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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 1

OFFICE USE ONLY

Date Received

RECEIVED OCT 1 2005 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST: JUDITH MI: A NICKNAME: (JUDY) LAST: Siverson SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 4010 Blue Bonnet Blvd Suite 111, Houston, Tx 77025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (713) PHONE NUMBER: 349-9270 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: JOAN MI: P. NICKNAME: LAST: White SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 3718 Dumbarton, Houston, Texas 77025
8 CAMPAIGN TREASURER PHONE	AREA CODE: (713) PHONE NUMBER: 660-9020 EXTENSION:
9 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)
10 PERIOD COVERED	Month Day Year: 7/1/05 THROUGH Month Day Year: 9/30/05
11 ELECTION	ELECTION DATE Month Day Year: 11/8/05 ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special
12 OFFICE	OFFICE HELD (if any)
13 OFFICE SOUGHT (if known)	City Council - District C
14 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: NONE Address / PO Box; Apt. / Suite #; City; State; Zip Code:
☐ additional pages	

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: JUDY SIVERSON

16 ACCOUNT # (Ethics Commission filers)

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
- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME: None

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)	$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 3368.82
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

MARY ALICE HALDANE
MY COMMISSION EXPIRES
February 22, 2009

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 JUDY SIVERSON, this the 11 day of OCTOBER, 2005, to certify which, witness my hand and seal of office.

Mary Alice Haldane — MARY ALICE HALDANE — NOTARY
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME Judy Siverson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/14/05	Verladyne Arbaugh [redacted] Houston, Texas 77025		$100 Banners

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Salon owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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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: 4

2 FILER NAME Judy Silverson

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 ($) / Reimbursement from political contributions intended
7/1/05	Kwik Kopy HOUSTON, TEXAS Printing	76.97 ☐
7/5/05	GLAY Crenshaw AUSTIN, TEXAS Website	$600.00 ☐
7/13/05	U.S. Post Office HOUSTON, TEXAS Postage	20.42 ☐
7/26/05	CENTRAL TAPE HOUSTON, TEXAS Campaign Sign Material	248.00 ☐
8/2/05	U.S. Post Office HOUSTON, TEXAS Postage	23.42 ☐

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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:

2 FILER NAME: JUDY SIVERSON

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 ($)	Reimbursement from political contributions intended
8/5/05	Empty VASE HOUSTON, TEXAS	Flowers · gifts	86.60	☐
8/10/05	Kwik Kopy HOUSTON, TEXAS	printing	579.02	☐
8/23/05	Clay Crenshaw AUSTIN, TEXAS	website.	800.00	☐
8/23/05	U.S. Postmaster HOUSTON, TEXAS	postage	50.65	☐
8/30/05	U.S. postmaster HOUSTON, TEXAS	postage	23.00	☐

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Printed on recycled paper

Revised 11/05/2003

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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:

2 FILER NAME: Judy Siverson

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 ($)	Reimbursement from political contributions intended
9/7/05	City of Houston	filing fee	$500.00	☐
9/14/05	Southwest 2000 Houston, Texas	Breakfast Donation	25.00	☐
9/16/05	Kwik Kopy Houston, Texas	printing	140.73	☐
9/19/05	Kwik Kopy Houston, Texas	Printing	108.25	☐
9/20/05	Kaye Marvins Photography Houston, Texas	Photo	42.76	☐

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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1 Total pages Schedule G:

2 FILER NAME Judy Siverson

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 ($) / Reimbursement from political contributions intended
9/21/05	Harris County HOUSTON, TEXAS Maps	22 00 ☐
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) / Reimbursement from political contributions intended
9/21/05	Harris County HOUSTON, TEXAS data	22 00 ☐
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) / Reimbursement from political contributions intended
		☐
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) / Reimbursement from political contributions intended
		☐
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) / Reimbursement from political contributions intended
		☐

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