

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME JUDY SIVERSON 16 ACCOUNT # (Ethics Commission file #)

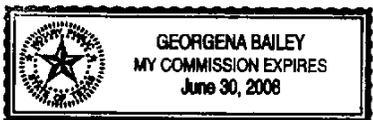
17 NOTICE FROM POLITICAL COMMITTEE(S) ** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>NONE</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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>287.92</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.

Judith A. Siverson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUDITH A. SIVERSON, this the 15TH day of JULY, 2008, to certify which, witness my hand and seal of office.

Georgena Bailey GEORGENA BAILEY NOTARY
Signature of officer administering oath Printed 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 Schedule G: 1

2 FILER NAME Judy Siverson 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/15/05</u>	5 Payee name <u>Accel Printing</u> 6 Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON 77056</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Printing</u>	8 Amount (\$) <u>99.59</u> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <u>5/20/05</u>	Payee name <u>Office Depot</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON 77098</u> Purpose of expenditure (See instructions regarding type of information required.) <u>office supplies</u>	Amount (\$) <u>\$112.97</u> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <u>5/26/05</u>	Payee name <u>U.S. Postmaster</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON 77027/46</u> Purpose of expenditure (See instructions regarding type of information required.) <u>postage</u>	Amount (\$) <u>\$32.60</u> <input type="checkbox"/> Reimbursement from political contributions intended
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Date <u>6/29/05</u>	Payee name <u>Kwik Kopy</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON 77025</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Printing</u>	Amount (\$) <u>\$42.76</u> <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED