

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

7229

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

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed. <b>30</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <b>J.</b> NICKNAME <b>Phillips</b> LAST <b>Phillips</b>	MI <b>David</b> SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>207 E. MILTON, AUSTIN, TX 78704</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>445-0414</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <b>self</b> NICKNAME LAST SUFFIX	MI	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>Same</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( )</b>	PHONE NUMBER <b>same</b>	EXTENSION
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>7 / 1 / 2009    12 / 31 / 2009</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 2 / 2010</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>Judge, Travis County Court at Law #1</b>	13 OFFICE SOUGHT (if known) <b>Judge, Travis County Court at Law #1</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>** 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. **</p> <p>Name <b>N/A</b></p> <p>Address / PO Box; Apt / Suite #; City; State; Zip Code</p>		
<b>GO TO PAGE 2</b>			

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

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

15 C/OH NAME J. David Phillips 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political contributions accepted or political expenditures made 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. \*\*

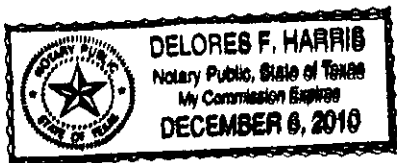
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,200.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,000.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,284.24</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 15<sup>th</sup> day of January, 2010, to certify which, witness my hand and seal of office.

DeLores F. Harris  
Signature of officer administering oath

DeLores F. Harris  
Print name of officer administering oath

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 Total pages Schedule A(J): <b>16</b>	
2 FILER NAME <b>J. David Phillips</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/17/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David L. Plant</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>211 E. 7<sup>th</sup> St., Suite 600 Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>ATTORNEY</b>		10 Contributor's job title	
11 Contributor's employer/law firm <b>Hanna &amp; Plant, LLP</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>10/17/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>C. A. (JOE) DAVIS</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>111 Congress, Suite 1400 Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>ATTORNEY</b>		Contributor's job title	
Contributor's employer/law firm <b>BROWN McCARROLL, LLP</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>10/17/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Hamilton Rial</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>811 Barton Springs Rd., Suite 730 Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>ATTORNEY</b>		Contributor's job title	
Contributor's employer/law firm <b>JOHNSON, RIAL, PARKER</b>		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.

**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/20/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jim Ewbank</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>1210 Nueces St. AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>EWBANK &amp; BYROM, P.C.</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/20/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Daniel H. Byrne</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>98 San Jacinto Blvd., Suite 2000 AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>FRITZ, BYRNE, HEAD &amp; HARRISON, LLP</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/20/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JOHN RAGLAND</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>1204 Nueces AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>RAGLAND LAW FIRM</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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)	
2 FILER NAME <b>J. DAVID PHILLIPS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/20/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michael Barron &amp; Stephen I. Adler</b>	7 Amount of contribution (\$) <b>1,000.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>808 Nueces St. AUSTIN, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>ATTORNEYS</b>		10 Contributor's job title	
11 Contributor's employer/law firm <b>BARRON &amp; ADLER, LLP</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>10/21/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel R. Richards</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>816 Congress Ave., #1200 AUSTIN, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>ATTORNEY</b>		Contributor's job title	
Contributor's employer/law firm <b>RICHARDS, RODRIGUEZ &amp; KEITH</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>10/21/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Chamberlain &amp; Gordon McHaney</b>	Amount of contribution (\$) <b>7500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 Congress Ave., 21<sup>st</sup> floor AUSTIN, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>ATTORNEYS</b>		Contributor's job title	
Contributor's employer/law firm <b>Chamberlain &amp; McHaney</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/21/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Paul T. Morin</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>503 W. 14th St. Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>PAUL T. MORIN, P.C.</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/21/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jason Snell</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>818 W. 10th St. Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>The Snell Law Firm, PLLC</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/21/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>BRAD COLDWELL &amp; Charlie Bowes</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>919 Congress Ave., Suite 1200 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>COLDWELL BOWES, LLP</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/22/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jeremy Levine</i>	7 Amount of contribution (\$) <i>100.<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>1505 W. 6<sup>th</sup> St. Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>The Levine Law Firm</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/22/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William T. Peckham</i>	Amount of contribution (\$) <i>200.<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>1104 Nueces St., Suite 104 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>LAW OFFICES OF WILLIAM T. PECKHAM</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/22/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ROBERT NUNIS</i>	Amount of contribution (\$) <i>250.<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>801 WEST AVE., SUITE 200 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>NUNIS &amp; ASSOCIATES</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/22/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Anderson M. Simmons</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>702 Rio Grande AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>Law Offices of Anderson M. Simmons, PC</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/22/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>RICK FREEMAN</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>811 Barton Springs Rd. #740 AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>RICK FREEMAN, PC</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/22/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nicolai von Kreisler</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>610 WEST LYNN AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>VON KREISLER &amp; SWANSON</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/22/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Vivian K. Smith</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>1702 Barbara St. AUSTIN, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>EXECUTIVE DIRECTOR</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>BREAST CANCER RESOURCE CENTER</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/23/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jay Doyle</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>603 W. 8th St. AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>KUHN, DOYLE &amp; KUHN</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/23/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Arthur Troilo, III</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>700 E. 11th St., Suite 103 AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>TROILO LAW FIRM, PC</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/23/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tom Anson</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>600 Congress Ave., Suite 1600 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>Strasburger &amp; Price, LLP</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/24/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Scott Deshazo &amp; Tom Nesbitt</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Congress Ave., Suite 800 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEYS</i>		Contributor's job title	
Contributor's employer/law firm <i>DeShazo &amp; Nesbitt, LLP</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/26/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Philip C. Friday, Jr.</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>700 Lavaca St., Suite 1150 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>Philip C. Friday, Jr.</i>		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.

# 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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/27/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Al &amp; Kathy Sato</i>	7 Amount of contribution (\$) <i>50.<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City: State; Zip Code <i>5313 Valburn Circle Austin TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>professor &amp; homemaker</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>unknown</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRAD ROCK REAGAN</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City: State; Zip Code <i>5205 RICO COVE AUSTIN, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>REAGAN &amp; JUAREZ</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Elliott</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City: State; Zip Code <i>1705 Rabb Road AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>GRAVES, DAUGHERTY</i>		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.

**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):	
2 FILER NAME <i>J. David Phillip</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/27/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John W. Greenway</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>702 RIO GRANDE AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>GREENWAY LAW FIRM</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Matt Garcia</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>211 RR 620 SOUTH, SUITE 110 Lakeway, TX 78734</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>BARNETT &amp; GARCIA</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MARGARET KENDRICK</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>11104 Sea Hero Lane AUSTIN, TX 78748</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>NURSE</i>		Contributor's job title	
Contributor's employer/law firm <i>UNKNOWN</i>		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.

**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/27/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Kaiser</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>111 EMPIRE COURT AUSTIN, TX 78737</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>McGinnis, Lochridge &amp; Kilgore</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Gottfried</i>	Amount of contribution (\$) <i>200<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1505 W. 6th St. AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>LAW OFFICES OF DAVID GOTTFRIED</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benton Wheatley</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1717 W. 6th St., Suite 420 AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>COATS ROSE</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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)	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/27/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert M. O'Boyle</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>14045 Robins Run AUSTIN, TX 78737</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>Strasburger &amp; Price, LLP</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James W. Collins</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>4500 Steiner Ranch Blvd #3208 AUSTIN, TX 78732</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>TRAVIS COUNTY ATTORNEY</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DIRK JORDAN</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>1702 Hartford Rd. AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>COATS ROSE</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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):

2 FILER NAME J. David Phillips 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/27/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lynn Sanders</u>	7 Amount of contribution (\$) <u>50<sup>00</sup></u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>919 Congress, Suite 450 AUSTIN, TX 78701</u>	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation ATTORNEY 10 Contributor's job title

