Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

7225

**FORM JSPAC**
**COVER SHEET PG 1**

The JSPAC Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 4

3 COMMITTEE NAME
Friends of Judge David Crain

OFFICE USE ONLY

Date Received

FILED FOR RECORD
'10 JAN 5 P
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS
☐ Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
c/o Charles O. Grigson
604 W. 12th Street
Austin, Texas 78701

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Charles O.
NICKNAME LAST SUFFIX
Grigson

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
604 W. 12th Street
Austin, Texas 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS
☐ Change of Address

STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
604 W. 12th Street
Austin, Texas 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
( 512 ) 477-5791

9 REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] Dissolution (attach JSPAC-DR)
- [ ] 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 7 / 01 / 2009 THROUGH Month Day Year: 12 / 31 / 2009

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC**
**COVER SHEET PG 2**

**12** COMMITTEE NAME
Friends of Judge David Crain

ACCOUNT #
(Ethics Commission filers)

**13** COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

[XX] SUPPORT (Candidate or Measure)

[ ] OPPOSE (Candidate or Measure)

[ ] ASSIST (Officeholder)

[ ] CANDIDATE

[XX] OFFICEHOLDER

[ ] MEASURE

CANDIDATE / OFFICEHOLDER NAME
David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Judge, County Court at Law No. 3
Travis County, Texas

BALLOT IDENTIFICATION / #

ELECTION DATE
Month / Day / Year

DESCRIPTION

**14** 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 | $ 50.00 |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 430.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 16,504.74 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0.00 |

**15** AFFIDAVIT

GWYNN CARTER CLARK
Notary Public, State of Texas
My Commission Expires
March 11, 2013

AFFIX NOTARY STAMP / 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.

Charles O. Grigson
Signature of campaign treasurer

Sworn to and subscribed before me, by the said Charles O. Grigson, this the 18th day of January, 2012, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

# POLITICAL EXPENDITURES

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME
Friends of Judge David Crain

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/30/09 | Travis County Democratic Party<br>P.O. Box 684263<br>Austin, Texas 78768 | $ 250.00 |

8 Purpose of payment (See instructions regarding type of information required.)
contribution to help TCDP with its administrative costs
(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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/3/09 | NAACP<br>1704 E. 12th Street<br>Austin, Texas 78702 | $ 130.00 |

Purpose of payment (See instructions regarding type of information required.)
tickets to attend banquet
(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 / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

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 / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

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**

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME
Friends of Judge David Crain

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) |
|---|---|---|
| 12/3/09 | APSCME Local 1624<br>7901 Cameron Road, Bldg. 2, Suite 300<br>Austin, Texas 78754<br>donation to scholarship fund | $100.00 |
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED