

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

### 5142

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

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

9

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
J. David  
NICKNAME LAST SUFFIX  
Phillips

OFFICE USE ONLY

Date Received  
Date Hand-delivered or Date Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
207 E. MILTON, AUSTIN, TX 78704

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
self  
NICKNAME LAST SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
Same

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 445-0414

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  
1 / 1 / 2 THROUGH 6 / 30 / 2

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11 / 5 / 2  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
Judge, Travis County Court of Law #1

12 OFFICE SOUGHT (if known)

Same

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  
NONE  
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

*J. David Phillips*

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

additional pages

COMMITTEE NAME

*NONE*

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ *725<sup>00</sup>*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *6466.09*

CONTRIBUTION BALANCE

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

\$ *18,535.77*

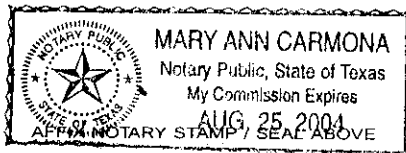
OUTSTANDING LOAN TOTALS

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.



*J. David Phillips*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *J. David Phillips*, this the *2nd* day of *July*, 20 *02*, to certify which, witness my hand and seal of office.

*Mary Ann Carmona*  
Signature of officer administering oath

*MARY ANN CARMONA*  
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): <b>3</b>	
2 FILER NAME <b>J. David Phillips</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/23/2</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) <b>Peter D. Kennedy</b>	7 Amount of contribution (\$) <b>25.00</b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>114 W. 7<sup>th</sup> St, Suite 1100 AUSTIN, TX 78701</b>			
9 Contributor's principal occupation <b>Lawyer</b>		10 Contributor's job title	
11 Contributor's employer/law firm <b>George &amp; Donaldson</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>1/24/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) <b>A. Boone Almanza</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>1717 W. 6<sup>th</sup>, Suite 230 AUSTIN, TX 78703</b>			
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title	
Contributor's employer/law firm <b>AKIN &amp; ALMANZA</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>1/25/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) <b>Lucius D. Bunton</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>6005 Mountain Villa Dr. AUSTIN, TX 78731</b>			
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title	
Contributor's employer/law firm <b>Lucius D. Bunton</b>		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.

**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): <b>3</b>	
2 FILER NAME <b>J. David Phillips</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/30/2</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher P. Morgan</b>	7 Amount of contribution (\$) <b>25.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>8816 Tallwood Dr, # 203 Austin, TX 78759</b>			
9 Contributor's principal occupation <b>Lawyer</b>		10 Contributor's job title	
11 Contributor's employer/law firm <b>Christopher Morgan</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>2/6/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher P. Morgan</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8816 Tallwood Dr, #203 Austin, TX 78759</b>			
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title	
Contributor's employer/law firm <b>Christopher Morgan</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>2/16/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paula J. Salinas</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>900 Rio Grande Austin, TX 78701</b>			
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title	
Contributor's employer/law firm <b>Paula Salinas</b>		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.

**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): **3**

2 FILER NAME **J. David Phillips** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/20/2</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kemp Kasling</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>823 Congress Ave, Suite 1010 Austin, TX 78701</b>			

9 Contributor's principal occupation **Lawyer** 10 Contributor's job title

11 Contributor's employer/law firm **Kasling, O'Toole & Hemphill, LLP** 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <b>4/10/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Loden</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>111 Congress Ave., Suite 1080 Austin, TX 78701</b>			

Contributor's principal occupation **Lawyer** Contributor's job title

Contributor's employer/law firm **Law office of Larry Loden** 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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME

**J. David Phillips**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**1/2/2**

5 Payee name

**SOUTH AUSTIN DEMOCRATS**

7 Amount (\$)

**100.00**

6 Payee address; City; State; Zip Code

**P.O. Box 152592  
AUSTIN, TX 78715-2592**

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

**Sponsorship of Yeller Dawg Fundraiser**

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

Candidate / Officeholder name Office sought Office held

Date

**1/12/2**

Payee name

**J. David Phillips**

Amount (\$)

