

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME O'Rourke, Robert (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000008

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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	3,108.26
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CONTRIBUTION BALANCE

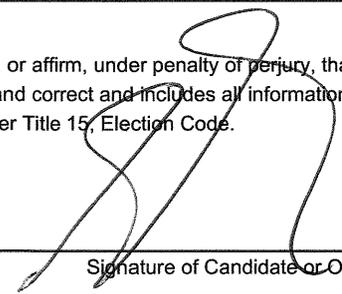
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,171.26
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OUTSTANDING LOAN TOTALS

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



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT FRANCIS O'ROURKE, this the 15th day of January, 20 08, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

DOLORES M. JENKINS
Print name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/3
2 FILER NAME O'Rourke, Robert (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000008
4 Date 07/26/2007	5 Payee name Airport Printing 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) printing services during the campaign (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$2,483.26 <input type="checkbox"/> Reimbursement from political contributions intended
Date 10/19/2007	Payee name El Paso Media Group Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) online advertisement during campaign (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 09/05/2007	Payee name Project Amistad Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Advertisement in program (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$125.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 07/25/2007	Payee name Two Ton Advertising Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) advertisement in What's Up magazine (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended