

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5297

**FORM JC/OH
COVER SHEET PG 1**

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

1 ACCOUNT #
(Ethics Commission filers)
00020440

2 Total pages filed:
17

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge
FIRST: F.
MI: Scott
NICKNAME: McCown
LAST: McCown
SUFFIX:

OFFICE USE ONLY

Date Received
HAND DELIVERED RECEIVED
JAN 15 2003
Texas Ethics Commission

Date Hand-delivered or Date Postmarked

Receipt #	Amount
27	09 JAN
Date Processed	
Date Imaged	

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
900 Lydia St. Austin, TX 78702

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: F.
FIRST: F.
MI: Scott
NICKNAME: McCown
LAST: McCown
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
900 Lydia St. Austin, TX 78702

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 320-0222

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
07 / 01 / 02 12 / 31 / 02

10 ELECTION

N/A

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

11 OFFICE

N/A

OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

None

** 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

Judge F. Scott McCown

15 ACCOUNT # (Ethics Commission filers)

00020440

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. ••

None

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	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 \$ 0.00

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 \$ 46,135.20

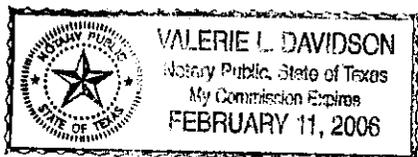
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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, 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.

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 15th day of January, 20 03, to certify which, witness my hand and seal of office.

Valerie L. Davidson
Signature of officer administering oath

Valerie L. Davidson
Print name of officer administering oath

Notary Public
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

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)
00020440

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

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 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)

Date

Full name of contributor 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.

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

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

00020440

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

None

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 (ID#: _____)

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 (ID#: _____)

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)

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: 2
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2 FILER NAME F. Scott McCown	3 ACCOUNT # (Ethics Commission filers) 00020440
--	---

4 Date	5 Payee name See Attached	7 Amount (\$)
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): <p style="text-align: right;">1</p>
2 FILER NAME <p style="text-align: center;">F. Scott McCown</p>		3 ACCOUNT # (Ethics Commission filers) <p style="text-align: center;">00020440</p>
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">None</p>	9 Loan Amount (\$)
6 Is lender a financial institution? <p style="text-align: center;">Y N</p>	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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

1

2 FILER NAME
F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)
00020440

4 Date	5 Payee name None	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 **F. Scott McCown** 3 ACCOUNT # (Ethics Commission filers) 00020440

4 Date	5 Business name None	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
	Business 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	Business name	Amount (\$)
	Business 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	Business name	Amount (\$)
	Business 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule I:

4

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

00020440

4 Date

5 Payee name

See Attached

8

Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K:

1

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

00020440

4 Date	5 Payor name None	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 this Schedule L:

1

2 FILER NAME

F. Scott McCown

3 ACCOUNT # (Ethics Commission filers)

00020440

LENDER
INFORMATION**4** Name of lender

None

5 Lender address; City; State; Zip CodeGUARANTOR
INFORMATION**6** Name of guarantor not applicable**7** Guarantor address; City; State; Zip CodeLENDER
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Judge F. Scott McCown

2 ACCOUNT # (Ethics Commission filers)

00020440

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

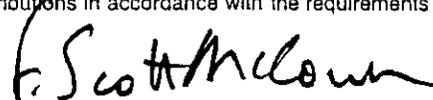
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

F. Scott McCown
Account # 00020440
Campaign Finance Report
Schedule F Attachment

POLITICAL EXPENDITURES

July 17, 2002

Volunteer Legal Services
700 Lavaca, Suite 602
Austin, Texas 78701

Charitable Contribution \$ 100.00

September 16, 2002

National Council of Juvenile and
Family Court Judges
P.O. Box 8970
Reno, Nevada 89507

Dues \$ 125.00

September 20, 2002

Scholz Garden
1607 San Jacinto Blvd.
Austin, Texas 78701

Staff Appreciation Party \$950.00

November 5, 2002

Arturo Castellano
5108 Fairview Dr.
Austin, Texas 78731

Computer Data Transfer \$ 81.19

November 12, 2002

Custom Book Binders
3208 E. 19th Street
Austin, Texas 78721

Record Binding \$ 123.40

F. Scott McCown
Account # 00020440
Campaign Finance Report
Schedule I Attachment

NON-POLITICAL EXPENDITURES

September 24, 2002

Travis County Democratic Party
706 W. MLK Blvd., Suite 8
Austin, Texas 78701

Party Contribution \$ 500.00

September 24, 2002

Voter 2002
706 W. MLK Blvd., Suite 8
Austin, Texas 78701

Charitable Contribution \$ 500.00

October 24, 2002

Texans Care for Children
814 San Jacinto, Suite 301
Austin, Texas 78701

Charitable Contribution \$ 1,250.00

October 28, 2002

Center for Public Policy Priorities
900 Lydia Street
Austin, Texas 78702

Charitable Contribution \$40,000.00

October 31, 2002

Texas Apple Seed
512 E. Riverside Drive
Austin, Texas 78704

Charitable Contribution \$ 200.00

November 12, 2002

Travis County Bar Association
816 Congress Avenue, Suite 700
Austin, Texas 78701

Charitable Contribution \$ 250.00

F. Scott McCown
Account # 00020440
Campaign Finance Report
Schedule I Attachment

November 12, 2002

Travis County Bar Association
816 Congress Avenue, Suite 700
Austin, Texas 78701

Charitable Contribution \$ 1,000.00

December 23, 2002

Family Elder Care
2210 Hancock Drive
Austin, Texas 78756

Charitable Contribution \$ 50.00

December 23, 2002

Texas CASA, Inc.
1145 W. 5th Street, Suite 300
Austin, Texas 78703

Charitable Contribution \$ 250.00

December 23, 2002

The Carole Kneeland Project
P.O. Box 28012
Austin, Texas 78755

Charitable Contribution \$ 100.00

December 23, 2002

Capitol Area Food Bank
of Texas, Inc.
9201 S. Congress Avenue
Austin, Texas 78745-7305

Charitable Contribution \$ 105.65

December 23, 2002

Congregation of Benedictine Sisters
416 West Highland Drive
Boerne, Texas 78006-2516

Charitable Contribution \$ 150.00

F. Scott McCown
Account # 00020440
Campaign Finance Report
Schedule I Attachment

December 23, 2002

Texas Freedom Network
P.O. Box 1624
Austin, Texas 78767

Charitable Contribution \$ 250.00

December 23, 2002

National Multiple Sclerosis Society
733 Third Avenue
New York, NY 10017

Charitable Contribution \$ 50.00

December 23, 2002

Austin Area Interreligious Ministries
2026 Guadalupe, Suite 226
Austin, Texas 78705-5099

Charitable Contribution \$ 50.00

December 23, 2002

Helping Hand Home for Children
P.O. Box 4185
Austin, Texas 78765

Charitable Contribution \$ 50.00

January 11, 2003

The Wireless Foundation
1580 E. Ellsworth Road
Ann Arbor, MI 48108

Donation of Used
Cellular Phone

Value
Unknown