**4701.51**

Payee address; City; State; Zip Code

**207 E. MILTON  
AUSTIN, TX 78704**

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

**Repay Loans to Campaign**

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

Candidate / Officeholder name Office sought Office held

Date

**1/22/2**

Payee name

**League of Women Voters AUSTIN AREA Ed. Fund**

Amount (\$)

**18.00**

Payee address; City; State; Zip Code

**1011 W. 31<sup>st</sup> ST.  
AUSTIN, TX 78705**

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

**entrance fee to fundraiser**

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

Candidate / Officeholder name Office sought Office held

Date

**2/10/2**

Payee name

**Kirk Watson Campaign**

Amount (\$)

**100.00**

Payee address; City; State; Zip Code

**P.O. Box 1863  
AUSTIN, TX 78767**

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

**Admission fee to fundraiser**

.. 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: **4**

2 FILER NAME **J. David Phillips**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/22/2**

5 Payee name  
**Texas Association of County Court at Law Judges**  
6 Payee address; City; State; Zip Code  
**1414 Colorado, Suite 502  
AUSTIN, TX 78701**

7 Amount (\$)  
**25.00**

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

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**3/28/2**

Payee name  
**Deaf Abused Women and Children Advocacy Service**  
Payee address; City; State; Zip Code  
**P.O. Box 19454  
AUSTIN, TX 78760**

Amount (\$)  
**150.00**

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

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**4/19/2**

Payee name  
**Cinco de Mayo Fund**  
Payee address; City; State; Zip Code  
**cb Margret Gomez  
P.O. Box 1748  
AUSTIN, TX 78767**

Amount (\$)  
**25.00**

Purpose of payment (See instructions regarding type of information required.)  
**Sponsor Cinco de Mayo Fiesta**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**4/19/2**

Payee name  
**CAPITAL AREA DEMOCRATIC WOMEN - PAC**  
Payee address; City; State; Zip Code  
**P.O. Box 12962  
AUSTIN, TX 78711**

Amount (\$)  
**100.00**

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

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME

**J. David Phillips**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**4/24/2**

5 Payee name

**Ironworks BBQ**

6 Payee address; City; State; Zip Code

**100 Red River  
AUSTIN, TX 78701**

7 Amount (\$)

**111.58**

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

**Food for staff birthday party**

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

Candidate / Officeholder name Office sought Office held

Date

**5/4/2**

Payee name

**VOTE 2002 Travis County Democratic Party**

Payee address; City; State; Zip Code

**P.O. Box 684263  
AUSTIN, TX 78768**

Amount (\$)

**1000.00**

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

**Get out the vote Campaign**

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

Candidate / Officeholder name Office sought Office held

Date

**5/5**

Payee name

**Inns of Court**

Payee address; City; State; Zip Code

**c/o Ricky Rivers, Treasurer  
P.O. Box 2063  
AUSTIN, TX 78768**

Amount (\$)

**60.00**

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

**Admission to Social Event at Dell Diamond - Baseball Game**

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

Candidate / Officeholder name Office sought Office held

Date

**5/16/2**

Payee name

**Sam Biscoe Special Projects**

Payee address; City; State; Zip Code

**P.O. Box 1748  
AUSTIN, TX 78767**

Amount (\$)

**25.00**

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

**Sponsor of Juneteenth Celebration**

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

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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1 Total pages Schedule F:

4

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/20/2

5 Payee name

Ann Kitchen Campaign

7 Amount (\$)

50.00

6 Payee address; City; State; Zip Code

P.O. Box 3253  
AUSTIN, TX 78764

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

Admission to fundraising event

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee 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

Payee name

Amount (\$)

Payee 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

Payee name

Amount (\$)

Payee 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

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