

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

5586

The JC/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission files)	2 Total pages filed.
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Judge Robert A</i> NICKNAME LAST SUFFIX <i>Bob Perkins</i>	OFFICE USE ONLY Date Received Date Hand-delivered or Date RECEIVED COUNTY CLERK TARRANT COUNTY TEXAS JUN 21 11:12:00 RECORD
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4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2633 Deerfoot Trail Austin, TX 78704</i>	<input type="checkbox"/> Change of Address
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5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Me</i> NICKNAME LAST SUFFIX	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Same</i>
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>512 854 9443</i>
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8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Recall <input type="checkbox"/> 15th day after campaign finance appointment for candidate <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (All JC/OH)
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9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 1 / 2003 THROUGH 12 / 31 / 2003</i>
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10 ELECTION	ELECTION DATE (Month / Day / Year) ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Recall <input type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE OFFICE HELD (if any) <i>Judge, 331st District Court</i>	12 OFFICE SOUGHT (if known)
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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 <input type="checkbox"/> additional pages
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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 # (Ethics Commission Use)

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

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

\$ 174.68

4. TOTAL POLITICAL EXPENDITURES

\$ 379.68

CONTRIBUTION BALANCE

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

\$ 3,484.23

OUTSTANDING LOAN TOTALS

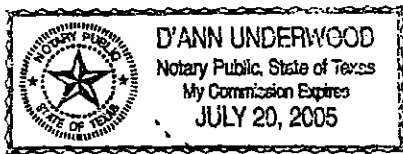
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ _____

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

born to and subscribed before me, by the said Bob Perkins this the 13th day of January, 2004, 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

LOANS (JUDICIAL)

None

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E (J)
2 FILER NAME <i>Bolkerkin</i>		3 ACCOUNT # (Ethics Commission Form)
4 TOTAL OF UNITEMIZED LOANS: ↻ ↻ ↻ ↻ ↻ ↻ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#)	9 Loan Amount (\$)
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 <input 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)
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 Use)

4 Date
8/2/03

5 Payee name

AFL-CIO

7 Amount (\$)

105.⁰⁰

6 Payee address: City: State: Zip Code

*1100 Lavaca
Austin, TX. 78701*

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

To pay for Ad in their program

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

11/23/03

Travis County Democratic Party

Amount (\$)

100.-

Payee address: City: State: Zip Code

*P.O. Box 684263
Austin, TX. 78708*

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

Purchase ticket to Filing Day Dinner

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

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 --

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 --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

None

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

2 FILER NAME

Bol Perkins

3 ACCOUNT # (Ethics Commission Users)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City, State, Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from public contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from public 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

None

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

Bob Penland

3 ACCOUNT # (Ethics Commission uses)

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

Bob Perlman

3 ACCOUNT # (Ethics Commission Use)

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.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

None

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule K:

2 FILER NAME

Bob Perdue

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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

None

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule L

2 FILER NAME

Bob Perkins

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

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

None

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule fil.

2 FILER NAME

Bob Perdue

3 ACCOUNT # (Ethics Commission Met)

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