

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5425

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

14

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge  
FIRST: J.  
MI: David  
NICKNAME: Phillips  
LAST: Phillips  
SUFFIX:

OFFICE USER ONLY

FILED FOR RECORD  
2003 JUL 15 AM 8:29  
Date Received: Travis County Clerk  
Date Delivered: Travis County Clerk

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: P.O. Box 1748  
APT / SUITE #: Austin, TX  
CITY: TX  
STATE: 78704  
ZIP CODE: 78704

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: J. David  
FIRST: J.  
MI: David  
NICKNAME: Phillips  
LAST: Phillips  
SUFFIX:

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 207 E. MILTON  
APT / SUITE #: AUSTIN TX  
CITY: TX  
STATE: 78704  
ZIP CODE: 78704

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512)  
PHONE NUMBER: 445-0414  
EXTENSION:

8 REPORT TYPE

January 15  
 30th day before election  
 Runoff  
 15th day after campaign treasurer appointment (officeholder only)  
 July 15  
 9th day before election  
 Exceeded \$500 limit  
 Final report (Amish COH - FR)

9 PERIOD COVERED

Month Day Year: 01 / 01 / 03 THROUGH Month Day Year: 06 / 30 / 03

10 ELECTION

ELECTION DATE: / /  
ELECTION TYPE:  
 Primary  
 Runoff  
 General  
 Special

11 OFFICE

OFFICE HELD (if any): Judge, Travis County Court at Law #1

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: N/A

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

J. David Phillips

15 ACCOUNT # (Ethics Commission files)

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. --

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

N/A

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

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

\$ 471.88

CONTRIBUTION BALANCE

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

\$ 14,201.90

OUTSTANDING LOAN TOTALS

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

\$ 0

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 J. David Phillips this the 15<sup>th</sup> day of July, 2003, to certify which, witness my hand and seal of office.

Mary Ann Carmona  
Signature of officer administering oath

MARY ANN CARMONA  
First name of officer administering oath

Natany  
Title of officer administering oath



MARY ANN CARMONA  
Notary Public, State of Texas  
My Commission Expires  
11/02/2004

# 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  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

*J. David Phillips*

3 ACCOUNT # (Ethics Commission files)

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

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>NONE</i>	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 (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

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 (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

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.

# 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:    ⅈ    ⅈ    ⅈ    ⅈ    ⅈ    ⅈ

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

*NONE*

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

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

20 Guarantor address:    City:            State:            Zip Code

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.

3

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission files)

4 Date  
2/16/3

5 Payee name  
J. David Phillips

7 Amount (\$)  
\$ 61.00

6 Payee address; City; State; Zip Code  
207 E. MILTON, AUSTIN, TX 78704

8 Purpose of payment (See instructions regarding type of information required.)  
reimbursement for income tax paid on campaign account income.

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

Date  
3/24/3

Payee name  
South Austin Democrats

Amount (\$)  
\$ 70.00

Payee address; City; State; Zip Code  
P.O. Box 152592, AUSTIN, TX 78715-2592

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

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

Date  
4/10/3

Payee name  
LBJ High School PTSA

Amount (\$)  
\$ 100.00

Payee address; City; State; Zip Code  
7309 Lazy Creek Dr Austin, TX 78724

Purpose of payment (See instructions regarding type of information required.)  
Sponsor "Safe-grad" night

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

Date  
4/10/3

Payee name  
Cinco De Mayo Committee

Amount (\$)  
25<sup>00</sup>

Payee address; City; State; Zip Code  
P.O. Box 1748 Austin, TX 78767

Purpose of payment (See instructions regarding type of information required.)  
Sponsor County Cinco de Mayo Party

-- 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:

3

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission Mand)

4 Date

4/24/3

5 Payee name

Avenue Gallery

6 Payee address; City; State; Zip Code

1510 1/2 S. Congress, Austin, TX 78704

7 Amount (\$)

\$ 80.38

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

Framing gubernatorial Commission

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

Candidate / Officeholder name Office sought Office held

Date

5/9/3

Payee name

Sam Biscoe Special Projects

Payee address; City; State; Zip Code

P.O. Box 1748, Austin, TX 78767

Amount (\$)

\$ 25.00

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

sponsor Juneteenth Celebration

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

Candidate / Officeholder name Office sought Office held

Date

5/22/3

Payee name

P.F. Chang's China Bistro

Payee address; City; State; Zip Code

201 San Jacinto Blvd, Austin, TX 78701

Amount (\$)

15<sup>00</sup>

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

gift certificate for presentation

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

Candidate / Officeholder name Office sought Office held

Date

5/22/3

Payee name

HEB Grocery

Payee address; City; State; Zip Code

12400 Hwy 71, Austin, TX 78733

Amount (\$)

24<sup>00</sup>

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

refreshments for reception

-- 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

3

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/22/3

5 Payee name

Sam's Club

7 Amount (\$)

\$13.50

6 Payee address; City; State; Zip Code

9700 N. Capital of Texas Hwy, Austin, TX 78759

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

Supplies for reception

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

Candidate / Officeholder name Office sought Office held

Date

5/22/3

Payee name

Lucy's Cakes of Austin, Inc.

Amount (\$)

53.00

Payee address; City; State; Zip Code

5320 Bee Cave Rd. Austin, TX 78746

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

Cake for reception

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

Candidate / Officeholder name Office sought Office held

Date

6/30/3

Payee name

UNIVERSITY FEDERAL CREDIT UNION

Amount (\$)

\$5.00

Payee address; City; State; Zip Code

P.O. Box 9350 Austin, TX 78766

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

Bank service charge

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

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/O/H --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.	1 Total pages (this Schedule G): <u>1</u>
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2 FILER NAME <u>J. David Phillips</u>	3 ACCOUNT # (Ethics Commission files)
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4 Date	5 Payee name <u>NONE</u>	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 files)

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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

NONE

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.)

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K: 1

2 FILER NAME

*J. David Phillips*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payor name

*NONE*

6 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

*J. David Phillips*

3 ACCOUNT # (Ethics Commission files)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule M. 1
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2 FILER NAME J. David Phillips	3 ACCOUNT # (Ethics Commission files)
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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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED