

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

GERALD D. (Jerry) Rowden

16 ACCOUNT # (Ethics Commission files)

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

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

\$

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

\$

500⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

740⁰⁰

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.

Jerry Rowden
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Jerry Rowden*, this the *4th* day of *February*, 20*08*, to certify which, witness my hand and seal of office.

Annabel Overman
Signature of officer administering oath

Annabel Overman
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

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 GERALD D. (JERRY) ROWDEN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/5/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES G. SHIPLEY	7 Amount of contribution (\$) \$500 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1405 OVERLOOK DR., KAUFMAN, TX 75142			
9 Principal occupation / Job title (See Instructions) INSURANCE AGENT		10 Employer (See Instructions) Rowden, HANDECKSON, SHIPLEY & RYMER	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
N

2 FILER NAME: **GERALD D. (Jerry) Rowden** 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/7/08	5 Payee name KAUFMAN HERALD 6 Payee address; City; State; Zip Code P.O. Box 460, KAUFMAN, TX 75142	7 Amount (\$) \$289.00
------------------	---	---------------------------

8 Purpose of payment (See instructions regarding type of information required.) Newspaper Ad	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date 1/21/08	Payee name KAUFMAN HERALD Payee address; City; State; Zip Code P.O. Box 460, KAUFMAN, TX 75142	Amount (\$) \$289.00
-----------------	---	-------------------------

Purpose of payment (See instructions regarding type of information required.) Newspaper Ad	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date 1/18/08	Payee name CATES STEEL PRODUCTS, INC. Payee address; City; State; Zip Code 1100 E. MULBERRY, KAUFMAN, TX 75142	Amount (\$) \$161.83
-----------------	---	-------------------------

Purpose of payment (See instructions regarding type of information required.) PURCHASE T-POSTS for political signs	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED