

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT 5284

FORM JSPAC COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 COMMITTEE NAME FRIENDS OF JUDGE DAVID CRAIN		OFFICE USE ONLY Date Received: 00 JAN 14 PM 2:08 Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 604 W. 12th Street Austin, Texas 78701		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Charles O. Grigson		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 604 W. 12th Street Austin, Texas 78701		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 604 W. 12th Street Austin, Texas 78701	7/15/02 RAN	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-5791		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 01 / 02 THROUGH 12 / 31 / 02		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM JSPAC
COVER SHEET PG 2**

12 COMMITTEE
NAME

ACCOUNT # (Ethics Commission filers)

FRIENDS OF JUDGE DAVID CRAIN

13 COMMITTEE
PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

SUPPORT

OPPOSE

ASSIST
(officeholders only)

CANDIDATE

OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.0

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

\$ 0.0

EXPENDITURE
TOTALS

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

\$ 0.0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,000.00

CONTRIBUTION
BALANCE

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

\$ 20,547.72

OUTSTANDING
LOAN TOTALS

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

\$ 0.0

15 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.

Charles O. Grigson

CHARLES O. GRIGSON
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

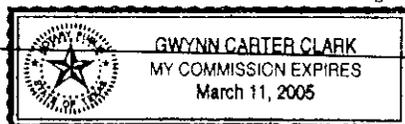
Sworn to and subscribed before me, by the said Charles O. Grigson, this the 14th day of January, 2003, to certify which, witness my hand and seal of office.

Gwynn Carter Clark

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

FRIENDS OF JUDGE DAVID CRAIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/02

5 Payee name

Travis County Democratic Party

7

Amount

(\$)

1,000.00

6 Payee address;

City: State: Zip Code

Austin, Travis County, Texas

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

Contribution

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED