input type="checkbox"/> Change of Address	<i>2633 Deerfoot Tr. Austin, TX. 78704</i>		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
	<i>Bob Perkins</i>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
	<i>Same as above</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(512)</i>	<i>440-7020</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 C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	<i>10</i>	<i>3</i>	<i>2001</i>
	THROUGH		Month Day Year
			<i>12 / 31 / 2001</i>
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<i>11</i>	<i>5</i>	<i>02</i>
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SIGHT (if known)
	<i>Judge, 33rd Dist. Court</i>		<i>Same</i>
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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

*Bob Perkins*

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	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	\$	_____
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	_____
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	177. <sup>00</sup>
4. TOTAL POLITICAL EXPENDITURES	\$	1,927.-
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,737.73
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	_____

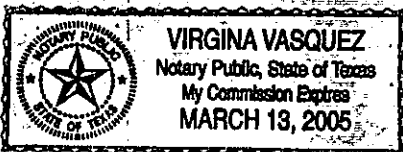
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.



*Bob Perkins*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bob Perkins, this the 15th day of January, 20 02, to certify which, witness my hand and seal of office.

Virginia Vasquez      Virginia Vasquez      Judicial Aide  
Signature of officer administering oath      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):

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

<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description(if applicable)
	<b>6</b> 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 (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 <input type="checkbox"/> 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)**

*None*

**SCHEDULE B (J)**

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

2 FILER NAME 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.

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

*None*

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME		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		21 Amount Guaranteed (\$)
	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:
2 FILER NAME <i>Bob Kerhorn</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/5/01</i>	5 Payee name <i>Monuments Tejano Committee</i> 6 Payee address: City, State, Zip Code <i>505 B West Lynn Austin, TX, 78703</i>	7 Amount (\$) <i>250.-</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Purchase of tickets to their Reception</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>11/18/01</i>	Payee name <i>Austin Tejano Democrats</i> Payee address: City, State, Zip Code <i>P.O. Box 684734 Austin, TX, 78768-4734</i>	Amount (\$) <i>200.-</i>
Purpose of payment (See instructions regarding type of information required.) <i>For Ad in Program</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>12/4/01</i>	Payee name <i>Travis County Democratic Party</i> Payee address: City, State, Zip Code <i>P.O. Box 684263 Austin, TX, 78768</i>	Amount (\$) <i>100</i>
Purpose of payment (See instructions regarding type of information required.) <i>To purchase ticket to Filing Day Dinner</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>12/6/01</i>	Payee name <i>Travis Co. Demo Party</i> Payee address: City, State, Zip Code <i>Same as above</i>	Amount (\$) <i>1,200.-</i>
Purpose of payment (See instructions regarding type of information required.) <i>Filing Fee</i>	** 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**

*None*

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule G:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name  6 Payee address; City; State; Zip Code  7 Purpose of expenditure	8 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
------	--	---

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

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

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

4 Date	5 Business name  6 Business address; City; State; Zip Code	7 Amount (\$)
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8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Business name  Business address; City; State; Zip Code	Amount (\$)
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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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Date	Business name  Business address; City; State; Zip Code	Amount (\$)
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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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**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 this Schedule I:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name  6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 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.)	

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**

*None*

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule K:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

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

Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
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**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 this Schedule L:

2 FILER NAME

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

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**ASSETS VALUED AT \$500 OR MORE**

*None*

**SCHEDULE M**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule M:

2 FILER NAME 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**