

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5419

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
5

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE: Judge
FIRST: Richard
MI: E
NICKNAME: Scott
LAST: Scott
SUFFIX:

OFFICE USE ONLY

Date Received: 2003 JUL 14 PM 3:39
FILED FOR RECORD
Dana DeBaugh
COUNTY CLERK
TRAVIS COUNTY, TEXAS
Receipt #
Amount
Date Processed
Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 15052 Austin, Texas 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): APT / SUITE #: CITY: STATE: ZIP CODE
809 Purple Martin Court Pflugerville, Texas 78660

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 989-8379

8 REPORT TYPE

January 15 30th day before election Recall 15th day after campaign treasurer appointment (for officeholder only)
 July 15 6th day before election Exceeded \$500 limit Final report (All in COH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
1 / 16 / 03 THROUGH 7 / 15 / 03

10 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE: Primary Recall 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 expenditures. **

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 # (Times Commission #s)

16 NOTICE FROM POLITICAL COMMITTEE(S) -- This box is for notice of political expenditures by political committees to support the candidate / officeholder. Those 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. --

N/A <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2469.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1016.58
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard E. Scott, this the 11 day of July, 2003, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Betty J. City
Print name of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The *INSTRUCTION GUIDE* explains how to complete this form.

1 Total pages Schedule F

2

2 FILER NAME
Richard E. Scott

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

1-15-03

Isaiah Hardy

200.00

6 Payee address; City; State; Zip Code

9024 North Gate Blvd #2145
Austin, Texas 78753

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

Travis County Coordinated Campaign Hdq.
Clean Up.

9 -- Complete if direct expenditure to benefit C/O/H --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1-17-03

American Express

1,413.98

Payee address; City; State; Zip Code

P.O. Box 650448
Dallas, Texas 75265 0448

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

National Bar Association Mid-Winter meeting.

-- Complete if direct expenditure to benefit C/O/H --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1-21-03

No Weapons

100.00

Payee address; City; State; Zip Code

1218 Disraeli
Pflugerville, Texas 78660

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

Donation.

-- Complete if direct expenditure to benefit C/O/H --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1-21-03

St. James Missionary Baptist Church

35.00

Payee address; City; State; Zip Code

1812 E.M. Franklin
Austin, Texas 78721

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

Ad

-- 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 **Richard E. Scott**

3 ACCOUNT # (Ethics Commission file #)

4 Date
3-11-03

5 Payee name
Dodd Educational and Support for April Danielle Spigner

7 Amount (\$)
100.00

6 Payee address; City; State; Zip Code

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

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

Date
4-16-03

Payee name
National Bar Association
Payee address; City; State; Zip Code
**1225 11th St. N.W.
Washington, D.C. 20000-4217**

Amount (\$)
300.00

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

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

Date
4-21-03

Payee name
Samaritan Center for counseling and Pastoral Care
Payee address; City; State; Zip Code
**5425-A Burnet Road
Austin, Texas 78756**

Amount (\$)
220.00

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
4-28-03

Payee name
Blacks Memorial Baptist Church
Payee address; City; State; Zip Code
**7216 Bennett
Austin, Texas 78752**

Amount (\$)
100.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The <i>Instruction Guide</i> explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME Richard E. Scott		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-27-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Mubarak S. Maknoja	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5956 Cap Coral Austin, Texas 78746			

9 Contributor's principal occupation Businessman	10 Contributor's job title Owner
11 Contributor's employer/law firm	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): 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 (ID#): 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