

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6044

**FORM JC/OH
COVER SHEET PG 1**

| | | | |
|---|---|---|-----------------------------------|
| The JC/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission file #) | 2 Total pages filed: 13 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>MR</u> | FIRST J. | MI David |
| | NICKNAME Phillips | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: STATE: ZIP CODE |
| <input type="checkbox"/> Change of Address | P.O. Box 1748 Austin, TX 78767 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (512) | 854-9241 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <u>MR</u> | FIRST J. | MI David |
| | NICKNAME Phillips | LAST | SUFFIX |
| 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 | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| | 1 | 1 | 5 |
| | THROUGH | | Month Day Year |
| | | | 6 / 30 / 5 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | / | / | / |
| | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 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 |
| <input type="checkbox"/> additional pages | | | |

OFFICE USE ONLY

Date Received: **2005 JUN 18 PM 1:10**

TRAVIS COUNTY TEXAS

RECORD

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

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 filers)

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. **

COMMITTEE TYPE

COMMITTEE NAME

N/A

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

— additional pages

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*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *369.44*

CONTRIBUTION BALANCE

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

\$ *9279.76*

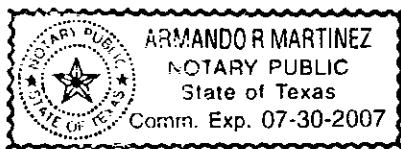
OUTSTANDING LOAN TOTALS

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

\$ *0*

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.



AFFIX NOTARY STAMP / SEAL ABOVE

J. David Phillips
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *J. David Phillips*, this the *14th* day of *July*, 20 *05*, to certify which, witness my hand and seal of office.

Armando R. Martinez
Signature of officer administering oath

Armando R. Martinez
Print name of officer administering oath

Office Specialist S
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 out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

NONE
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 out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City: State; Zip Code

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 out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City: State; Zip Code

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

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

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

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 filers) |

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

| | | | |
|--|--|---|---------------------|
| 5 Date of loan | 7 Name of lender NONE | <input type="checkbox"/> out-of-state PAC filer | 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) |
|----------------------------------|--|

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

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/28/5

5 Payee name

AUSTIN SINGERS

7 Amount (\$)

75.00

6 Payee address: City: State: Zip Code

P.O. Box 300251 AUSTIN, TX 78703

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

Advertising

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/14/5

Payee name

J. David Phillips

Amount (\$)

23.00

Payee address: City: State: Zip Code

207 E. MILTON, AUSTIN, TX 78704

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

Reimburse for income taxes paid on Campaign account earnings

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/19/5

Payee name

Margaret J. Gomez

Amount (\$)

25.00

Payee address: City: State: Zip Code

P.O. Box 1748, AUSTIN, TX 78767

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

Cinco de Mayo sponsorship

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/11/5

Payee name

Sam Biscoe Special Projects

Amount (\$)

25.00

Payee address: City: State: Zip Code

P.O. Box 1748, AUSTIN, TX 78767

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

Juvenile Sponsorship.

** 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:

2

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/16/5

5 Payee name

RGL Portrait Design

7 Amount (\$)

196.44

6 Payee address; City: State: Zip Code

107 RR 620 S. #201, AUSTIN, TX 78734

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

Photography

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

Date

6/14/5

Payee name

American Constitution Society for Law & Policy

Amount (\$)

25.00

Payee address; City: State: Zip Code

50 F. St. NW, Suite 5200, Washington, DC 20001

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

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

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages (this Schedule G) 1

2 FILER NAME

J. David Phillip's

3 ACCOUNT # (Ethics Commission files)

| | | |
|--------|--|--|
| 4 Date | 5 Payee name <i>NONE</i> | 8 Amount (\$) |
| | 6 Payee address: City: State: Zip Code | <input type="checkbox"/> Reimbursement from political contributions intended |
| | 7 Purpose of expenditure | |
| 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 |
| 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. David Phillips

3 ACCOUNT # (Ethics Commission filers)

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):

1

2 FILER NAME

J. David Phyllis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

NONE

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K: 1

2 FILER NAME

J. David Phillip's

3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------|--|---------------|
| 4 Date | 5 Payor name <i>NONE</i> | 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

NONE

5 Lender address: City: State: Zip Code

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 in Schedule M:

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

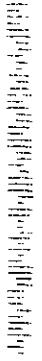
Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

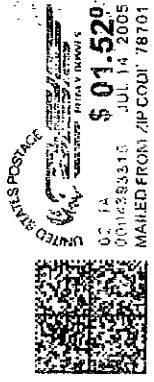
Ph



CCOL #1

P.O. Box 1748

78767



ELECTIONS DIVISION
COUNTY CLERK
P.O. Box 149325
Austin, TX

78714-9325