

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5502

**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

15

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received: 2008 JAN 12 PM 5:48
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS
Date Returned: Date Forwarded:

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 1748, Austin, TX 78767

Change of Address

5 CAMPAIGN TREASURER NAME

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

Receipt #
Amount
Date Processed
Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 445-2414

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (off-holder only)
 July 15 8th day before election Exceeded \$500 limit Final report (All JC/OH - F/R)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 3 THROUGH 12 / 31 / 3

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)
Judge, Travis County Court of 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 expenditures. **

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 only)

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

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)

\$ *0*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1618.82*

CONTRIBUTION BALANCE

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

\$ *12687.72*

OUTSTANDING LOAN TOTALS

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

\$ *56.83*

18 AFFIDAVIT

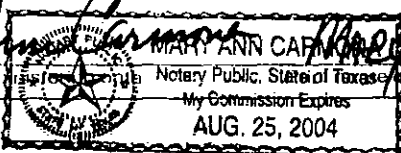
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

J. David Phillips
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *J. DAVID PHILLIPS*, this the *12th* day of *January*, 20 *04*, to certify which, witness my hand and seal of office.

Mary Ann Capomano
Signature of officer administering oath



Mary Ann Capomano
Notary Public, State of Texas

Notary
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 J. David Phillips 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="text-align: center; font-size: 1.5em;">NONE</p>	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 <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.

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 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)
	NONE		
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)

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's):
4 TOTAL OF UNITEMIZED LOANS: ◊ ◊ ◊ ◊ ◊ ◊ \$		
5 Date of loan 12/12/13	7 Name of lender J. David Phillips <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$56.83
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code	10 Interest rate 0
12 Lender's Principal Occupation Judge		11 Maturity date demand
13 Lender's Job Title Judge		
14 Lender's Employer/Law Firm Travis County		15 Law Firm of lender's spouse (if any) N/A
16 If lender is child, law firm of parent(s) (if any) N/A		
17 Description of Collateral <input checked="" type="checkbox"/> none		
18 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	19 Name of guarantor	21 Amount Guaranteed (\$)
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: **4**

2 FILER NAME **J. David Phillips**

3 ACCOUNT # (Ethics Commission file #)

4 Date **7/27/13**

5 Payee name **CAPITAL AREA PROGRESSIVE DEMOCRATS**

7 Amount (\$)
\$ 50.00

6 Payee address; City; State; Zip Code
**P.O. Box 142175
AUSTIN, TX 78714**

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

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

Date **8/11/13**

Payee name ~~AFL~~ **AUSTIN AFL-CIO COUNCIL**

Amount (\$)
\$ 95.00

Payee address; City; State; Zip Code
**P.O. Box 684644
AUSTIN, TX 78768-4644**

Purpose of payment (See instructions regarding type of information required.)
Ad in Labor Day Program

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

Date **8/29/13**

Payee name **AYLA Foundation**

Amount (\$)
\$ 57.00

Payee address; City; State; Zip Code
**700 LAVACA, Suite 602
AUSTIN, TX 78701-3102**

Purpose of payment (See instructions regarding type of information required.)
Ad in "Bar & Grill" Program

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

Date **8/21/13**

Payee name **Hispanic Bar Ass'n**

Amount (\$)
\$ 100.00

Payee address; City; State; Zip Code
**811 Burton Springs Rd, Suite 800
AUSTIN, TX 78704**

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

-- 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: **4 (2 of 4)**

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/22/13

5 Payee name

American Inn of Court CXVIII

7 Amount (\$)

\$ 375.00

6 Payee address; City; State; Zip Code

**66 Bill Parrish Jenkins & Gilchrist
600 Congress, Suite 2200
Austin, TX 78701**

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

Membership Dues

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

Date

8/28/13

Payee name

Gonzalo Barrionto's Campaign

Amount (\$)

100.00

Payee address; City; State; Zip Code

**P.O. Box 12246
Austin, TX 78711**

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

Admission to fundraiser.

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

Date

9/4/13

Payee name

Longhorn Trophies

Amount (\$)

114.92

Payee address; City; State; Zip Code

**4912 Burnet Rd
Austin, TX 78756**

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

Recognition Plaque for retiring employee.

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

Date

9/9/13

Payee name

WALMART

Amount (\$)

18.16

Payee address; City; State; Zip Code

**5015 S. 1-35
Austin, TX 78741**

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

Reception supplies for retiring employee.

