

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A JUDICIAL CANDIDATE**

5148

**FORM AJCTA
PG 1**

1 JUDICIAL CANDIDATE NAME <i>F. Scott McLown</i>	2 ACCOUNT #	3 Total pages filed:
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See AJCTA INSTRUCTION GUIDE for detailed instructions.
Use this form for changes to existing information only. Do not enter information that has not changed.

4 JUDICIAL CANDIDATE NAME	<input type="checkbox"/> NEW	TITLE	FIRST	MI	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX	Date Received	FILED 02 JUL -3 PM 3:07 DANA DEBEAUX COUNTY CLERK TRAVIS COUNTY TEXAS		
5 JUDICIAL CANDIDATE MAILING ADDRESS	<input type="checkbox"/> NEW	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE			ZIP CODE
6 JUDICIAL CANDIDATE PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
7 OFFICE HELD (if any)	<input type="checkbox"/> NEW							Date Processed
8 OFFICE SOUGHT (if known)	<input type="checkbox"/> NEW	<i>TRAVIS COUNTY TEXAS</i>					Date Imaged	

9 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX
		<i>F. Scott McLown</i>					

10 CAMPAIGN TREASURER ADDRESS (Residence or business)	<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		<i>3503 Hillb-000 Circle Austin, Tx. 78731</i>				

11 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION
		<i>(512) 371-3746</i>		

12 JUDICIAL CANDIDATE SIGNATURE	The information provided on this form is accurate and complete.
	<i>F. Scott McLown</i>
	Signature of Judicial Candidate

GO TO PAGE 2

AMENDMENT:
JUDICIAL DECLARATION OF INTENT REGARDING EXPENDITURE LIMITS

FORM AJCTA
PG 2

13 JUDICIAL
CANDIDATE
NAME

F. Scott McLown

14 JUDICIAL
DECLARATION
OF INTENT
REGARDING
EXPENDITURE
LIMITS

NEW

**STATEMENT OF JUDICIAL CANDIDATE'S INTENT TO COMPLY OR
NOT COMPLY WITH THE EXPENDITURE LIMITS PRESCRIBED BY THE
JUDICIAL CAMPAIGN FAIRNESS ACT.**

**-- This declaration must be filed before a judicial candidate may accept
campaign contributions or make campaign expenditures. Elec. Code § 253.164. --**

Please check the appropriate box.

I swear or affirm that **I will voluntarily comply** with the limits on
expenditures prescribed by the Judicial Campaign Fairness Act.

I hereby affirm that **I do not intend to comply** with the limits on
expenditures prescribed by the Judicial Campaign Fairness Act.

Date

Signature of Candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me by _____ this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer
administering oath

Print name of officer
administering oath

Title of officer
administering oath

AMENDMENT:
JUDICIAL CANDIDATE MODIFIED REPORTING DECLARATION

FORM AJCTA
PG 3

15 JUDICIAL
 CANDIDATE
 NAME

F. Scott Mcclown

16 MODIFIED
 REPORTING
 DECLARATION

NEW

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING. PLEASE READ THE EXPLANATION OF MODIFIED REPORTING IN THE INSTRUCTIONS TO THIS FORM.

**** This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ****

**** The modified reporting option is valid for one election cycle only. ****
 (An election cycle includes a primary election, a general election, and any related runoffs.)

I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

I understand that I am required to file semiannual reports, telegram reports, and special-session reports, if applicable, regardless of the amount of the contributions I accept or the expenditures I make.

 Year of election(s) or election cycle to
 which declaration applies

 Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5149

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: Evelyn
 MI: P
 NICKNAME: MCKee
 LAST: MCKee
 SUFFIX:

OFFICE USE ONLY

Date Received: 2 JUL -5 PM 2:15
 TRAVIS COUNTY TEXAS
 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
 PO Box 142495
 Austin, TX 78714

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Dr.
 FIRST: Exelton
 MI:
 NICKNAME: Delco
 LAST: Delco
 SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
 1805 Astor Pl.
 Austin, TX 78723

7 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
 (512) 926-2424

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
 3 / 5 / 02 6 / 30 / 02

10 ELECTION

ELECTION DATE: ELECTION TYPE:
 Month Day Year Primary Runoff General Special
 3 / 12 / 02

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

County Court at Law #7

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

Evelyn P. McKee

15 ACCOUNT # (Ethics Commission Filer)

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4085

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3711.16

CONTRIBUTION BALANCE

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

\$

3000.89

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



JOANN S. HANN
Notary Public, State of Texas
My Commission Expires
JUNE 21, 2005

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.

Evelyn P. McKee
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *EVELYN P. McKee*, this the *2* day of *July*, 20*02*, to certify which, witness my hand and seal of office.

Joann S. Hann
Signature of officer administering oath

Joann S. Hann
Print name of officer administering oath

Notary Public
Title of officer administering oath

c
 Filer Name: Evelyn P. McKee

Schedule A(J)
 Total pages- 1

03/12/2002	Meade	Nikelle	5363 Austral Loop	Austin	TX	78739	250	Lawyer	Brown, McCarroll
	White	Sage	1904 Kenwood Ave.	Austin	TX	78704	50	Lawyer	COA
	Linder	Nelson					50	Administrator	NAACP
	Ogunmuyiwa	Alex	1021 Elysian Fields	Austin	TX	78727	100	Administrator	
	Mann	Fred & Bettie	3903 Carmel Dr.	Austin	TX	78721	50	Retired	
	Turner	Dorothy	6914 Colony Park	Austin	TX	78724	100	Retired	
	Milne	Cynthia	614 Hickory St.	Huntsville	TX	77320	50	Lawyer	TDCJ
	Bishop	Brian	6103 Northern Dancer Dr.	Austin	TX	78746	1000	Lawyer	Gray, Becker
	Jones	Rosaland	12443 Techridge	Austin	TX	78753	10	Administrator	TCPA
	Jones	Ramona	11216 Amarant	Austin	TX	78754	25	Teacher	AISD
	Smith	Linda Moore	P O Box 684981	Austin	TX	78768	25	Administrator	Chamber
	Lemmon	Stephen	4401 Shoal Creek Blvd.	Austin	TX	78756	100	Lawyer	Brown, McCarroll
	TAA PAC		P O Box 92167	Austin	TX	78709	1000		
	Conway	Dorothy	7304 Barcelona	Austin	TX	78752	100	Hair Stylist	self
	Richie	Carl	11208 Sacahuista Ct.	Austin	TX	78750	250	Lawyer	Andrews, Kurth
	Trautmann	Cindy	2102 Stone River Dr.	Austin	TX	78745	25	Adm. Asst.	TCA

03/22/2002 Shuvalov Andy 807 W. 10th * Austin TX 78701 200 Lawyer self

Pineda Jorge 9317 Notches Dr. Austin TX 78748 150 Lawyer self

Posey Gayle 800 Blanco Austin TX 78703 100 Lawyer COA

McVade Latrice 808 Black Isle Dr. Pflugenville TX 78660 50 Adm. Asst.

Wieland Gregory 222 Colorado Dr. Cedar Creek TX 78612 50

Eckols Shelby 209 Willet Dr. Buda TX 78610-50 Turner Collie & Brade

Thomas Alicia 15003 12-Mile Rd. Warren MI 48093 100 Writer self

04/03/2002 Amalgamated Transit Union 5024 Wisconsin Ave. NW Washington DC 20016 200 Organization

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME **Evelyn P. McKee**

3 ACCOUNT # (Ethics Commission filer's)

4 Date
3/4/02

5 Payee name
Austin Chronicle

7 Amount (\$)

6 Payee address; City; State; Zip Code

Austin, Tx

711

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

ads

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

Candidate / Officeholder name Office sought Office held

Date

3/4/02

Payee name

La Prensa Newspaper

Amount (\$)

Payee address; City; State; Zip Code

Austin, Tx

153

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

ads

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

Candidate / Officeholder name Office sought Office held

Date

3/5/02

Payee name

The Villager

Amount (\$)

Payee address; City; State; Zip Code

**Rosewood
Austin, Tx**

182.⁰⁰

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

ads

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

Candidate / Officeholder name Office sought Office held

Date

3/7/02

Payee name

Radio Shack

Amount (\$)

Payee address; City; State; Zip Code

Austin, Tx

10.80

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

tapes

-- 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 **Evelyn P. McKee**

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/7/02

5 Payee name
Noel Catering

7 Amount (\$)
50.00

6 Payee address; City; State; Zip Code
**4002 Palomar
Austin, TX 78728**

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

9 -- Complete if direct expenditure to benefit C/O/H --
Candidate / Officeholder name Office sought Office held

Date
3/7/02

Payee name
NOKOA

Amount (\$)
480.00

Payee address; City; State; Zip Code
**1154 Angelina
Austin, TX 78702**

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

-- Complete if direct expenditure to benefit C/O/H --
Candidate / Officeholder name Office sought Office held

Date
3/8/02

Payee name
Radio Shack

Amount (\$)
~~16.20~~
16.20

Payee address; City; State; Zip Code
Austin Texas

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

-- Complete if direct expenditure to benefit C/O/H --
Candidate / Officeholder name Office sought Office held

Date
3/8/02

Payee name
KAB1-FM

Amount (\$)
50.00

Payee address; City; State; Zip Code
**Wall St.
Austin, TX 78753**

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

-- Complete if direct expenditure to benefit C/O/H --
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 **Quelwyn P. McKee**

3 ACCOUNT # (Ethics Commission files)

4 Date **3/11/02**

5 Payee name **Okwasi Ewens**

7 Amount (\$) **65.00**

6 Payee address; City, State, Zip Code
**1154 Angelfina
Austin, Texas**

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

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

Date **3/11/02**

Payee name **Jo Ann Fabrics**

Amount (\$) **35.16**

Payee address; City, State, Zip Code
**Capitol Plaza
Austin, Texas**

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

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

Date **3/11/02**

Payee name **Darwin McKee**

Amount (\$) **350.00**

Payee address; City, State, Zip Code
**7601 Mayfield Cove
Austin, TX 78752**

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

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

Date **3/26/02**

Payee name **Michael Carter**

Amount (\$) **575.00**

Payee address; City, State, Zip Code
**3202 Hyclimb
Austin, Tx. 78723**

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

-- 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 Evelyn P. McKee

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/26/02

5 Payee name
Thymer Lee

7 Amount (\$)
575.00

6 Payee address; City; State; Zip Code
2103 Stafford
Austin, TX

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

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

Date
3/28

Payee name
Moel's Catering

Amount (\$)
100.00

Payee address; City; State; Zip Code
4002 Palomar
Austin, TX 78728

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

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

Date
5/15/02

Payee name
USPS

Amount (\$)
200.00

Payee address; City; State; Zip Code
Austin, Texas

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

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

Date
5/28/02

Payee name
Stavika

Amount (\$)
290.00

Payee address; City; State; Zip Code
1154 Angelwing
Austin, Texas

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED