

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 6088

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission #)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Judge	FIRST Richard	MI E
	NICKNAME	LAST Scott	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	P.O. Box 15022 Austin TX 78761		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 276-7115	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Nathaniel	MI
	NICKNAME Nat	LAST Bradford	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
5507 Basswood Lane Austin, Texas 78721			
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 926-5957	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January '05 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only). <input 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 07 / 16 / 05	THROUGH	Month Day Year 12 / 31 / 05
11 ELECTION	ELECTION DATE Month Day Year 03 / 07 / 06	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Justice of the Peace Pct. One	13 OFFICE SOUGHT (if known) Justice of the Peace Pct. One	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

OFFICE USE ONLY

Date Received: 2006 JAN 13 PM 1:45
 CLERK
 TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

RECORD

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2


15 C/OH NAME Richard E. Scott	16 ACCOUNT # (Ethics Commission files)
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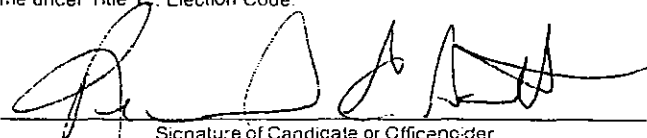
17 NOTICE FROM POLITICAL COMMITTEE(S) N/A <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
COMMITTEE TYPE <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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 455.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 800.00

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.





Signature of Candidate or Officeholder

Richard E. Scott

Sworn to and subscribed before me, by the said Richard E. Scott this the 13 day of January, 2006, to certify which, witness my hand and seal of office.

Betty J. City

Signature of officer administering oath

Betty J. City

Printed name of officer administering oath

Court Clerk

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Richard E. Scott		3 ACCOUNT # (Ethics Commission files)	
4 Date 12-19-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard E. Scott	7 Amount of contribution (\$) 1,200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City: State; Zip Code 6101 Easy Meadow Cove, Manor, Tx 78653			
9 Principal occupation / Job title (See Instructions) Justice of the Peace		10 Employer (See Instructions) Travis County	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor 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: 1

2 FILER NAME **Richard E. Scott** 3 ACCOUNT # (Ethics Commission files):

4 Date 12/19/05	5 Payee name Travis County Democratic Party	7 Amount (\$) \$1,000.00
6 Payee address: City: State: Zip Code 1311 B East 6th Street Austin, Texas 78702		

8 Purpose of payment (See instructions regarding type of information required.) Filing Fee	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

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
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Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

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
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Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED