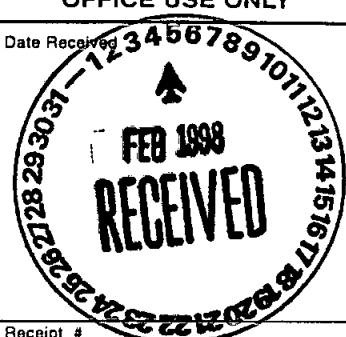


JUDICIAL CANDIDATE OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 4
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Judge FIRST: Suwe MI: NICKNAME: LAST: Jackson SUFFIX: OFFICE USE ONLY	Date Received: 
	Change of Address <input type="checkbox"/>	

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: P.O. Box 571 APT / SUITE #: CITY: Hempstead, TX STATE: ZIP CODE: 77445	Receipt #
------------------------------------	--	-----------

5 CAMPAIGN TREASURER NAME	TITLE: FIRST: Suwe MI: NICKNAME: LAST: Jackson SUFFIX: HD / PM: <input checked="" type="checkbox"/> CS Amount: Date Processed: Date Imaged:
---------------------------	---

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 1305 13th St APT / SUITE #: CITY: Hempstead, TX STATE: ZIP CODE: 77445 (mailing address P.O. Box 571)
--	---

7 CAMPAIGN TREASURER PHONE	AREA CODE: (409) PHONE NUMBER: 826-3982 EXTENSION:
----------------------------	--

8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)
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9 PERIOD COVERED	Month: 1 / Day: 13 / Year: 98 THROUGH Month: 2 / Day: 10 / Year: 98
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10 ELECTION	ELECTION DATE: Month: 3 / Day: 10 / Year: 98	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE: Walker County Court at Law	12 OFFICE SOUGHT (if known): Walker County Court at Law
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13 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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$ 0 -
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0 -
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0 -
4. TOTAL POLITICAL EXPENDITURES	\$ 25.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 -
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 -

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.



[Handwritten Signature]

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said June Jackson, this the 5th day of February

19 98, to certify which, witness my hand and seal of office.

Christy Schiel Christy Schiel Elections Admin.
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Jane Jackson

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/1/98

5 Payee name

Times Tribune

7 Amount (\$)

\$25.00

6 Payee address; City; State; Zip Code

P.O. Box 1549 Brookshire, TX 77423

8 Purpose of expenditure

Advertising

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Sue Jackson

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/1/98

5 Payee name

Times Tribune

6 Payee address; City; State; Zip Code

P.O. Box 1549 Brookshire, TX

8 Amount (\$)

\$25.00

7 Purpose of expenditure

Advertising

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED