

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7154

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00065762	2 PAGE # 1 of 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Clifford	MI
	NICKNAME	LAST Brown	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 340063 Austin, TX 78738		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Tammie	MI
	NICKNAME	LAST Brown	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	P.O. Box 340063 Austin, TX 78734		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 261-7949			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	06/10/2009		THROUGH 06/30/2009
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03/02/2010		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		
	12 OFFICE SOUGHT (if known) District Judge		
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 Brown, Clifford Jr. (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00065762

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. ..

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

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)	\$	10,250.00
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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	\$	46.00
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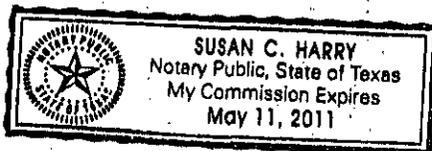
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,250.00
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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.

Clifford Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clifford Brown, this the 15th day of July, 2009, to certify which, witness my hand and seal of office.

Susan C. Harry
Signature of officer administering oath

Susan C. Harry
Print name of officer administering oath

Notary
Title 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 PAGE # Schedule: 1/3 Report: 3/6	
2 FILER NAME Brown, Clifford Jr. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065762	
4 Date 06/23/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Catherine (Ms.) 6 Contributor address; City; State; Zip Code 4 Marble Place Tuckahoe, NY 10707	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation retired		10 Contributor's job title none	
11 Contributor's employer / law firm none		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 06/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cheatum, Melvin (Mr.) Contributor address; City; State; Zip Code 2704 Brindisi Way Cedar Park, TX 78613	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor's principal occupation real estate manager		Contributor's job title Rel Estate Manager	
Contributor's employer / law firm Self-employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 06/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Claiborne (Mr.) Contributor address; City; State; Zip Code P.O. Box 26854 Austin, TX 78755	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation software engineer		Contributor's job title Software Engineer	
Contributor's employer / law firm self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/6	
2 FILER NAME Brown, Clifford Jr. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065762	
4 Date 06/30/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNelis, Anna Lee (Mrs.)	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5302 Valburn Circle Austin, TX 78731		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation attorney		10 Contributor's job title Assistant DA	
11 Contributor's employer / law firm Travis County District Attorney's Office		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morrison, Jill (Ms.)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1810 Kalorama Rd. NW Apt. #B3 Washington, DC 20009-8122		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation attorney		Contributor's job title Senior Counsel	
Contributor's employer / law firm National Women's Law Center		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 06/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Law Office of Mark A. Sampson, P.C.	Amount of contribution (\$) \$1,250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 W. Oltorf Austin, TX 78704		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 6/6
2 FILER NAME Brown, Clifford Jr. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00065762
4 Date 06/30/2009	5 Payee name US Postal Service 6 Payee address; City; State; Zip Code Lake Travis Station Lakeway, TX 78734	8 Amount (\$) \$46.00
7 Purpose of expenditure (See instructions regarding type of information required.) PO Box (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended