

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6117

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages Recd

14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

J. David
Phillips

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

207 E. MILTON
AUSTIN, TX 78704

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 854-9241

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Self

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

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

6th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

7 / 1 / 5 THROUGH 12 / 31 / 5

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Judge, Travis County Court at Law #1

13 OFFICE SOUGHT (if known)

Judge, Travis County Court at 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

NONE

Address / PO Box Apt / Suite # City State Zip Code

Additional pages

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 # Leave blank unless

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: GENERAL SPECIFIC

COMMITTEE NAME: NONE

COMMITTEE ADDRESS:

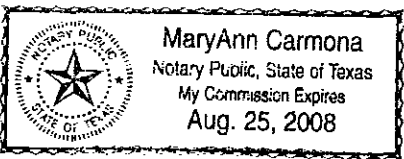
COMMITTEE CAMPAIGN TREASURER NAME:

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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2572.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6769.13</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PERSONAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



J. David Phillips
Signature of Candidate or Officeholder

APPLY NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said J. David Phillips this the 13th day of January, 2006, to certify which, witness my hand and seal of office

MaryAnn Carmona MARYANN CARMONA Notary
Signature of officer administering oath Print name of officer administering oath 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) |

2 FILER NAME *J. David Phillips* 3 ACCOUNT # Ethics Commission file:

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>NONE</i>	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 <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contributor 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 <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contributor 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 files)

4 TOTAL OF UNITEMIZED PLEDGES: \$

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>NONE</i>	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
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12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
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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# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

Pledgor's principal occupation	Pledgor's job title
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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# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
------	--	-----------------------	-------------------------------------

Pledgor's principal occupation	Pledgor's job title
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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) <u>1</u>
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission file)
4 TOTAL OF UNITEMIZED LOANS: ← → ← → ← → \$		
5 Date of loan	7 Name of lender <i>NONE</i> <input type="checkbox"/> 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 <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor 20 Guarantor address City State Zip Code	21 Amount Guaranteed (\$)
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 1 of 3
2 FILER NAME J. David Phillips		3 ACCOUNT # (Ethics Commission file #)
4 Date 8/22/2005	5 Payee name American Inns of Court CXVIII	7 Amount (\$) 382.50
6 Payee address City State Zip Code P.O. Box 684563 Austin, TX 78768-4563		
8 Purpose of payment (See instructions regarding type of information required.) Membership dues		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/29/2005	Payee name AUSTIN YOUNG Lawyers Association (AYLA) FNDTN	Amount (\$) 56.25
Payee address: City State Zip Code 816 Congress # 700 AUSTIN, TX 78701		
Purpose of payment (See instructions regarding type of information required.) Advertising Bar & Grill Program		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/11/2005	Payee name South Austin Democrats	Amount (\$) 125.00
Payee address: City State Zip Code P.O. Box 152592 Austin, TX 78715-2592		
Purpose of payment (See instructions regarding type of information required.) Sponsor fundraiser		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/25/2005	Payee name Texas Department of Public Safety	Amount (\$) 12.00
Payee address: City State Zip Code Parking Administration P.O. Box 13124, Austin, TX 78711-3128		
Purpose of payment (See instructions regarding type of information required.) Juror's Parking ticket		-- 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 INSTRUCTIONS Guide explains how to complete this form.

1 Total pages Schedule F:

2 of 3

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/26/2005

5 Payee name

AYLA Foundation

7 Amount (\$)

240.00

6 Payee address: City, State, Zip Code

816 Congress #700
Austin, TX 78701

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

Admission to Bar & Grill

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

Candidate / Officeholder name Office sought Office held

Date

4/14/2005

Payee name

Austin Singers

Amount (\$)

125.00

Payee address: City, State, Zip Code

P.O. Box 300251
Austin, TX 78703

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

Advertising in Program

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

Candidate / Officeholder name Office sought Office held

Date

11/15/2005

Payee name

City of Austin

Amount (\$)

15.00

Payee address: City, State, Zip Code

P.O. Box 2135
Austin, TX 78768

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

Juror's parking ticket

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

Candidate / Officeholder name Office sought Office held

Date

12/14/2005

Payee name

Red Lobster

Amount (\$)

49.57

Payee address: City, State, Zip Code

3815 S. Lamar
Austin, TX 78704

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

staff luncheon

** 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:

3 of 3

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/21/2005

5 Payee name

Home Slice Pizza

7 Amount (\$)

67.10

6 Payee address: City: State: Zip Code

1415 So. Congress
Austin, TX 78704

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

office hol. day party

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

Candidate / Officeholder name Office sought Office held

Date

12/22/2005

Payee name

Travis County Democratic Party

Amount (\$)

1500.00

Payee address: City: State: Zip Code

1311 E. 6th St.
Austin, TX 78702

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

Filing fee.

** 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 instructions on the back explain how to complete this form. 1 Total pages in Schedule G 1

2 FILER NAME J. David Phillips 3 ACCOUNT # (Ethics Commission Starts)

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

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	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 INSTRUCTIONS GUIDE explains how to complete this form.

1 Total pages Schedule H **1**

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

NONE

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 I) 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	<p style="text-align: center;"><i>NONE</i></p> <p>6 Payee address: City: State: Zip Code</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.)</p>	
	<p>5 Payee name</p> <p>6 Payee address: City: State: Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
	<p>5 Payee name</p> <p>6 Payee address: City: State: Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
	<p>5 Payee name</p> <p>6 Payee address: City: State: Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
	<p>5 Payee name</p> <p>6 Payee address: City: State: Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)

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 Phillips

3 ACCOUNT # (Ethics Commission file #)

4 Date

5 Payor name

NONE

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 in 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

1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission Use)

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

