

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6459

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission file #)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST LAST 0 Robert A. Perkins	OFFICE USE ONLY Date Received: JUN 19 2007 Date Input/Updated: JUN 22 2007 Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 2633 Deerfoot Trail Austin, TX, 78704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 440 7020		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Same		
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Report <input type="checkbox"/> 15th day after campaign treasurer appointment (off-ender only) <input type="checkbox"/> July 15 <input type="checkbox"/> 90 days before election <input type="checkbox"/> Exempt: \$500 limit <input checked="" type="checkbox"/> 1st report (All JC/OH)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2006 THROUGH 12 / 31 / 2006		
11 ELECTION	ELECTION DATE MONTH DAY YEAR ELECTION TYPE 11 7 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if any)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Judge, 33rd District Ct. Same * 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 <input type="checkbox"/> See page 2		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME

Bob Perkins

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees in support of 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
<input type="checkbox"/> additional races	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 \$ 53.73

4. TOTAL POLITICAL EXPENDITURES \$ 248.71

CONTRIBUTION BALANCE

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

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT



AFFIX NOTARY SEAL / SEAL ABOVE

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.

Bob Perkins
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bob Perkins, this the 17 day of January 2007, to certify which, witness my hand and seal of office.

Nancy Neuse
Signature of officer administering oath

Nancy Neuse
Print name of officer administering oath

Notary Public
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 Use)

4 Date

5 Full name of contributor out-of-state PAC (P)

7 Amount of contribution (\$) :

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

(If travel outside of Texas, complete Schedule T)

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 out-of-state PAC (P)

Amount of contribution (\$) :

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

(If travel outside of Texas, complete Schedule T)

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 out-of-state PAC (P)

Amount of contribution (\$) :

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

(If travel outside of Texas, complete Schedule T)

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 file)	
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		
		(If travel outside of Texas, complete Schedule T)	
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		
		(If travel outside of Texas, complete Schedule T)	
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		
		(If travel outside of Texas, complete Schedule T)	
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)

None

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J)
2 FILER NAME		3 ACCOUNT # (if Ethics Commission file)
4 TOTAL OF UNITEMIZED LOANS' \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> Law firm or PAC (if any)	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"/> If 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

7/17/06

5 Payee name

Austin Tejano Democrats

7 Amount (\$)

60.-

6 Payee address, City, State, Zip Code

*2214 E. Cesar Chavez
Austin, TX 78702*

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

Dues for Membership

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

7/17/06

Payee name

Chase Card Services

Amount (\$)

134.98

Payee address, City, State, Zip Code

*P.O. Box 94014
Palatine, Ill.*

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

*To pay for Painting
for Office*

(If travel outside of Texas, complete Schedule T)

-- 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.)

(If travel outside of Texas, complete Schedule T)

-- 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.)

(If travel outside of Texas, complete Schedule T)

-- 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 Schedule G

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address, City, State, Zip Code	
7 Purpose of expenditure (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
Purpose of expenditure (If travel outside of Texas, complete Schedule T)		<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 # (leave blank unless)

4 Date

5 Business name

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 / OH holder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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 / OH holder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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 / OH holder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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 / OH holder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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 Schedule I
2 FILER NAME	3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name 6 Payee address, City, State, Zip Code	8 Amount (\$)
7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address, City, State, Zip Code	Amount (\$)
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 Schedule K

2 FILER NAME

3 ACCOUNT # (Ebus Commission file)

4 Date	5 Payor name	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

None

The instruction Guide explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

3 ACCOUNT # (Texas Bar Council List)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

None

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

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

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS *N/A* **SCHEDULE T**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-T SPAC-T

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
----------------------------	--

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-T SPAC-T

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-T SPAC-T

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Robert A. "Bob" Perkins

2 ACCOUNT # (Ethics Commission File #)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Bob Perkins

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at any time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Bob Perkins

Signature of Officeholder



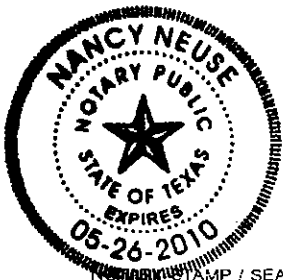
AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

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 <i>Robert A. "Bob" Perkins</i>	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, 2007 report due on January 16, 2007. 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.



Bob Perkins
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Bob Perkins this the 17 day of January, 2007, to certify which, witness my hand and seal of office.

<i>Nancy Neuse</i> Signature of officer administering oath	<u>Nancy Neuse</u> Print name of officer administering oath	<i>Notary Public</i> Title of officer administering oath
---	--	---

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

1/16/07

Dear ~~By Ethics Commission,~~ Dana,

I ~~was~~ not able to mail this on Jan 16, 2007 because the courthouse was closed because of a local ice storm ~~therefore~~ so I had no one to notarize my signature, ~~and~~ in addition to which all other Notarie Public listed in the yellow pages either did not answer their phones or were not at work. The Post Office was closed too. Today I was able to find a friend of mine to notarize my signatures although I don't know if the U.S. Post office will pick up my mail but I'm mailing it before their last ~~so~~ scheduled pickup. Bob Perkins

RP

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

FILED
2007 JAN 19 PM 2:27
YOUR
COUNTY CLERK
TRAVIS COUNTY TEXAS