

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6630

FORM JC/OH  
COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission filers)  
00026442

2 PAGE #  
1 of 4

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Hon. Scott H.  
NICKNAME LAST SUFFIX  
Jenkins

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  
3119 Eanes Circle  
Austin, TX 78746

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Hon. Scott H.  
NICKNAME LAST SUFFIX  
Jenkins

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

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 C/OH - FR)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
07/01/2007 12/31/2007

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
03/04/2008

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

... 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

additional pages

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 file)  
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. ..

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 2,519.25

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 49,897.65

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 7<sup>th</sup> day of JANUARY, 2008, to certify which, witness my hand and seal of office.

*Lawrence A. Andrews* LAWRENCE A. ANDREWS NOTARY PUBLIC  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/2 Report: 3/4**2** FILER NAME Jenkins, Scott H. (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00026442

<b>4</b> Date  08/05/2007	<b>5</b> Payee name American Bar Association  <b>6</b> Payee address; City; State; Zip Code P.O. Box 4745 Carol Stream, IL 60197-4745	<b>7</b> Amount (\$)  \$349.25
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Annual Dues  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  08/10/2007	Payee name Austin AFL-CIO Council  Payee address; City; State; Zip Code P.O. Box 684644 Austin, TX 78768-4644	Amount (\$)  \$145.00
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Purpose of payment (See instructions regarding type of information required.) Labor Day Program ad  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  12/05/2007	Payee name Austin Bar Foundation  Payee address; City; State; Zip Code 816 Congress Ave., Suite 700 Austin, TX 78767	Amount (\$)  \$325.00
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Purpose of payment (See instructions regarding type of information required.) Bar and Grill Show Ad and Sponsorship to benefit Volunteer Legal Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  07/07/2007	Payee name Capital Area Democratic Women-PAC  Payee address; City; State; Zip Code P.O. Box 12962 Austin, TX 78711	Amount (\$)  \$100.00
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Purpose of payment (See instructions regarding type of information required.) Sponsorship of August 28, 2007 fundraiser  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# 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

**4** Date  
  
12/05/2007

**5** Payee name  
Travis County Democratic Party

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**6** Payee address; City; State; Zip Code  
P.O. Box 684263  
Austin, TX 78768-4263

**7** Amount (\$)  
  
\$1,500.00

**8** Purpose of payment (See instructions regarding type of information required.)  
election ballot filing fee

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
12/09/2007

Payee name  
Travis County Women Lawyers Foundation

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Payee address; City; State; Zip Code  
P.O. Box 1386  
Austin, TX 78767

Amount (\$)  
  
\$100.00

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held: