

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5435

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.

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI. A.
NICKNAME LAST SUFFIX
Bob Perkins

OFFICE USE ONLY
Date Received
2003 JUL 15 PM 1:03
FILED FOR RECORD
CLERK
COUNTY CLERK
TRAVIS COUNTY TEXAS
Date Filed
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
2633 Deerfoot Trail
Austin, TX 78704

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI.
NICKNAME LAST SUFFIX
Bob Perkins

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
Same as above

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 854-9443

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 - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 2003 THROUGH 6 / 30 / 2003

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Judge, 331st District Court

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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
Address / PO Box, Apt. / Suite #, City, State, Zip Code

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG. 2

14 C/OH NAME Bob Perkins 15 ACCOUNT # (EUDCA Contribution) (None)

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 | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

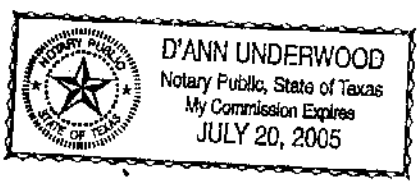
additional pages

| | | |
|-------------------------|---|--------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ _____ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ _____ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ <u>405.54</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>655.04</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>3,863.91</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ _____ |

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.

Bob Perkins
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bob Perkins this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

D'Ann Underwood Signature of officer administering oath
D'Ann Underwood Print name of officer administering oath
Notary Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

None

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

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)

None

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

\$

| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 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#: _____) | 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 (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) | |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

None

SCHEDULE E (J)

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

1 Total pages Schedule E(J).

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

Y N

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:

2 FILER NAME

Bob Perkins

3 ACCOUNT # (Ethics Commission files)

4 Date

1/23/03

5 Payee name

Judge Margaret Cooper

7 Amount (\$)

\$84.50

6 Payee address; City; State; Zip Code

*1000 Guadalupe
Austin, TX, 78701*

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

Payment for Party for Robert Patterson on his retirement as Court Administrator

9 ** Complete if direct expenditure to benefit C/O: **

Candidate / Officeholder name Office sought Office held

Date

3/8/03

Payee name

Austin Hispanic Chamber of Commerce

Amount (\$)

\$165.00

Payee address; City; State; Zip Code

*3000 L. I 35; Ste. 305
Austin, TX, 78704*

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

Dues and payment for Ticket to Banquet

** Complete if direct expenditure to benefit C/O: **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

** Complete if direct expenditure to benefit C/O: **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

** Complete if direct expenditure to benefit C/O: **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

None

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G.

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

| | | |
|--------------------------|--|--|
| 4 Date | 5 Payee name | 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 |

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

None

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

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

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

None

The *Instruction Guide* explains how to complete this form.

1 Total pages this Schedule I.

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

| | | |
|--------|---|---------------|
| 4 Date | 5 Payee name | 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

None

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------|--|---------------|
| 4 Date | 5 Payor name | 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 | |

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OUTSTANDING LOANS

None

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L

2 FILER NAME

3 ACCOUNT # (Ethics Commission Mers)

LENDER INFORMATION

4 Name of lender

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

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ASSETS VALUED AT \$500 OR MORE

None

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 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

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED