

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
 Marian Jackson E.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE
 P.O. Box 475 Prairie View, TX 77446

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (936) 857-5550

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
 Diana Duncan

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE
 P.O. Box 462 Prairie View, TX 77446

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (832) 741-2391

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 / / /

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 11 / 6 / 2018

12 OFFICE

OFFICE HELD (if any)
 Justice of the Peace, Pet. 3

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

additional pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received: **Water County Elections**
OCT 30 2018
Received

Date Hand-delivered or Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Marian Elaine Jackson

15 ACCOUNT # (Ethics Commission Filers)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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)

\$ 200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 376.19

CONTRIBUTION BALANCE

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

\$

OUTSTANDING LOAN TOTALS

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

\$ 0

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

Marian E. Jackson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Marian Elaine Jackson, this the 30th day of October, 20 18, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Diana Duncan

Printed name of officer administering oath

notary

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

Marian E. Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/18/18

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

James Johnson

7 Amount of contribution (\$)

\$ 100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

15126 Chasethill Dr. Missouri City TX 77489

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Accountant

10 Employer (See Instructions)

Jed Johnson

Date

10/23/18

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

Gloria M. Thompson

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1236 First St. Hempstead, TX 77445

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Marian E Jackson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/12/18	5 Payee name More Than Signs
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6 Amount (\$) \$85.52	7 Payee address; City; State; Zip Code 1112 Austin, ST Hempstead, TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Door Magnetic Set.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Marian E Jackson	Office sought	Office held
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Date 8/17/18	Payee name Nyce Graphic
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Amount (\$) \$290.67	Payee address; City; State; Zip Code 2616 South Loop West Suite #215 Houston
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Post Cards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Re-elect Marian Elaine Jackson Campaign

P.O. Box 475

Prairie View, Texas 77446

Please contribute to help us win so that we can continue to provide justice with integrity.

First Name "JJ" Last Name JOHNSON

Address 15126 CHASEHILL DR

City MISSOURI CITY TX Zip 77489

Email littlefreg2@msm.com

Phone 281-804-4737

Employer J & J JOHNSON



Occupation ACCOUNTANT

To comply with State law, contributors are required to provide their employment information. If you are retired, please enter N/A under Employer and Retired under Occupation; if a homemaker, please enter N/A - Homemaker; if self-employed, please enter "Self-Employed" under Employer and describe your line of work under Occupation.

Contribution information

- \$5 \$10 \$20 \$40 \$100 \$150 \$200
- \$250 \$500 \$1000 \$2000 \$5000

Other \$ _____

J. JOHNSON & CO.		32-61/1110	5843
15126 CHASEHILL DR.			
MISSOURI CITY, TX 77489		DATE <u>10/17/18</u>	
PAY TO THE ORDER OF	<u>ELAINE JOHNSON</u>	\$ <u>100⁰⁰</u>	
	<u>no bank doc</u>	<u>00/00</u>	DOLLARS 
		Security Features Included. Details on Back.	
JPMorgan Chase Bank, N.A.			
www.Chase.com			
MEMO	<u>Leah W. Johnson</u>		MP

Re-elect Marian Elaine Jackson Campaign

P.O. Box 475

Prairie View, Texas 77446

Please contribute to help us win so that we can continue to provide justice with integrity.

JAMES A First Name *GLORIA MARIE* Last Name *THOMPSON*
Address *1236 FIRST STREET*
City *HEMPSTEAD, TX* Zip *77445*
Email *gloria.ttax@aol.com*
Phone *979-826-3874*
Employer *OWNER*
Occupation *GLORIA TAX*

To comply with State law, contributors are required to provide their employment information. If you are retired, please enter N/A under Employer and Retired under Occupation; if a homemaker, please enter N/A - Homemaker; if self-employed, please enter "Self-Employed" under Employer and describe your line of work under Occupation.

Contribution information

\$5 \$10 \$20 \$40 \$100 \$150 \$200
 \$250 \$500 \$1000 \$2000 \$5000

Royal Checking **JAMES A THOMPSON** **GLORIA MARIE THOMPSON** **6655**
1236 FIRST STREET HEMPSTEAD, TX 77445 88-2265/1131-142 DATE *10/21/2018*
PAY TO THE ORDER OF *Marian Elaine Jackson Campaign* \$ *100.00*
One Hundred Dollar DOLLARS Photo Safe Deposit Details on back
PROSPERITY BANK
HEMPSTEAD BANKING CENTER
1250 AUSTIN STREET • HEMPSTEAD, TX 77448
979-826-2431 www.prosperitybankusa.com
FOR *Donation* *Gloria Marie Thompson* MP



INVOICE

Paid

2616 SOUTH LOOP WEST SUITE #215
HOUSTON, TX 77054
United States

Phone: 832-549-0399
nycegraphix@aol.com

Invoice #: 13417
Invoice Date: Aug 17, 2018
Due date: Aug 17, 2018

Amount due:
\$0.00

Bill To:

mejacksontx@prodigy.net

Description	Quantity	Price	Amount
(5K) 6X9 POSTCARDS	1	\$259.00	\$259.00*
MINOR EDITS	1	\$10.00	\$10.00*
CLIENT: ELAINE JACKSON	1	\$0.00	\$0.00
		Subtotal	\$269.00
		Shipping	\$0.00
		TAX (8.25%)	\$21.37
		rate (3%)	\$0.30
		Total	\$290.67

**Taxable item*

Notes

NO E-CHECKS WILL BE EXCEPTED. MUST BE PAID WITH MAJOR CREDIT CARD OR DEBIT CARD. A 3% CONVENIENCE FEE WILL APPLY. WE REALLY APPRECIATE YOUR BUSINESS.

Terms and Conditions

PLEASE READ - Nyce Graphix tag will be applied somewhere real small to artwork for this discounted price rate. Usually toward the bottom or the side. Somewhere out of the way of your content. Without applying our tag you will not be eligible for the discounted rate, so the price will be much higher. If you are ok with us applying NG tag please pay invoice and we will start the printing process. If not, please let us know so that we can resend you the invoice without the discounted rate. Thank you so much.



1112 Austin St.
Hempstead, TX

Invoice

Date 6/12/2018
Invoice # 24634

Bill To

Marian Jackson
P O Box 475
Prairie View, TX 77446

Ship To

P.O. #

Terms

Due on receipt

Due Date

6/12/2018

Other

Description	Qty	Rate	Amount
18" x 24" Magnetics Set	1	79.00	79.00T

dustin@morethansigns.com
www.morethansigns.com

979-921-0200
979-921-0221

Subtotal	\$79.00
Sales Tax (8.25%)	\$6.52
Total	\$85.52
Payments/Credits	\$0.00
Balance Due	\$85.52