

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5788

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

MS / MRS / MR *Mr.* FIRST *Robert* MI *A.*
NICKNAME *Bob* LAST *Perkins* SUFFIX

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE *(512)* PHONE NUMBER *854 9443* EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR *Same as above* FIRST MI
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE *()* PHONE NUMBER *Same* EXTENSION

9 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 C/OH - FR)

10 PERIOD COVERED

Month Day Year *1 / 1 / 04* THROUGH Month Day Year *6 / 30 / 04*

11 ELECTION

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

12 OFFICE

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

14 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

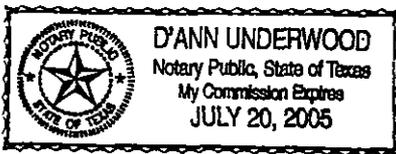
15 C/OH NAME <u>Robert A. Perkins</u>	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the 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. **	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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>160.⁰⁰</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>543.⁸⁶</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,940.³⁷</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

19 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.



Robert A. Perkins
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert A. Perkins, this the 14th day of July, 2004, to certify which, witness my hand and seal of office.

D'Ann Underwood D'Ann Underwood Notary
Signature of officer administering oath Print name of officer administering oath 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 files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
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)

None

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B(J):
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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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
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12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
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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
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Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
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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
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Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
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If pledgor is a child, law firm of parent(s) (if any)

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LOANS (JUDICIAL)

SCHEDULE E (J)

None

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 <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 <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor 20 Guarantor address; City; State; Zip Code	21 Amount Guaranteed (\$)
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 <i>Robert A. Perkins</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/19/04</i>	5 Payee name <i>Austin Hispanic Chamber of Commerce</i>	7 Amount (\$) <i>90.⁰⁰</i>
6 Payee address; City; State; Zip Code <i>3000 S. I 35; Ste 305 Austin, Tx, 78704</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Ticket to their Banquet</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6/12/04</i>	Payee name <i>R.C.L. Portrait Design</i>	Amount (\$) <i>293.⁸⁶</i>
Payee address; City; State; Zip Code <i>unknown - They took pictures of Austin lawyers at the Austin Bar Assoc. offices & collected the checks there in person.</i>		
Purpose of payment (See instructions regarding type of information required.) <i>For picture for Austin Lawyers Directory & for display Case in our Court building & for our website</i>		-- Complete if direct expenditure to benefit C/OH -- 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/OH -- 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/OH -- 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 filers)

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

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

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$) <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 filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
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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 Business address; City; State; Zip Code	Amount (\$)
------	--	-------------

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 Business address; City; State; Zip Code	Amount (\$)
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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 Business address; City; State; Zip Code	Amount (\$)
------	--	-------------

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
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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 files)

4 Date	5 Payee name 6 Payee address: City, State, Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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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 6 Payor address: City: State: Zip Code	8 Amount (\$)
	7 Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	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:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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LENDER INFORMATION	4 Name of lender <hr/> 5 Lender address; City; State; Zip Code
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor <hr/> 7 Guarantor address; City; State; Zip Code
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LENDER INFORMATION	Name of lender <hr/> Lender address; City; State; Zip Code
--------------------	--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; City; State; Zip Code
--	--

LENDER INFORMATION	Name of lender <hr/> Lender address; City; State; Zip Code
--------------------	--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; City; State; Zip Code
--	--

LENDER INFORMATION	Name of lender <hr/> Lender address; City; State; Zip Code
--------------------	--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <hr/> Guarantor address; City; State; Zip Code
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Tr.
704-2764



Dana DeBeauvoir
Travis County Clerk
P. O. Box 149325
Austin, Texas 78714

Elections