11 Contributor's employer/law firm SELF 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <u>10/27/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Randy Howry</u>	Amount of contribution (\$) <u>500<sup>00</sup></u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1900 Pearl St. AUSTIN, TX 78705</u>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation ATTORNEY Contributor's job title

Contributor's employer/law firm HOWRY BREEN, LLP Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <u>10/27/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jason Dow (LUKE)</u>	Amount of contribution (\$) <u>250<sup>00</sup></u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>5621 FORT BENTON DR. AUSTIN, TX 78735</u>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation ATTORNEY Contributor's job title

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)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/27/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Don COTTON</i>	7 Amount of contribution (\$) <i>1000<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City, State, Zip Code <i>812 San Antonio, Suite 300 AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEY</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>The Bob Richardson Law Firm</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Chip Evans</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City, State, Zip Code <i>4407 Bee Cave Rd., Suite 611 AUSTIN, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>EVANS EDWARDS LLP</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/29/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James J. Scheske</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City, State, Zip Code <i>4511 Balcones Dr. AUSTIN, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>AKIN GUMP</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/29/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Boone Almanza &amp; Bo Blackburn</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2301 So. Capital of Texas Hwy, H AUSTIN, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>ATTORNEYS</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>AKIN &amp; ALMANZA</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/29/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Don Richie</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Congress Ave., Suite 1750 AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>Richie &amp; GUERINGER, PC</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>10/31/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ranelle M. Meroney</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1221 So. Congress #138 AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>Chamerlain &amp; McTaney</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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):	
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/31/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jackson Walker LLP PAC</i>	7 Amount of contribution (\$) <i>1000<sup>00</sup></i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>901 Main Street, Suite 6000 Dallas, TX 75202</i>		(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 <i>11/14/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Political Action Committee of Winstead PC</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>1201 Elm St., Suite 5400 Dallas, TX 75270</i>		(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 <i>12/14/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry F. York</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>3501 Mount Barker Dr. Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title	
Contributor's employer/law firm <i>McGinnis, Lochridge &amp; Kilgore</i>		Law firm of contributor's spouse (if any)	

If contributor is a child, law firm of parent(s) (if any)

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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): <b>1</b>
2 FILER NAME <b>J. David Phillips</b>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <b>0</b>
5 Date of loan <b>7-30-09</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>J. David Phillips</b>	9 Loan Amount (\$) <b>2000<sup>00</sup></b>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>207 E. MILTON AUSTIN, TX 78704</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>none</b>
12 Lender's Principal Occupation <b>Judge</b>		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 checked="" type="checkbox"/> none		
18 GUARANTOR INFORMATION  <input checked="" 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)		

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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: **4**

2 FILER NAME **J. David Phillips** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7-29-09</b>	5 Payee name <b>South Austin Democrats</b>	7 Amount (\$) <b>\$100.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 152592 AUSTIN, TX 78715</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Sponsor fundraiser</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date <b>7-30-09</b>	Payee name <b>Robert W. Calvert American Inn of Court</b>	Amount (\$) <b>405.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 684563 AUSTIN, TX 78768-4563</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Membership Dues</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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Date <b>8-21-09</b>	Payee name <b>City of Austin</b>	Amount (\$) <b>15.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 2135 AUSTIN, TX 78768-2135</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Juror Parking</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
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Date <b>8-24-09</b>	Payee name <b>Texas Association of County Court at Law Judges</b>	Amount (\$) <b>35.00</b>
Payee address; City; State; Zip Code <b>1210 San Antonio, Suite 800 AUSTIN, TX 78701</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Membership dues</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> 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 Total pages Schedule F:

