

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Connor, Madeleine B. (Ms.)

15 ACCOUNT # (Ethics Commission filers)
00057729

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political contributions accepted or political expenditures made 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) \$ 0.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 85.00

CONTRIBUTION BALANCE

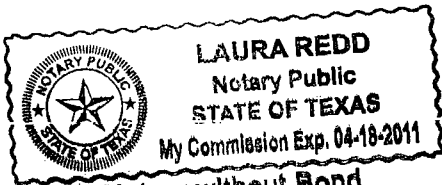
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Madeleine Connor

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MADELEINE CONNOR, this the 9th day of July, 2008, to certify which, witness my hand and seal of office.

Laura Redd

Signature of officer administering oath

Laura Redd

Print name of officer administering oath

Notary Public

Title of officer administering oath

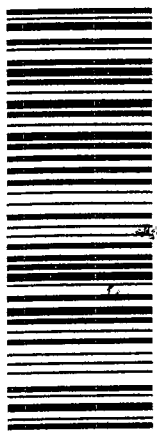
POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 3 of 3
2 FILER NAME Connor, Madeleine B. (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00057729
4 Date 01/15/2008	5 Payee name Kinkos ----- 6 Payee address; City; State; Zip Code 3300 Bee Cave Road Austin, TX 78746 7 Purpose of expenditure (See instructions regarding type of information required.) flyers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$85.00 <input type="checkbox"/> Reimbursement from political contributions intended

adeleine Connor
orney at Law
O. Box 161962
ustin, Texas 78716-1962

GERMANY MAIL



7004 1350 0003 0502 2626

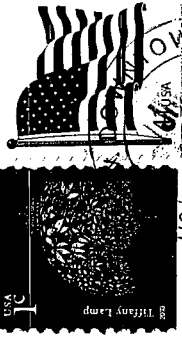


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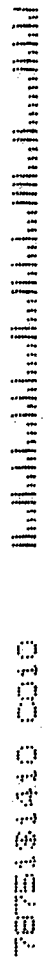
U.S. POSTAGE
PAID
AUSTIN, TX
JUL 09, 08
AMOUNT

\$4.90
00078502-02



2008 JUL 10 PM 2:22
AUSTIN, TEXAS
RECEIVED
REQUESTED

5110 Dana De Beauvoir, City Clerk
5501 Airport Blvd.
Austin, TX. 78751-1410



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