



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

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

\$

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 300.00

CONTRIBUTION BALANCE

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

\$ 29,863

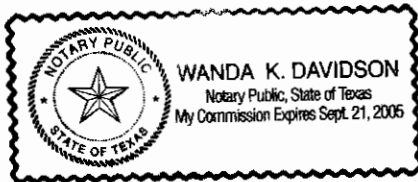
OUTSTANDING LOAN TOTALS

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

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Ken Anderson*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ken Anderson, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Wanda K. Davidson      Wanda K. Davidson - Notary  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule G:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Rotary Club</i>	8 Amount (\$)
<i>11/1/03- 6/30/03</i>	6 Payee address; City; State; Zip Code <i>Box 39, Georgetown, Tx 78627</i>	<i>\$ 300<sup>00</sup></i>
	7 Purpose of expenditure	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**