.. 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
4 (3 of 4)

2 FILER NAME
J. DAVID PHILLIPS

3 ACCOUNT # (Ethics Commission file #)

4 Date
9/9/13

5 Payee name
HEB
6 Payee address; City; State; Zip Code
**2400 S. Congress
AUSTIN, TX 78704**

7 Amount (\$)
\$ 56.91

8 Purpose of payment (See instructions regarding type of information required.)
Refreshments & supplies for retirement reception

9 **.. Complete if direct expenditure to benefit C/O/H ..**
Candidate / Officeholder name Office sought Office held

Date
9/12/13

Payee name
Yolanda Gutierrez
Payee address; City; State; Zip Code
**1201 Coaches Crossing
Round Rock, TX 78660**

Amount (\$)
170.00

Purpose of payment (See instructions regarding type of information required.)
Cakes for retirement reception

.. Complete if direct expenditure to benefit C/O/H ..
Candidate / Officeholder name Office sought Office held

Date
9/24/13

Payee name
AYLA Foundation
Payee address; City; State; Zip Code
**816 Congress Ave #700
AUSTIN, TX 78701-2665**

Amount (\$)
180.00

Purpose of payment (See instructions regarding type of information required.)
tickets to FUNDRAISING SHOW

.. Complete if direct expenditure to benefit C/O/H ..
Candidate / Officeholder name Office sought Office held

Date
10/6/13

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

Amount (\$)
170.00

Purpose of payment (See instructions regarding type of information required.)
sponsor "Yeller Dawg" Awards

.. 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
4 (4 of 4)

2 FILER NAME
J. DAVID PHILLIPS

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/27/3

5 Payee name
AUSTIN SINGERS
6 Payee address; City; State; Zip Code
**P.O. BOX 300251
AUSTIN, TX 78703**

7 Amount (\$)
75.00

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

9 ** Complete if direct expenditure to benefit C/O:11 **
Candidate / Officeholder name Office sought Office held

Date
12/12/3

Payee name
The Enchanted Florist
Payee address; City; State; Zip Code
**1616 LAVACA
AUSTIN, TX 78701**

Amount (\$)
56.83

Purpose of payment (See instructions regarding type of information required.)
Flowers for employee's family funeral

** Complete if direct expenditure to benefit C/O:11 **
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:11 **
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:11 **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

J. DAVID PHILLIPS

3 ACCOUNT # (Ethics Commission Merit)

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 Payee address; City: State: Zip Code	Amount (\$)
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
	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. DAVIS 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 files)

4 Date

5 Payee name

NONE

6 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

J. DAVID PHILLIPS

3 ACCOUNT # (Ethics Commission Use)

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

J. DAVID PHILLIPS

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

J. DAVID PHILLIPS

5 Lender address; City; State; Zip Code

207 E. MILTON AUSTIN TX 78704

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

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

2 FILER NAME

J. DAVID PHILLIPS

3 ACCOUNT # (Ethics Commission File #)

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

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5534

FORM JC/OH
COVER SHEET PG. 1

1 ACCOUNT # (Ethics Commission files) _____
 2 Total pages filed: 4

The JC/OH Instruction Guide explains how to complete this form.
 3 CANDIDATE / OFFICEHOLDER NAME
 TITLE: Judge
 FIRST: Richard
 MI: E
 LAST: Scott
 SUFFIX: _____
 4 CANDIDATE / OFFICEHOLDER ADDRESS
 ADDRESS / PO BOX: P.O. Box 15052
 CITY: Austin
 STATE: Texas
 ZIP CODE: 78761
 5 CAMPAIGN TREASURER NAME
 TITLE: Mr.
 FIRST: Jason
 MI: _____
 LAST: Justice
 SUFFIX: _____

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): 809 Purple Martin Court
 CITY: Pflugerville, Texas
 STATE: Texas
 ZIP CODE: 78660
 7 CAMPAIGN TREASURER PHONE
 AREA CODE: _____
 PHONE NUMBER: (512) 989-8379
 EXTENSION: _____
 8 REPORT TYPE
 January 15
 30th day before election
 Runoff
 15th day after campaign business appointment (for candidate only)
 July 15
 6th day before election
 Exceeded \$500 limit
 Final report (Ann. JC/OH-TR)

9 PERIOD COVERED
 Month: 7 / Day: 16 / Year: 03 THROUGH Month: 1 / Day: 15 / Year: 04
 10 ELECTION
 ELECTION DATE: _____ / _____ / _____
 ELECTION TYPE: Primary General Special
 11 OFFICE
 OFFICE FIELD (if any): Justice of the Peace
 OFFICE SOUGHT (if known): 12
 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

14 NAME
 Name: _____
 Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____
 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. ...

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