

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6314

FORM JC/OH  
COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission #)

2 Total pages filed:

12

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

Change of Address

207 E. MILTON  
AUSTIN, TX 78704

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

354-9241

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Scott

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

Same

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

Same

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach JC/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
1 / 1 / 06 THROUGH 6 / 30 / 06

11 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Judge, Travis County Court of Law #1

Same

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: IIIA  
Address: PO Box APT / Suite # City State Zip Code

Print on Recycled Paper

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 # (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	<i>15.1</i>
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ *0*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *3348.84*

CONTRIBUTION BALANCE

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

\$ *3479.82*

OUTSTANDING LOAN TOTALS

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

\$ *0*

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.

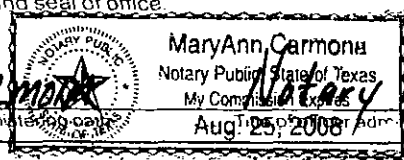
*J. David Phillips*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *J. David Phillips*, this the *14<sup>th</sup>* day of *August*, 20 *06*, to certify which, witness my hand and seal of office.

*MaryAnn Carmona*  
Signature of officer administering oath

MARYANN CARMONA  
Print name of officer administering oath



Signature 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). <b>1</b>	
2 FILER NAME <b>J. David Phillip</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#) <b>NONE</b>	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)**

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

out-of-state PAC (ID# \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

*NONE*  
 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

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

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)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J): <u>1</u>
2 FILER NAME <u>J. David Phillips</u>		3 ACCOUNT # (Ethics Commission file):
4 TOTAL OF UNITEMIZED LOANS:      \$		
5 Date of loan	7 Name of lender: <u>1/31/12</u> <input type="checkbox"/> out-of-state PAC (Da)	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**

2 FILER NAME

**J. David Phillips**

3 ACCOUNT # (Ethics Commission first)

4 Date  
**1/11/0**

5 Payee name

**South Austin Democrats**

7 Amount (\$)

**120.00**

6 Payee address: City: State: Zip Code

**P.O. Box 15292  
Austin, TX 78715**

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

**Sustaining memberships  
for David & Diana**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

**1/23/0**

**Travis County Democratic Party**

Amount (\$)

**500.00**

Payee address: City: State: Zip Code

**1311 E. 6th St.  
Austin, TX 78702**

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

**Sponsor Campaign Kickoff  
Dinner**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

**2/10/0**

**Home Slice Pizza**

Amount (\$)

**73.84**

Payee address: City: State: Zip Code

**1415 S. Congress  
Austin, TX 78704**

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

**stuffs birthday party**

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

**3/29/0**

**American Constitution Society for Law & Policy**

Amount (\$)

**25.00**

Payee address: City: State: Zip Code

**1333 H. St. NW, 11th floor  
WASHINGTON, D.C. 20077-1731**

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

**Membership**

\*\* 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

2

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission files)

4 Date

3/29/06

5 Payee name

Austin Young Lawyers Assn. Foundation

7 Amount (\$)

80.00

6 Payee address City: State: Zip Code

816 Congress #700  
Austin, TX 78701

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

Golf tournament

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

Candidate / Officeholder name Office sought Office held

Date

4/12/06

Payee name

Margaret J. Gomez Cinco de Mayo Committee

Amount (\$)

25.00

Payee address: City: State: Zip Code

P.O. Box 1748  
Austin, TX 78767

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

Sponsor Festival

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

Candidate / Officeholder name Office sought Office held

Date

5/9/06

Payee name

Sum Biscoe Special Projects

Amount (\$)

25.00

Payee address: City: State: Zip Code

P.O. Box 1748  
Austin, TX 78767

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

Sponsor Festival

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

Candidate / Officeholder name Office sought Office held

Date

6/20/06

Payee name

Texas County Democratic Party

Amount (\$)

2500.00

Payee address: City: State: Zip Code

P.O. Box 684263  
Austin, TX 78768-4263

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 Instruction Guide explains how to complete this form.

1 Total pages in Schedule G: 1

2 FILER NAME

*J. David Phillips*

3 ACCOUNT # (Ethics Commission file)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The instruction 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

*NONE*

7 Amount (\$)

6 Business address: City: State: Zip Code

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

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officer/holder 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 / Officer/holder 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 / Officer/holder 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 / Officer/holder 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: 1

2 FILER NAME

*J. David Pittman*

3 ACCOUNT # (Ethics Commission Use)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address, City, State, Zip Code

*M. K. NIE*

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

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Initial pages this Schedule L

2 FILER NAME

*J. David Phillips*

3 ACCOUNT # (E-File Commission File)

LENDER INFORMATION

4 Name of lender

*5.0E*

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 (this Schedule M) **1**

2 FILER NAME

*J. David Phillips*

3 ACCOUNT # (Ethics Commission File)

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