2 FILER NAME *J. David Phillips* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>8/24/09</i>	5 Payee name <i>American Inns of Court Foundation</i>	7 Amount (\$)  <i>280.00</i>
6 Payee address: City: State: Zip Code <i>1229 KING ST. Alexandria, VA 22314</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Celebration of Excellence Dinner</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>10/8/09</i>	Payee name <i>AUSTIN BAR ASSOCIATION</i>	Amount (\$)  <i>100.00</i>
Payee address: City: State: Zip Code <i>816 Congress Ave., Suite 700 AUSTIN, TX 78701</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Mailing List</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>10/15/09</i>	Payee name <i>United States Postal Service</i>	Amount (\$)  <i>330.00</i>
Payee address: City: State: Zip Code <i>AUSTIN, TEXAS</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Postage</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>10/15/09</i>	Payee name <i>Worley Printing</i>	Amount (\$)  <i>703.63</i>
Payee address: City: State: Zip Code <i>3217 N. I 35 AUSTIN, TX 78722</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Printing</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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 Total pages Schedule F:

2 FILER NAME J. David Phillips 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/31/09</u>	5 Payee name <u>United States Postal Service</u>	7 Amount (\$) <u>22.00</u>
6 Payee address: City: State: Zip Code <u>AUSTIN, TX</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Postage</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <u>11/4/09</u>	Payee name <u>Texas Department of Public Safety</u>	Amount (\$) <u>25.00</u>
Payee address: City: State: Zip Code <u>P.O. Box 13126</u> <u>AUSTIN, TX 78711-3126</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Juror parking</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <u>11/12/09</u>	Payee name <u>David BUTTS</u>	Amount (\$) <u>1410.00</u>
Payee address: City: State: Zip Code <u>1914 Patton Lane</u> <u>AUSTIN, TX 78723</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Consulting</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
--	--

Date <u>12/8/09</u>	Payee name <u>Travis County Democratic Party</u>	Amount (\$) <u>1500.00</u>
Payee address: City: State: Zip Code <u>1311 E. 6th St.</u> <u>AUSTIN, TX 78702</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Filing fee</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> 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 Total pages Schedule F:
2 FILER NAME <i>J. David Phillips</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/27/09</i>	5 Payee name <i>The Austin Club</i>	7 Amount (\$) <i>664.37</i>
6 Payee address; City; State; Zip Code <i>110 E. 9th St. Austin, TX 78701</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food/DRINK/ROOM FOR FUNDRAISER</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>12/29/09</i>	Payee name <i>AUSTIN BAR FOUNDATION</i>	Amount (\$) <i>200.00</i>
Payee address; City; State; Zip Code <i>816 Congress Ave., Suite 700 Austin, TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>2010 AUSTIN BAR GALA</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>11/5/09</i>	Payee name <i>J. David Phillips</i>	Amount (\$) <i>2000.00</i>
Payee address; City; State; Zip Code <i>207 E. MILTON Austin, TX 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Repayment of Loan</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>10/22/09</i>	Payee name <i>AUSTIN Young Lawyers Assn. FOUNDATION</i>	Amount (\$) <i>210.00</i>
Payee address; City; State; Zip Code <i>816 Congress Ave., Suite 700 Austin, TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Tickets to Bar &amp; Grill Charity Show</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME J. David Phillips 3 ACCOUNT # (Ethics Commission filers)

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

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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**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: <u>1</u>
2 FILER NAME <u>J. David Phillips</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name <u>N/A</u>	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)  (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	Business name  Business 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	Business name  Business 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	Business name  Business 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

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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

*J. David Phillips*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>N/A</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	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.)	

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	B Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

N/A

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	

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# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME

*J. David Phillips*

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

*NONE*

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

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**ASSETS VALUED AT \$500 OR MORE**

**SCHEDULE M**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M: 1

2 FILER NAME

*J. David Phillips*

3 ACCOUNT # (Ethics Commission filers)

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

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>J. David Phillips</u>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / <del>Payer</del> <u>American Inns of Court Foundation</u>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel <u>October 15 to October 18, 2009</u>	7 Name of person(s) traveling <u>J. David Phillips</u>	
	8 Departure city or name of departure location <u>AUSTIN</u>	
	9 Destination city or name of destination location <u>WASHINGTON DC</u>	
10 Means of transportation <del>SW Airline</del> <u>Airplane</u>	11 Purpose of travel (including name of conference, seminar, or other event) <u>Attend American Inns of Court Celebration of Excellence</u>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		