

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6313

## FORM JC/OH COVER SHEET PG 1

<b>The JC/OH INSTRUCTION GUIDE explains how to complete this form.</b>		1 ACCOUNT # (Ethics Commission filers) 00026442	2 PAGE # 1 of 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Scott H.	MI MI
	NICKNAME	LAST Jenkins	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY, STATE, ZIP CODE
	3119 Eanes Circle Austin, TX 78746		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Hon.	FIRST Scott H.	MI MI
	NICKNAME	LAST Jenkins	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3119 Eanes Circle Austin, TX 78746		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 970-0529			
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	01/01/2006		THROUGH 06/30/2006
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) District Judge District 53		12 OFFICE SOUGHT (if known) District Judge District 53
13 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		

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission filers)  
00026442

### 16 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. ...

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

additional pages

### 17 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	\$	1,250.00
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### CONTRIBUTION BALANCE

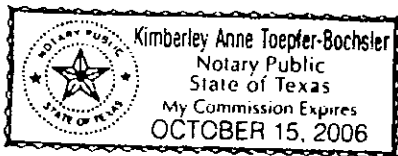
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,169.40
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### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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### 18 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 13th day of July, 2006, to certify which, witness my hand and seal of office.

*Kimberley Anne Toepfer-Bochsler*     Kimberley Anne Toepfer-Bochsler     Texas Notary Public  
Signature of officer administering oath     Print name of officer administering oath     Title of officer administering oath

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.				<b>1</b> PAGE # Schedule: 1/2 Report: 3/4	
<b>2</b> FILER NAME Jenkins, Scott H. (Hon.)				<b>3</b> ACCOUNT # (Ethics Commission filers) 00026442	
<b>4</b> Date 05/25/2006	<b>5</b> Payee name Austin Bar Association			<b>7</b> Amount (\$) \$100.00	
<b>6</b> Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701					
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Law Day Art Awards (to pay for art supply/awards for elementary school students)  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location		<b>14</b> Arrival date
<b>15</b> Means of transportation			<b>16</b> Purpose of travel		
<b>4</b> Date 01/19/2006	<b>5</b> Payee name Travis County Democratic Party			<b>7</b> Amount (\$) \$100.00	
<b>6</b> Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263					
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship/TCDP Dinner  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location		<b>14</b> Arrival date
<b>15</b> Means of transportation			<b>16</b> Purpose of travel		

# 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

<b>4</b> Date	<b>5</b> Payee name Travis County Democratic Party	<b>7</b> Amount (\$)
06/15/2006	<b>6</b> Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	\$1,000.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) contribution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date	<b>5</b> Payee name Travis County Women Lawyers Foundation	<b>7</b> Amount (\$)
06/01/2006	<b>6</b> Payee address; City; State; Zip Code P.O. Box 1386 Austin, TX 78767	\$50.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Annual Awards Luncheon  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	