

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission filers)  
00038193

2 PAGE #  
1 of 3

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Ken  
NICKNAME LAST SUFFIX  
Anderson

OFFICE USE ONLY

Date Received  
**RECEIVED**  
JAN 6 2009  
By *[Signature]* 4:55 PM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 1934  
Georgetown, TX 78627

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. Ken  
NICKNAME LAST SUFFIX  
Anderson

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
405 MLK Box #6  
Georgetown, TX 78626

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 966-6003

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  
07/01/2008 12/31/2008

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
District Judge District 277

12 OFFICE SOUGHT (if known)

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 Anderson, Ken (Mr.)

15 ACCOUNT # (Ethics Commission filers)  
00038193

**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	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		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**

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 **\$ 300.00**

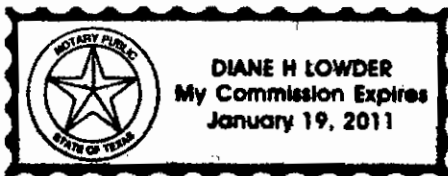
**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 65,323.05**

**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.

*Ken Anderson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ken Anderson, this the 6<sup>th</sup> day of January, 2009, to certify which, witness my hand and seal of office.

*Diane H Lowder*  
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 PAGE #**  
Schedule: 1/1 Report: 3/3

**2 FILER NAME** Anderson, Ken (Mr.)

**3 ACCOUNT #** (Ethics Commission filers)  
00038193

**4 Date**  
  
08/08/2008

**5 Payee name**  
Rotary Club of Georgetown

**8 Amount (\$)**  
  
\$300.00

**6 Payee address; City; State; Zip Code**  
PO Box 39  
Georgetown, TX 78627

**7 Purpose of expenditure (See instructions regarding type of information required.)**  
Dues

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)