

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6046

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Robert</i>	SUFFIX <i>A.</i>
NICKNAME <i>Bob Perkins</i>		LAST <i>Perkins</i>	SUFFIX <i>A.</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>2633 Deerfoot Trail</i>	APT / SUITE #: <i>Austin, Tx.</i>	CITY STATE ZIP CODE <i>78704</i>
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>854 9443</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Same as above</i>	FIRST <i>Same as above</i>	SUFFIX
NICKNAME <i>Same as above</i>		LAST <i>Same as above</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>854 9443</i>	EXTENSION
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 (Atach JC/OH - FR)		
10 PERIOD COVERED	Month Day Year <i>1 / 1 / 05</i>	THROUGH	Month Day Year <i>6 / 30 / 05</i>
11 ELECTION	ELECTION DATE Month Day Year <i>1 / 1 / 05</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Judge, 331st District Court</i>	13 OFFICE Sought (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:		
<input type="checkbox"/> additional pages			

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

AMOUNT PAID TO STATE TREASURY

2005 JUN 21 PM 2:14

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

Robert A. Perkins

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. ..

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

\$ _____

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ _____

EXPENDITURE TOTALS

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

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ _____

CONTRIBUTION BALANCE

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

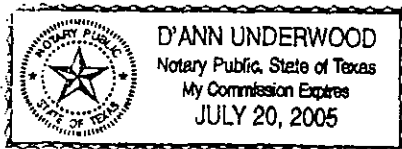
\$ 2,360.46

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 2005, 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

~~SCHEDULE A(J)~~

[Handwritten signature]

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J)

2 FILER NAME

None

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Full name of contributor out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

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):
2 FILER NAME	3 ACCOUNT # (Ethics Commission file#)

None

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			

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.

None

1 Total pages Schedule E(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan

7 Name of lender

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

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

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.

None

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee 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

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

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

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.
2 FILER NAME <i>None</i>		3 ACCOUNT # (Ethics Commission file #)
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 / Officerholder 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 / Officerholder 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 / Officerholder 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 / Officerholder 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:

2 FILER NAME

None

3 ACCOUNT # Ethics Commission files:

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.)

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages on this Schedule K.

2 FILER NAME

None

3 ACCOUNT # (Ethics Commission file)

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

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OUTSTANDING LOANS

None

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission fees)

LENDER INFORMATION

4 Name of lender

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

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

None

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages in this Schedule M.
2 FILER NAME	3 ACCOUNT # (Ethics Commission files)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
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Description of Asset	
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Description of Asset	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



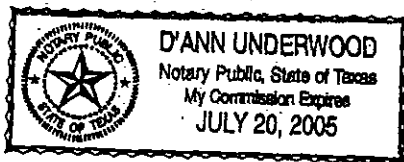
AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	2005 JUL 9 9 28 AM '05 COUNTY CLERK TRAVIS COUNTY TEXAS
Date Processed	
Date Imaged	

Filer name <i>Robert A. Perkins</i>	Account #
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- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the July 15, 2005 report due on July 15, 2005. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



Robert A. Perkins
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert A. Perkins this the 14th day of July 2005, 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

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.

Mr. Robert Perkins
2633 Chestnut St.
Austin, TX 78704-2764

FIRST CLASS

G. Jefferson

*Dana DeBeauvoir
Travis County Clerk
Attn.: Political Filings Division
P.O. Box 1748
Austin, TX 78767*

U.S. POSTAGE
HUSTON TX
75701-05
JUL 15 1988
\$0.83
0001 9838-02



78767



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