

Official Public Records of  
Harris County  
Beverly Kaufman  
County Clerk

### Campaign Finance Report

FileNo: 2009132  
FileDate: 1/15/2009 2:50:00PM  
Office: Criminal District Court 177  
Candidate: Anderson, Devon  
Treasurer: Anderson, J. B.  
Category: Contributions And Expenditures  
Type: COR  
Harris County No Fee



*Beverly B. Kaufman*  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

2009132

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The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00054574	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Devon	MI MI
	NICKNAME	LAST Anderson	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	402 Main Street, 2nd Floor Houston, TX 77002		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST J.B.	MI MI
	NICKNAME	LAST Anderson	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2207 North Palm Court Pasadena, TX 77502		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10/26/2008		12/31/2008
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	11/04/2008	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 177		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. 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		
<b>GO TO PAGE 2</b>			

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME Anderson, Devon (Ms.)

15 ACCOUNT # (Ethics Commission filers)  
00054574

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 7,194.64

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 984.56

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

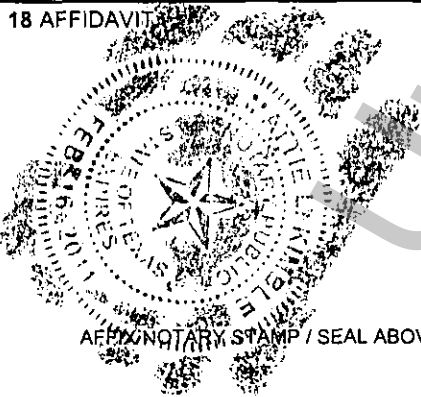
\$ 3,588.50

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Devon Anderson

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Devon Anderson, this the 15<sup>th</sup> day of January, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/5	
2 FILER NAME Anderson, Devon (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00054574	
4 Date  10/31/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Rick  6 Contributor address; City; State; Zip Code 2008 Rainbow Houston, TX 77023	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Ricardo N. Gonzalez Atty at Law		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date  10/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maida, Sam Jr.  Contributor address; City; State; Zip Code 2401 Fountainview Houston, TX 77057	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date  10/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melton, Brian  Contributor address; City; State; Zip Code 102 Whipple Drive Bellaire, TX 77401	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Partner	
Contributor's employer / law firm Susman Godfrey, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 4/5	
2 FILER NAME Anderson, Devon (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00054574	
4 Date 10/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Republican Party of Texas	7 Amount of contribution (\$) \$5,564.64	8 In-kind contribution description (if applicable) Harris County Judicial Mailers (state special)
6 Contributor address; City; State; Zip Code 900 Congress, Suite 300 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Villarreal, Gilbert	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1419 Franklin, Suite 5 Houston, TX 77002		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zinkin, Devora	Amount of contribution (\$) \$180.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 487 Harrison Avenue Highland Park, NJ 08904		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation n/a		Contributor's job title n/a	
Contributor's employer / law firm n/a		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 5/5
<b>2</b> FILER NAME Anderson, Devon (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00054574
<b>4</b> Date  10/27/2008	<b>5</b> Payee name Verizon Wireless  <b>6</b> Payee address; City; State; Zip Code P.O.Box 660108 Dallas, TX 75266-0108	<b>7</b> Amount (\$)  \$192.02
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Monthly charge for blackberry service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/21/2008	Payee name Verizon Wireless  Payee address; City; State; Zip Code P.O.Box 660108 Dallas, TX 75266-0108	Amount (\$)  \$263.22
Purpose of payment (See instructions regarding type of information required.) Monthly charge for blackberry service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/21/2008	Payee name Verizon Wireless  Payee address; City; State; Zip Code P.O.Box 660108 Dallas, TX 75266-0108	Amount (\$)  \$129.32
Purpose of payment (See instructions regarding type of information required.) Monthly charge for blackberry service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/27/2008	Payee name Westin Galleria  Payee address; City; State; Zip Code 5060 West Alabama Houston, TX 77056	Amount (\$)  \$400.00
Purpose of payment (See instructions regarding type of information required.) Election night party  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: