

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5534

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: **4**

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received
Date Filed
Date Delivered or Date Returned
Receipt #
Date Processed
Date Imaged

RECORD
JAN 15 AM 11:19
CLERK
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

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

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:
ZIP CODE: 78660

7 CAMPAIGN TREASURER PHONE

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

8 REPORT TYPE

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

9 PERIOD COVERED

Month: 7 / Day: 16 / Year: 03 THROUGH Month: 1 / Day: 15 / Year: 04

10 ELECTION

ELECTION DATE: / /
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 filers)

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. --

N/A

additional pages

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

7 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	\$ 305.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 754.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 800.00

AFFIDAVIT

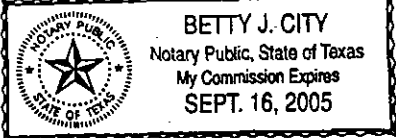
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Richard E. Scott
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Subscribed before me, by the said Richard E. Scott this the 14th day of January 2004, to certify which, witness my hand and seal of office.

Betty J. City



POLITICAL EXPENDITURES

SCHEDULE F

The *INSTRUCTION GUIDE* explains how to complete this form. 1 Total pages Schedule F **2**

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

4 Date 8-27-03	5 Payee name St. James Baptist Church	7 Amount (\$) \$100.00
6 Payee address; City; State; Zip Code 1812 E.M. Franklin Ave Austin, Texas 78721		

8 Purpose of payment (See instructions regarding type of information required.) Ad	9 <i>-- Complete if direct expenditure to benefit C/OH --</i> Candidate / Officeholder name Office sought Other info
--	---

Date 9-10-03	Payee name Texas State University	Amount (\$) 20.00
Payee address; City; State; Zip Code 1501 S. MoPac, Suite 350 Austin, Texas 78743		

Purpose of payment (See instructions regarding type of information required.) CLE	9 <i>-- Complete if direct expenditure to benefit C/OH --</i> Candidate / Officeholder name Office sought Other info
---	---

Date 11-30-03	Payee name New Hope AME Church	Amount (\$) 25.00
Payee address; City; State; Zip Code 4711 Delores Ave Austin, Texas 78721 512-929-7166		

Purpose of payment (See instructions regarding type of information required.) Offering	9 <i>-- Complete if direct expenditure to benefit C/OH --</i> Candidate / Officeholder name Office sought Other info
--	---

Date 11-16-03	Payee name Metropolitan AME Church	Amount (\$) 75.00
Payee address; City; State; Zip Code 1101 East 10th Street Austin, Texas 78702		

Purpose of payment (See instructions regarding type of information required.) Offering	9 <i>-- Complete if direct expenditure to benefit C/OH --</i> Candidate / Officeholder name Office sought Other info
--	---

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

2 FILER NAME

Richard E. Scott

3 ACCOUNT # (Ethics Commission file #)

4 Date

11-18-03

5 Payee name

George Washington Carver Museum Ambassadors

7 Amount

60.00

6 Payee address; City; State; Zip Code

1607 Pennsylvania Ave
Austin, Texas 78702

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

Donation

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

Date

6-3-03

Payee name

Ms. Helen Robert

Amount

\$25.00

Payee address; City; State; Zip Code

8504 ValleyField Dr.
Austin, Texas 78724

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

Juneteenth Celebration Donation

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED