

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
Ms. Jan Soifer

15 ACCOUNT # (Ethics Commission filers)
00033617

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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 **\$ 636.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 6486.00**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 0.00**

EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES **\$ 23593.73**

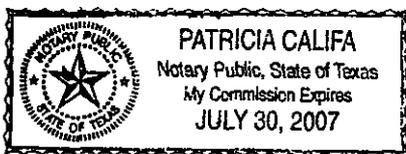
OUTSTANDING LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

CONTRIBUTION BALANCE

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

18 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.

Jan Soifer
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jan Soifer, this the 8th day of July, 2004, to certify which, witness my hand and seal of office.

Patricia Califa
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

CANDIDATE/OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

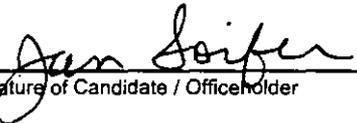
Ms. Jan Soifer

2 ACCOUNT # (Ethics Commission filers)

00033617

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are a candidate **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, Â§ 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, Â§ 254.204.


Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/16	
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 03/03/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Breen	7 Amount of contribution (\$) 200.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 3562 Old Milton Parkway Alpharetta GA 30005			
9 Contributor's principal occupation attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm The Breen Law Firm,P.A.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/04/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) George Butts	Amount of contribution (\$) 200.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 4400 Michael's Cove Austin TX 78746			
Contributor's principal occupation attorney		Contributor's job title attorney	
Contributor's employer/law firm Brown McCarroll,L.L.P.		Law firm of contributor's spouse (if any) Texas Attorney General's Office	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/05/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joseph Crawford	Amount of contribution (\$) 150.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 3301 Co. Rd. 268 Leander TX 78641			
Contributor's principal occupation attorney		Contributor's job title attorney	
Contributor's employer/law firm Wright & Greenhill,P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/16	
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 05/10/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bill Darling	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 2908 Scenic Drive Austin TX 78703			
9 Contributor's principal occupation attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm Brown McCarroll,L.L.P.		12 Law firm of contributor's spouse (if any) Brown McCarroll,L.L.P.	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/14/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Martin Davis Jr.	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 2705 Swiss Ave. Dallas TX 75204			
Contributor's principal occupation CPA		Contributor's job title Senior Partner	
Contributor's employer/law firm Davis,Clark & Co.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/05/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brad Douglas	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 221 W. 6th St.,Ste. 1800 Austin TX 78701			
Contributor's principal occupation attorney		Contributor's job title attorney	
Contributor's employer/law firm Wright & Greenhill,P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages report: 6/16	
2 FILER NAME Ms. Jan Soifer			3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 03/04/2004	5 Full name of contributor Marianne Dwight 6 Contributor address; City; State; Zip Code 3213 Bonnie Rd. Austin TX 78703	<input type="checkbox"/> out-of-state PAC(ID# _____)	7 Amount of contribution (\$) 125.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation attorney		10 Contributor's job title attorney		
11 Contributor's employer/law firm Brim,Arnett,Soifer,Robinett,Hanner		12 Law firm of contributor's spouse (if any)		
13 <input checked="" type="checkbox"/> Contributor is a child, law firm of parent(s) (if any)				
Date 03/05/2004	Full name of contributor Lora Ann Gerson Contributor address; City; State; Zip Code 4607 Madrona Austin TX 78731	<input type="checkbox"/> out-of-state PAC(ID# _____)	Amount of contribution (\$) 150.00	In-kind contribution description(if applicable)
Contributor's principal occupation consultant		Contributor's job title consultant		
Contributor's employer/law firm Equal Access to Justice Foundati -		Law firm of contributor's spouse (if any)		
<input checked="" type="checkbox"/> Contributor is a child, law firm of parent(s) (if any)				
Date 02/29/2004	Full name of contributor Robert Griffith Contributor address; City; State; Zip Code 9209 Westminster Glen Ave. Austin TX 78730	<input type="checkbox"/> out-of-state PAC(ID# _____)	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor's principal occupation veterinarian		Contributor's job title veterinarian		
Contributor's employer/law firm Griffith Small Animal Hospital		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/16	
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 03/05/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) T.B. Hudson 6 Contributor address; City; State; Zip Code 3205 Desert Willow Cove Austin TX 78735	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm Graves Dougherty Hearon & Moo -		12 Law firm of contributor's spouse (if any) Graves Dougherty Hearon & Moody,P.C.	
13 <input checked="" type="checkbox"/> Contributor is a child, law firm of parent(s) (if any)			
Date 03/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hull, Henricks & MacRae, L.L.P. Contributor address; City; State; Zip Code 221 West 6th St., Ste. 2000 Austin TX 78701	Amount of contribution (\$) 375.00	In-kind contribution description(if applicable)
Contributor's principal occupation Firm		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Terry Mark Jones Contributor address; City; State; Zip Code 11 Cypress Ave. Key West FL 33040	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor's principal occupation business owner		Contributor's job title owner	
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)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: <p style="text-align: center;">8/16</p>	
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 03/03/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Nelson 6 Contributor address; City; State; Zip Code 2920 Majestic Oaks Pass Austin TX 78732	7 Amount of contribution (\$) 200.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm Locke Liddell & Sapp LLP		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 04/05/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thomas O'Meara Contributor address; City; State; Zip Code 7103 Fence Line Dr. Austin TX 787492309	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
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 03/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carl Parker Contributor address; City; State; Zip Code 1 Plaza Port Arthur TX 77642	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor's principal occupation attorney		Contributor's job title attorney	
Contributor's employer/law firm Parker & Parks, L.L.P.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 9/16	
