

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5326

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

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge  
FIRST: Richard  
MI: E  
NICKNAME: Scott  
LAST: Scott  
SUFF. X:

OFFICE USE ONLY

Date Received: [Stamp]  
Date Hand-Delivered or Date Postmarked: [Stamp]  
Receipt #: [Stamp] Amount: [Stamp]  
Date Processed: [Stamp]  
Date Imaged: [Stamp]

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: P.O. Box 15052  
APT / SUITE #:  
CITY: Austin, Texas  
STATE: Texas  
ZIP CODE: 78761

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Mr.  
FIRST: Jason  
MI:  
NICKNAME: Justice  
LAST: Justice  
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 809 Purple Martin Court  
APT / SUITE #:  
CITY: Pflugerville Texas  
STATE: Texas  
ZIP CODE: 78660

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512)  
PHONE NUMBER: 989-8379  
EXTENSION:

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 - F R)

9 PERIOD COVERED

Month / Day / Year: 10 / 30 / 02 THROUGH Month / Day / Year: 1 / 15 / 03

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any): Justice of the Peace

12 OFFICE SOUGHT (if known)

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

Richard E. Scott

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

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)

\$ 300.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,341.86

CONTRIBUTION  
BALANCE

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

\$ 2,839.81

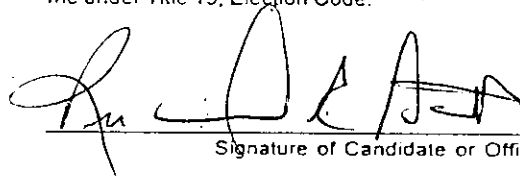
OUTSTANDING  
LOAN TOTALS

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

\$ 800.00

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard E. Scott this the 15 day of January, 2003, to certify which, witness my hand and seal of office.



*B. H. ...*

*R. ...*

# 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 Richard E. Scott		3 ACCOUNT # (Ethics Commission files)	
4 Date 11-01-02	5 Full name of contributor <input type="checkbox"/> out of state PAC Phyllis A. Thomas	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 12341 Austin, Texas 78711			
9 Contributor's principal occupation State Employee		10 Contributor's job title N/A	
11 Contributor's employer/law firm N/A		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any) N/A			
Date 11-03-02	Full name of contributor <input type="checkbox"/> out of state PAC Tom Arbuckle	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code P.O. Box 14103 Austin, Texas 78761 Realtor			
Contributor's principal occupation Realtor		Contributor's job title Owner	
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			
Date 12-02-02	Full name of contributor <input type="checkbox"/> out of state PAC Mary K. Wilkow	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 812 San Antonio Ste G-12 Austin, Texas 78701			
Contributor's principal occupation Legal		Contributor's job title Attorney	
Contributor's employer/law firm Mary Wilkow, Attorney at Law		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

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 <b>3</b>
---	-----------------------------------

2 FILER NAME Richard E. Scott	3 ACCOUNT # (Ethics Commission filer's)
----------------------------------	---

4 Date 11/01/02	5 Payee name Vernell Carter	7 Amount (\$) 200.00
6 Payee address; City; State; Zip Code 3724 Airport Blvd Austin, Texas 78702		

8 Purpose of payment (See instructions regarding type of information required.) Travis County Democratic Coordinated Campaign effort East Austin Office	9 -- Complete if direct expenditure to benefit C/O/H -- Candidate / Officeholder name Office sought Office held
--	--

Date 10/31/02	Payee name Arthur Sampson	Amount (\$) 300.00
Payee address; City; State; Zip Code 3724 Airport Blvd Austin, Texas 78702		

Purpose of payment (See instructions regarding type of information required.) Travis County Democratic Coordinated Campaign effort East Austin, Office	-- Complete if direct expenditure to benefit C/O/H -- Candidate / Officeholder name Office sought Office held
---	--

Date 11/01/02	Payee name Fiesta Mart #406-3900	Amount (\$) 32.04
Payee address; City; State; Zip Code Delwood Shopping Plaza Austin, Texas		

Purpose of payment (See instructions regarding type of information required.) Refreshment for Coordinated Campaign Headquarters	-- Complete if direct expenditure to benefit C/O/H -- Candidate / Officeholder name Office sought Office held
--	--

Date 11/01/02	Payee name Vernell Carter	Amount (\$) 100.00
Payee address; City; State; Zip Code see above		

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission file #)  
 Richard E. Scott

4 Date	5 Payee name	7 Amount (\$)
11/23/02	The Austin Maseru-Sister City 6 Payee address; City; State; Zip Code 7400 Valburn Austin, Texas 78731	150.00

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

Date	Payee name	Amount (\$)
11/27/02	Joyce Caldwell-Christian with Voices Payee address; City; State; Zip Code 1104 Connemara Lane Austin, Texas 78729	75.00

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

Date	Payee name	Amount (\$)
12-11-02	Affordable Delivery Printing Payee address; City; State; Zip Code P.O. Box 180733 Austin, Texas 78760	70.00

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

Date	Payee name	Amount (\$)
01-06-03	National Bar Association Payee address; City; State; Zip Code 1225 11th Street N.W. Washington, D.C. 20001-4217	200.00

Purpose of payment (See instructions regarding type of information required.) Registration Mid-Winter Meeting	-- 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

2 FILER NAME

Richard E. Scott

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Payee name

7 Amount (\$)

01-10-03

Good Shepard Missionary Baptist Church

75.00

6 Payee address: City: State: Zip Code

1443 Coronada Hills  
Austin, Texas 78752

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 (\$)

01-11-03

Ada Anderson

139.82

Payee address: City: State: Zip Code

3724 Airport Blvd  
Austin, Texas 78702

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

Utilities - Travis County Democratic  
Coordinated Campaign East Austin Office

-- 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