

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**ORIGINAL** 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: Judge  
 FIRST: F.  
 MI: Scott  
 NICKNAME: -----  
 LAST: McCown  
 SUFFIX:

**OFFICE USE ONLY**  
 02 JUL -3 PM 3:07  
 FILED  
 DANA DEBEVERA  
 COUNTY CLERK  
 TRAVIS COUNTY TEXAS  
 Receipt #  
 HD / PM  
 Amount  
 Date Processed

**4 CANDIDATE / OFFICEHOLDER ADDRESS**  
 ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
 3503 Hillbrook Circle  
 Austin, Texas 78731  
 Change of Address

**5 CAMPAIGN TREASURER NAME**  
 TITLE: Attorney  
 FIRST: Fernando  
 MI: ---  
 NICKNAME: Ferdie  
 LAST: Rodriguez  
 SUFFIX:

**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, Texas 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 JC/OH - FR)

**9 PERIOD COVERED**  
 Month Day Year THROUGH Month Day Year  
 01 / 01 / 02 THROUGH 06 / 30 / 02

**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 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 McCown

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 0.00

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

\$ 1,218.35

CONTRIBUTION  
BALANCE

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

\$ 46,135.20

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, 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 3<sup>rd</sup> day of July, 2002, 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):	
FILER NAME F. Scott McCown		3 ACCOUNT # (Ethics Commission filers)	
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, parents' law firm(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 McCown

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$ 0.00

5 Date

6 Full name of pledgor

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

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

out of state PAC

Amount of pledge (\$)

In-kind contribution 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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$ 0.00

5 Date of loan

7 Name of lender

 out of state PAC

9 Loan Amount (\$)

6 Is lender a  
financial institution?

8 Lender address. City. State. Zip Code

10 Interest rate

Y N

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

 none18 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/05/02

5 Payee name

Custom Bookbinders

7 Amount  
(\$)

6 Payee address: City, State, Zip Code

Austin, Texas

\$185.00

8 Purpose of expenditure

Book Binding

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

02/13/02

Payee name

Child Welfare League of America

Payee address: City, State, Zip Code

Washington, D.C.

Amount  
(\$)

\$140.00

Purpose of expenditure

Conference Fee

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

03/05/02

Payee name

Texas Democratic Party

Payee address: City, State, Zip Code

710 Rio Grande Street  
Austin, TX 78701Amount  
(\$)

\$35.00

Purpose of expenditure

Event Ticket

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

04/23/02

Payee name

Travis County Bar Association

Payee address: City, State, Zip Code

700 Lavaca, Suite 602  
Austin, TX 78701Amount  
(\$)

\$28.00

Purpose of expenditure

Law Day Luncheon

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / 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 McCown

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/23/02

5 Payee name

Honorable Margaret J. Gomez, County Commissioner

7 Amount  
(\$)

6 Payee address; City; State; Zip Code

Precinct No. 4; Stokes Bldg.  
Austin, TX 78701

\$25.00

8 Purpose of expenditure

Charitable Donation -- Cinco de Mayo  
Celebration9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

04/23/02

Payee name

Austin Young Lawyers Association

Amount  
(\$)

Payee address; City; State; Zip Code

c/o Judge Suzanne Covington  
P.O. Box 1748  
Austin, TX 78701

\$100.00

Purpose of expenditure

Charitable Donation -- Pro Bono Fund

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

05/20/02

Payee name

Sam Biscoe Special Projects

Amount  
(\$)

Payee address; City; State; Zip Code

P.O. Box 1748; Stokes Bldg.  
Austin, TX 78701

\$25.00

Purpose of expenditure

Charitable Donation -- Juneteenth  
Celebration.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

05/21/02

Payee name

Travis County Woman's League Association

Amount  
(\$)

Payee address; City; State; Zip Code

Austin, Texas

\$70.00

Purpose of expenditure

Charitable Donation -- Scholarship Fund

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / 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: 1

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission files)

4 Date

05/23/02

5 Payee name

National Council of Juvenile & Family Court Judges

7 Amount (\$)

\$195.00

6 Payee address: City: State: Zip Code

Reno, Nevada

8 Purpose of expenditure

Conference Registration Fee

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

Candidate / Officeholder name

Office sought / held

Date

06/ /02

Payee name

American Bar Association

Amount (\$)

\$256.25

Payee address: City: State: Zip Code

Chicago, Illinois

Purpose of expenditure

Annual Dues

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

Candidate / Officeholder name

Office sought / held

Date

06/ /02

Payee name

American Bar Association

Amount (\$)

\$150.00

Payee address: City: State: Zip Code

Washington, D.C.

Purpose of expenditure

Subscription for Center for Children and Law Publications

\*\* 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



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address: City, State, Zip Code

7 Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

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 McCown

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME **F. Scott McCown**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name  6 Payee address, City, State, Zip Code  7 Purpose of expenditure	8 Amount (\$)
Date	Payee name  Payee address, City, State, Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name  Payee address, City, State, Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name  Payee address, City, State, Zip Code  Purpose of expenditure	Amount (\$)
Date	Payee name  Payee address, City, State, Zip Code  Purpose of expenditure	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City, State, Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City, State, Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City, State, Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City, State, Zip Code

Reason for credit

Date

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 Schedule L:

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

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

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 Schedule M:
2 FILER NAME F. Scott McCown	3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset
Description of Asset
Description of Asset
Description of Asset
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED