

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5809

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:

16

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST MI
J. David
NICKNAME LAST SUFFIX
Phillips

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 854-9241

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
J. David
NICKNAME LAST SUFFIX
Phillips

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 445-0414

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:CH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 4 THROUGH 6 / 30 / 4

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Judge, Travis County Court of Law #1

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
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

15 C/OH NAME J. David Phillips

16 ACCOUNT # (Ethics Commission files)

17 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. **

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

18 CONTRIBUTION TOTALS

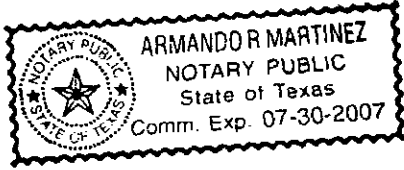
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 2095.36
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,775.55
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 140.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

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 15th day of July 20 04 to certify which, witness my hand and seal of office.

Armando R. Martinez 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)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): /	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: <i>NONE</i> 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)

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)
	7 Pledgor address: City: State: Zip Code		
	<u>NONE</u>		

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): 2 1 of 2
2 FILER NAME J. David Phillips		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ 0		
5 Date of loan 3/26/2004	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) J. David Phillips	9 Loan Amount (\$) 140⁰⁰
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address: City: State: Zip Code 207 E. MILTON, AUSTIN, TX 78704	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 N/A
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 type="checkbox"/> not applicable	19 Name of guarantor: NONE	20 Amount Guaranteed (\$)
20 Guarantor address: City: State: Zip Code		21
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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

2 2 of 2

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 0

5 Date of loan

4/15/2004

7 Name of lender

J. David Phillips

 out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

38.00

6 Is lender a financial institution?

Y

 N

8 Lender address: City: State: Zip Code

207 E. MILTON
AUSTIN, TX 78704

10 Interest rate

0

11 Maturity date

demand

12 Lender's Principal Occupation

Judge

13 Lender's Job Title

Judge

14 Lender's Employer/Law Firm

N/A

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

 none

18 GUARANTOR INFORMATION

 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:
4 1 of 4

2 FILER NAME
J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/10
2004

5 Payee name
OAK EXPRESS

6 Payee address: City: State: Zip Code
9012 Research
AUSTIN, TX 78758

7 Amount (\$)
371.30

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

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

Date
1/10
2004

Payee name
OFFICE DEPOT

Payee address: City: State: Zip Code
8752 Research
AUSTIN, TX 78758

Amount (\$)
11.32

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

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

Date
1/12
2004

Payee name
J. David Phillips

Payee address: City: State: Zip Code
207 E. MILTON
AUSTIN, TX 78704

Amount (\$)
56.83

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

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

Date
2/11
2004

Payee name
El Patio Restaurant

Payee address: City: State: Zip Code
2938 Guadalupe
AUSTIN, TX 78705

Amount (\$)
63.75

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

**** 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 2 of 4
2 FILER NAME J. David Phillips		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/24 2004	5 Payee name AYLA FOUNDATION 6 Payee address: City: State: Zip Code 816 Congress Ave # 700 AUSTIN, TX 78701	7 Amount (\$) 140⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) Golf tournament entry		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/14 2004	Payee name CAPITAL AREA Democratic Women - PAC Payee address: City: State: Zip Code P.O. Box 12962 AUSTIN, TX 78711	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Sponsor Reception		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/14 2004	Payee name MARGARET GOMEZ Payee address: City: State: Zip Code P.O. Box 1748 AUSTIN, TX 78767	Amount (\$) 25⁰⁰
Purpose of payment (See instructions regarding type of information required.) Sponsor Cinco de Mayo Celebration		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/14 2004	Payee name Shady Grove Restaurant Payee address: City: State: Zip Code 1624 Barton Springs Rd. AUSTIN, TX 78704	Amount (\$) 41.61
Purpose of payment (See instructions regarding type of information required.) Dinner meeting - Ex. Comm. OF DAWCAS.		** 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 filers)
4 Date 4/14 2004	5 Payee name J. David Phillips 6 Payee address: City: State: Zip Code 207 E. MILTON AUSTIN, TX 78704	7 Amount (\$) 38.00
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement of Loan Payment of Income Tax paid on Campaign earnings		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 4/30 2004	Payee name American Cancer Society Payee address: City: State: Zip Code 2433 Ridge Point Dr. AUSTIN, TX 78754	Amount (\$) 175.00
Purpose of payment (See instructions regarding type of information required.) Benefit Dinner "Cattleman's ball"		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5/17 2004	Payee name Sam Biscoe Special Projects Payee address: City: State: Zip Code 314 W. 11th Suite 510 AUSTIN, TX 78701	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Sponsor "Juneteenth"		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 6/9 2004	Payee name EL PATIO RESTAURANT Payee address: City: State: Zip Code 2938 Guadalupe AUSTIN, TX 78705	Amount (\$) 37.55
Purpose of payment (See instructions regarding type of information required.) staff luncheon		.. 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 of 4

2 FILER NAME J. David Phillips 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/18</u> <u>2004</u>	5 Payee name <u>Travis County Democratic Party</u> 6 Payee address: City: State: Zip Code <u>P.O. BOX 684263</u> <u>AUSTIN, TX 78768-4263</u>	7 Amount (\$) <u>1000.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>Coordinated GOTV CAMPAIGN</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <u>5/31</u> <u>2004</u>	Payee name <u>UNIVERSITY FEDERAL CREDIT UNION</u> Payee address: City: State: Zip Code <u>P.O. BOX 9350</u> <u>AUSTIN, TX 78764</u>	Amount (\$) <u>5.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Bank Charge</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <u>6/30</u> <u>2004</u>	Payee name <u>UNIVERSITY FEDERAL CREDIT UNION</u> Payee address: City: State: Zip Code <u>P.O. BOX 9350</u> <u>AUSTIN, TX 78766</u>	Amount (\$) <u>5.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Bank Charge</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
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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
---	--

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 filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code <i>N/A</i>	
	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

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. David Phillips		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
6 Business address: City: State: Zip Code N/A		
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 filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code <i>N/A</i>	
	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: /

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City: State: Zip Code	
	7 Reason for credit	

NONE

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 filers)

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

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

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 filers)

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