

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6096

FORM JSPAC
COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 3

3 COMMITTEE NAME
Friends of Judge David Crain

OFFICE USE ONLY

4 COMMITTEE ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE #, CTY, STATE, ZIP CODE
c/o Charles O. Grigson
604 W. 12th Street
Austin, Texas 78701

Date Received

Date Hand Delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Charles O. Grigson

NICKNAME LAST SUFFIX

Receipt Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
604 W. 12th Street
Austin, Texas 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 Change of Address

STREET OR PO BOX APT / SUITE #, CITY, STATE, ZIP CODE
604 W. 12th Street
Austin, Texas 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 477-5791

9 REPORT TYPE

January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (attach JSPAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year
7 / 01 / 05 THROUGH 12 / 31 / 05

11 ELECTION

ELECTION DATE Month Day Year
03 / 07 / 06

ELECTION TYPE
 Primary Runoff General Special

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JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM JSPAC
COVER SHEET PG 2

12 COMMITTEE
NAME

ACCOUNT # (Ethics Commission filers)

Friends of Judge David Crain

13 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

SUPPORT

OPPOSE

ASSIST
(officeholders only)

CANDIDATE

OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

Judge, County Court at Law No. 3
Travis County, Texas

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 0.00

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$1,500.00

CONTRIBUTION
BALANCE

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

\$18,034.74

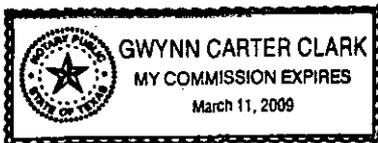
OUTSTANDING
LOAN TOTALS

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

\$ 0.00

15 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.



Charles O. Garrison

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHARLES O. GARRISON, this the 13th day
of JANUARY, 2006, to certify which, witness my hand and seal of office.

Gwynn Carter Clark

Signature of officer administering oath

Gwynn Carter Clark

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Friends of Judge David Crain

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/20/05

5 Payee name

Travis County Democratic Party

7 Amount (\$)

\$ 1,500.00

6 Payee address; City; State; Zip Code

1311 E. 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

David F. Crain, Judge, County Court at Law No. 3, Travis County, Texas

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