

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5296

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: 15
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Judge	FIRST J. David	OFFICE USE ONLY
	NICKNAME	MI Phillips	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		LAST Phillips	SUFFIX
ADDRESS / PO BOX: APT / SUITE #:		CITY:	STATE: ZIP CODE
207 E. MILTON AUSTIN, TX 78704			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	OFFICE USE ONLY
	NICKNAME	MI	
		LAST	SUFFIX
		self	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		RECEIPT #	
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	<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 JC/OH - FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	7 / 1 / 2		12 / 31 / 2
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	/ N/A /		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	Judge, Travis County Court at Law #1		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

Date Received: 03/15/15 14:04
 SWANSON
 15

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

J. David Phillips

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

GENERAL

SPECIFIC

COMMITTEE NAME

NONE

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

\$ *0*

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

\$ *0*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *4077.61*

CONTRIBUTION BALANCE

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

\$ *14,590.97*

OUTSTANDING LOAN TOTALS

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

\$ *0*

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 15th day of January

to 2003 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

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): 1	
2 FILER NAME J. David Phillips		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC NONE	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 Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
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 Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
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)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule B(J): 1		
2 FILER NAME J. David Phillips				3 ACCOUNT # (Ethics Commission filers)		
4 TOTAL OF UNITEMIZED PLEDGES: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐ \$						
5 Date	6 Full name of pledgor NONE			<input type="checkbox"/> 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			<input type="checkbox"/> 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			<input type="checkbox"/> 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)						

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LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME J. David Phillips		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 NONE	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 20 Guarantor address; City; State; Zip Code	21 Amount Guaranteed (\$)
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: ~~4~~ 5 / of 5

2 FILER NAME *J. David Phillips*

3 ACCOUNT # (Ethics Commission filers)

4 Date *7/2/2*

5 Payee name *AUSTIN AFL-CIO*

7 Amount (\$) *\$ 115.00*

6 Payee address; City; State; Zip Code
*P.O. Box 684644
AUSTIN, TX 78768-4644*

8 Purpose of expenditure
Adv. in Labor Day Program

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

Date *7/3/2*

Payee name *POSTMASTER*
Payee address; City; State; Zip Code
AUSTIN, TX

Amount (\$) *\$ 38.24*

Purpose of expenditure
Postage

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

Date *7/20/2*

Payee name *VOTE 2002 - Travis County Democratic Party*
Payee address; City; State; Zip Code
*P.O. Box 684263
AUSTIN, TX 78768*

Amount (\$) *\$ 2500.00*

Purpose of expenditure
GOTV Campaign

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

Date ~~7/2/2~~
7/31/2

Payee name *El Patio Restaurant*
Payee address; City; State; Zip Code
*2938 Guadalupe
AUSTIN, TX 78705*

Amount (\$) *\$ 35.04*

Purpose of expenditure
Luncheon for staff

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2/5

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

J. David Phillips

4 Date

5 Payee name

7

Amount (\$)

8/26/2

Travis Audubon Society

\$ 105.00

6 Payee address; City; State; Zip Code

P.O. Box 40787
AUSTIN, TX 78704

3 Purpose of expenditure

Admission to fundraising dinner

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

Office sought / held

Date

Payee name

Amount (\$)

8/26/2

American Inn of Court CXVIII

\$ 375.00

Payee address; City; State; Zip Code

c/o Baker Botts
1500 San Jacinto Center
98 San Jacinto Blvd AUSTIN, TX 78701

Purpose of expenditure

Annual Dues

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

Office sought / held

Date

Payee name

Amount (\$)

8/26/2

Gray Panthers of Austin

\$ 50.00

Payee address; City; State; Zip Code

3710 Cedar, Box 15
AUSTIN, TX 78705

Purpose of expenditure

Contribution to fundraiser

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

Office sought / held

Date

Payee name

Amount (\$)

8/26/2

South Austin Democrats

100.00

Payee address; City; State; Zip Code

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

Purpose of expenditure

sponsor fundraiser

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

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 5

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/26/2

5 Payee name

Leadership AUSTIN

7 Amount (\$)

\$ 75.00

6 Payee address; City; State; Zip Code

P.O. Box 684189
AUSTIN, TX 78768-4189

3 Purpose of expenditure

Annual Dues

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

Office sought / held

Date

9/24/2

Payee name

Central Austin Democrats

Amount (\$)

\$ 250.00

Payee address; City; State; Zip Code

1914 Patton Lane
AUSTIN, TX 78723

Purpose of expenditure

Sponsor fundraiser

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

Office sought / held

Date

9/24/2

Payee name

Texas Environmental Democrats of Austin

Amount (\$)

50.00

Payee address; City; State; Zip Code

3100 Catalina Dr.
AUSTIN, TX 78741

Purpose of expenditure

fundraiser contribution

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

Office sought / held

Date

10/8/2

Payee name

AYLA Foundation

Amount (\$)

\$ 5.00

Payee address; City; State; Zip Code

700 Lavaca, Suite 602
AUSTIN, TX 78701-3102

Purpose of expenditure

Adv. in "Bar & Grill" Program

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

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 5

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9/30/2

University Federal Credit Union

6 Payee address; City; State; Zip Code

P.O. Box 9350
AUSTIN, TX 78766

\$ 5.00

3 Purpose of expenditure

Bank service charge

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

Office sought / held

Date

Payee name

Amount (\$)

10/8/2

Texas Association of County Court Judges

Payee address; City; State; Zip Code

1414 Colorado, Suite 502
AUSTIN, TX 78701

\$ 25.00

Purpose of expenditure

Annual dues

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

Office sought / held

Date

Payee name

Amount (\$)

10/31/2

University Federal Credit Union

Payee address; City; State; Zip Code

P.O. Box 9350
AUSTIN, TX 78766

\$ 5.00

Purpose of expenditure

Bank service charge

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

Office sought / held

Date

Payee name

Amount (\$)

11/30/2

University Federal Credit Union

Payee address; City; State; Zip Code

P.O. Box 9350
AUSTIN, TX 78766

\$ 5.00

Purpose of expenditure

Bank service charge

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

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 5

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/11/2

AYLA Foundation

6 Payee address; City; State; Zip Code

700 Lavaca, Suite 602
AUSTIN, TX 78701-3102

210.00

3 Purpose of expenditure

admission to fundraiser

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

Office sought / held

Date

Payee name

Amount (\$)

10/15/2

American Inns of Court CXVII

Payee address; City; State; Zip Code

c/o Baker Botts
98 San Jacinto Blvd, Suite 1500
AUSTIN, TX 78701

15.00

Purpose of expenditure

meal for guest at meeting

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

Office sought / held

Date

Payee name

Amount (\$)

10/18/2

El Patio Restaurant

Payee address; City; State; Zip Code

2938 Guadalupe
Austin, TX 78705

54.33

Purpose of expenditure

luncheon for staff

.. 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>NONE</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> 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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

NONE
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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; NONE City; State; Zip Code

7 Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

NONE

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

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

NONE

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