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 03/06/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andy Pastor 6 Contributor address; City; State; Zip Code 2908 Sparkling Brook Lane Austin TX 78746	7 Amount of contribution (\$) 150.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation real estate		10 Contributor's job title Principal	
11 Contributor's employer/law firm Endeavor Real Estate Group		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roger Peterson Contributor address; City; State; Zip Code 19761 Dorado Cir. Trabuco Canyon CA 92679	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor's principal occupation consultant		Contributor's job title consultant	
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 03/05/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eddie Safady Contributor address; City; State; Zip Code P.O. Box 99 Austin TX 78767	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor's principal occupation banker		Contributor's job title President	
Contributor's employer/law firm Liberty Bank		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/16	
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 03/06/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leon Schmidt	7 Amount of contribution (\$) 200.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 3920 Balcones Dr. Austin TX 78731			
9 Contributor's principal occupation retired		10 Contributor's job title none	
11 Contributor's employer/law firm none		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/06/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) A.R. Schwartz	Amount of contribution (\$) 150.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1122 Colorado.Ste. 2102 Austin TX 78701			
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 03/09/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rachel Stroud	Amount of contribution (\$) 200.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 16000 Pool Canyon Rd. Austin TX 78734			
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)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/16	
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 03/01/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ben Vaughan	7 Amount of contribution (\$) 500.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 2233 Austin TX 78768			
9 Contributor's principal occupation attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm Graves, Dougherty, Hearon, and M -		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William Waxman	Amount of contribution (\$) 150.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 6850 Austin Center Blvd. #350 Austin TX 78731			
Contributor's principal occupation stockbroker		Contributor's job title stockbroker	
Contributor's employer/law firm Waxman Cavner & Lawson		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 03/04/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Weiss	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 6828 Velasco Ave. Dallas TX 75214			
Contributor's principal occupation non-profit executive		Contributor's job title Vice President	
Contributor's employer/law firm Meadows Foundation		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G UIDE explains how to complete this form.		1 Total pages report: 12/16	
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617	
4 Date 03/02/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Glen Wilkerson 6 Contributor address; City; State; Zip Code 27 Sunset Trail Austin TX 78745	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm Davis & Wilkerson, P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 03/03/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marc Winkelman Contributor address; City; State; Zip Code 304 Hillcrest Court Austin TX 78746	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor's principal occupation business owner		Contributor's job title CEO	
Contributor's employer/law firm Calendar Club		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.		1 Total pages report: 13/16
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617
4 Date 03/05/2004	5 Payee name Allied Printing & Mailing 6 Payee address; City: State: Zip Code 8222 N. Lamar, Ste. E-44 Austin TX 78753	7 Amount (\$) 3172.39
8 Purpose of expenditure (See instructions regarding type of information required.) printing		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 03/02/2004	Payee name Austin Chronicle Payee address; City: State: Zip Code P.O. Box 49066 Austin TX 78765	Amount (\$) 2590.00
Purpose of expenditure (See instructions regarding type of information required.) advertising		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 03/05/2004	Payee name Checkmark Typesetting Payee address; City: State: Zip Code 3217 N. IH 35 Austin TX 78722	Amount (\$) 340.99
Purpose of expenditure (See instructions regarding type of information required.) printing		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 03/01/2004	Payee name Susan Harry Payee address; City: State: Zip Code 707 West Avenue, Suite 250 Austin TX 78701	Amount (\$) 2500.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 14/16
2 FILER NAME Ms. Jan Soifer		3 ACCOUNT # (Ethics Commission filers) 00033617
4 Date 03/02/2004	5 Payee name KEYE 6 Payee address; City; State; Zip Code 10700 Metric Boulevard Austin TX 78758	7 Amount (\$) 5525.00
8 Purpose of expenditure (See instructions regarding type of information required.) television advertising		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 03/05/2004	Payee name KXAN Payee address; City; State; Zip Code 908 W. MLK,Jr. Blvd. Austin TX 78701	Amount (\$) 1700.00
Purpose of expenditure (See instructions regarding type of information required.) television advertising		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 03/09/2004	Payee name Paypal Payee address; City; State; Zip Code P.O. Box 7022 Mountain View CA 94039	Amount (\$) 62.75
Purpose of expenditure (See instructions regarding type of information required.) credit card processing fees		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 03/05/2004	Payee name Tyson Organization Payee address; City; State; Zip Code 1000 Macon Street,Suite 300 Fort Worth TX 76102	Amount (\$) 1723.90
Purpose of expenditure (See instructions regarding type of information required.) phone services		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
16/16

2 FILER NAME
Ms. Jan Soifer

3 ACCOUNT # (Ethics Commission filers)
00033617

4 Date
03/05/2004

5 Payee name
Allied Printing & Mailing
6 Payee address: City: State: Zip Code
8222 N. Lamar, Ste. E-44
Austin TX 78753

8 Amount (\$)
5624.14

7 Purpose of expenditure (See instructions regarding type of information required.)
printing

Reimbursement from political contributions intended

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
15/16

2 FILER NAME
Ms. Jan Soifer

3 ACCOUNT # (Ethics Commission filers)
00033617

4 Date 03/03/2004	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code 510 Guadalupe Austin TX 78701	7 Amount (\$) 111.00
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8 Purpose of expenditure (See instructions regarding type of information required.) postage	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 02/29/2004	Payee name Worley Printing Payee address; City; State; Zip Code 3217 N IH 35 Austin TX 78722	Amount (\$) 243.56
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Purpose of expenditure (See instructions regarding type of information required.) printing	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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