



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

15 C/OH NAME Jenkins, Scott H. (Hon.)

16 ACCOUNT # (Ethics Commission filers)  
00026442

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
		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	\$	0.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4.	TOTAL POLITICAL EXPENDITURES	\$	1,652.50
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CONTRIBUTION BALANCE

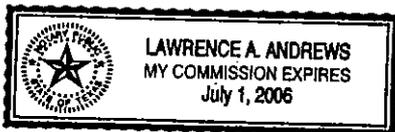
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	54,419.40
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OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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.



*Scott H. Jenkins*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SCOTT H. JENKINS, this the 9<sup>th</sup> day of JANUARY, 20 06, to certify which, witness my hand and seal of office.

*Lawrence A. Andrews*  
Signature of officer administering oath

LAWRENCE A. ANDREWS  
Print name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/4
2 FILER NAME Jenkins, Scott H. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00026442
4 Date  08/14/2005	5 Payee name Austin AFL-CIO  6 Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78767	7 Amount (\$)  \$115.00
8 Purpose of payment (See instructions regarding type of information required.) Labor Day Program Ad		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/04/2005	Payee name Austin Bar Foundation  Payee address; City; State; Zip Code 816 Congress Ave., Suite 700 Austin, TX 78701-2665	Amount (\$)  \$1,200.00
Purpose of payment (See instructions regarding type of information required.) Founding Life Fellows contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/24/2005	Payee name AYLA (Austin Young Lawyers' Assoc.) Foundation  Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701-2665	Amount (\$)  \$37.50
Purpose of payment (See instructions regarding type of information required.) Judges' Bar & Grill Show Ad for Volunteer Legal Services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/12/2005	Payee name HBAA (Hispanic Bar Assoc. of Austin) Charitable Foundation  Payee address; City; State; Zip Code P.O. Box 12692 Austin, TX 78711-2692	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Hispanic Heritage Luncheon (benefiting scholarship programs)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 2/2 Report: 4/4

2 FILER NAME Jenkins, Scott H. (Hon.)

3 ACCOUNT # (Ethics Commission filers)  
00026442

4 Date	5 Payee name Texas Center for Legal Ethics & Professionalism	7 Amount (\$)
12/17/2005	6 Payee address; City; State; Zip Code 1414 Colorado St. Austin, TX 78701	\$100.00

8 Purpose of payment (See instructions regarding type of information required.) annual membership dues	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Texas Center for the Judiciary	Amount (\$)
12/17/2005	Payee address; City; State; Zip Code 1210 San Antonio St. Austin, TX 78701	\$100.00

Purpose of payment (See instructions regarding type of information required.) contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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