

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

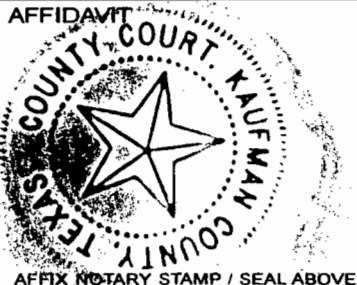
15 C/OH NAME **PAMELA J (PJ) GIBSON** 16 ACCOUNT # (Ethics Commission Filers) **0000**

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	N/A
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 77.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 672.10
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.



PJ Gibson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said P. J. Gibson, this the 4 day of Feb., 2008, to certify which, witness my hand and seal of office.

Jamie Swagerty Signature of officer administering oath
JAMIE SWAGERTY 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

PAMELA J (PJ) GIBSON

3 ACCOUNT # (Ethics Commission filers)

0000

4 Date

01/13/08

5 Full name of contributor out-of-state PAC (ID#)

JENNIFER DENISE HEINE

6 Contributor address; City; State; Zip Code

621 BERRY TRL FORNEY TX 75126

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

SURGICAL COORDINATOR

10 Employer (See Instructions)

GENECOV PLASTIC SURGERY GROUP

Date

01/18/08

Full name of contributor out-of-state PAC (ID#)

JAMES GREENUP

Contributor address; City; State; Zip Code

621 BERRY TRL FORNEY TX 75126

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

AT&T

Date

01/19/08

Full name of contributor out-of-state PAC (ID#)

JERRY SMITH

Contributor address; City; State; Zip Code

404 E BRIN TERRELL TX 75160

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED - PART TIME LANDSCAPE

Employer (See Instructions)

N/A (SELF)

Date

01/21/08

Full name of contributor out-of-state PAC (ID#)

DEBBIE JAN BARNETT

Contributor address; City; State; Zip Code

15056 FM 3133 ANNA TX 75409

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

ROCKWALL ISD

Date

01/23/08

Full name of contributor out-of-state PAC (ID#)

THELMA WALTHER

Contributor address; City; State; Zip Code

303 DONARD PARK LOUISVILLE KY 40218

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

PAMELA J (PS) GIBSON

3 ACCOUNT # (Ethics Commission filers)

0000

4 Date	5 Payee name OFFICE MAX	8 Amount (\$)
01/12/09	6 Payee address; City; State; Zip Code 1515 TOWN E BLVD MESQUITE TX 75150 (STE 112)	\$ 77.90
	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED