

6134



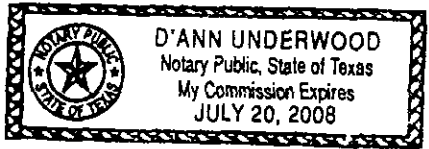
**AFFIDAVIT FOR  
CANDIDATE OR OFFICEHOLDER:  
ELECTRONIC FILING EXEMPTION**

*An exemption affidavit must be submitted with each paper report.*

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

Filer Name: Robert A. Perkins | Account #

- 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 January 15, 2006 report due on Jan. 17, 2006. 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 17<sup>th</sup> day of Jan. 2006 to certify which witness my hand and seal of office

D'Ann Underwood D'Ann Underwood Notary  
Signature of officer administering oath      Title of officer administering oath

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

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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 filed.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>(C)</i>	FIRST <i>Robert</i>	MI <i>A.</i>
	NICKNAME <i>Bob</i>	LAST <i>Perkins</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #	CITY STATE ZIP CODE
	<i>2633 Deepfoot Trail Austin, TX. 78704</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(512) 854 9443</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<i>Same</i>			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #	CITY STATE ZIP CODE
	<i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>Same</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<i>7 / 1 / 05</i>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<i>11 / 7 / 06</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<i>Judge, 3315<sup>th</sup> District Court</i>		<i>Same</i>
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		
	Address / PO Box; Apt / Suite #: City; State; Zip Code		

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 file #)

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

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 \$ 1,500.-

CONTRIBUTION BALANCE

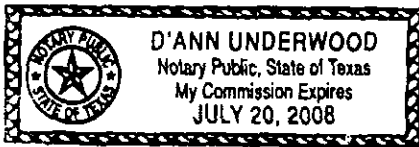
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 860.46

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 17 day of January 2006, 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)**

*None*

The *INSTRUCTION GUIDE* explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)**

*None*

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J)	
2 FILER NAME		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# _____	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)**

*None*

The INSTRUCTION GUIDE explains how to complete this form.		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: <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:

2 FILER NAME *Bob Perkins* 3 ACCOUNT # (Ethics Commission file#)

4 Date *12/14/05* 5 Payee name *Travis County Democratic Party* 7 Amount (\$) *\$1,500.<sup>00</sup>*  
 6 Payee address; City; State; Zip Code  
*P.O. Box 684263  
 Austin, TX 78768*

8 Purpose of payment (See instructions regarding type of information required.) *Filing Fee for re-election* 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**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

*None*

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule G:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name ..... 6 Payee address: City: State: Zip Code	8 Amount (\$)
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

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

*None*

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  6 Business address: City: State: Zip Code	7 Amount (\$)
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  Business address: City: State: Zip Code	Amount (\$)
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  Business address: City: State: Zip Code	Amount (\$)
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  Business address: City: State: Zip Code	Amount (\$)
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

*None*

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule I.
-----------------------------------------------------------	--------------------------------

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

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.)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CREDITS (optional)

# SCHEDULE K

*None*

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission File)

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	<b>6</b> Payor address: City: State: Zip Code	
	<b>7</b> 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:	

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# OUTSTANDING LOANS

# SCHEDULE L

*None*

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission File #)

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

*None*

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file #)

4 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

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

17 JAN 2006

17 JAN 17



**BOB PERKINS**

JUDGE, 331ST DISTRICT COURT  
COUNTY COURTHOUSE  
AUSTIN, TEXAS 78701



Travis County Clerk, Dana DeBeauvoir  
Travis County Elections Division  
P.O. Box 149325  
Austin, TX. 78714-9325

TRAVIS COUNTY TEXAS  
CLERK OF COURSE  
RECORD

JAN 17 AM 9:55

RECORD