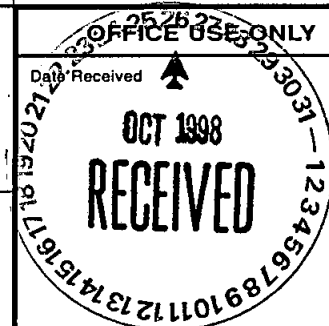
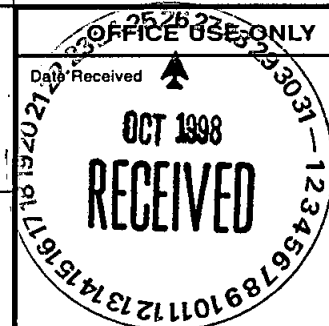


# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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: <b>6</b>
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE <u>Judge</u> FIRST <u>Juve</u> MI	
	NICKNAME <u>Jackson</u> LAST SUFFIX	

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: <u>P.O. Box 571</u> APT / SUITE #: CITY: <u>Hempstead, TX</u> STATE: ZIP CODE: <u>77445</u>	
<input type="checkbox"/> Change of Address		

5 CAMPAIGN TREASURER NAME	TITLE <u>Juve</u> FIRST MI	Receipt #
	NICKNAME <u>Jackson</u> LAST SUFFIX	HD/ RM Amount
		Date Processed
		Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <u>1305 13th St</u> APT / SUITE #: CITY: <u>Hempstead, TX</u> STATE: ZIP CODE: <u>77445</u>	
--	--	--

7 CAMPAIGN TREASURER PHONE	AREA CODE <u>(409)</u> PHONE NUMBER <u>826-3982</u> EXTENSION	
----------------------------	---	--

8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)			

9 PERIOD COVERED	Month <u>10</u> Day <u>02</u> Year <u>98</u> THROUGH Month <u>10</u> Day <u>26</u> Year <u>98</u>	
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10 ELECTION	ELECTION DATE Month <u>11</u> Day <u>3</u> Year <u>98</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
-------------	--	--

11 OFFICE	OFFICE HELD (if any) <u>County Court at Law</u>	OFFICE SOUGHT (if known) <u>County Court at Law</u>
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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	
<input type="checkbox"/> additional pages		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

June Jackson

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

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)

\$ 505.29

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 359.51

CONTRIBUTION BALANCE

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

\$ 1,646.86

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.



[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said June Jackson, this the 26th day of October, 19 98, to certify which, witness my hand and seal of office.

Laurie Bettis  
Signature of officer administering oath

Laurie Bettis  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A(J): 2
---	--------------------------------

2 FILE NAME Jude Jackson	3 ACCOUNT # (Ethics Commission filers)
-----------------------------	--

4 Date 10/24/98	5 Full name of contributor Carol Chavey <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$118.43	8 In-kind contribution description (if applicable) Coffee/Reception
6 Contributor address; City; State; Zip Code P.O. Box 982 Hempstead, TX 77445			

9 Contributor's principal occupation Attorney	10 Contributor's job title Attorney
--	--

11 Contributor's employer/law firm Carol A. Chavey	12 Law firm of contributor's spouse (if any) NA
---	--

13 If contributor is a child, law firm of parent(s) (if any)

Date 10/24/98	Full name of contributor Gary Chavey <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$118.43	In-kind contribution description (if applicable) Coffee/Reception
Contributor address; City; State; Zip Code P.O. Box 570 Sealy, Texas 77474			

Contributor's principal occupation Attorney	Contributor's job title Attorney
--	-------------------------------------

Contributor's employer/law firm Clover, Chavey & Walters	Law firm of contributor's spouse (if any) NA
---	---

If contributor is a child, law firm of parent(s) (if any)

Date 10/24/98	Full name of contributor James B. Hicks <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$118.43	In-kind contribution description (if applicable) Coffee/Reception
Contributor address; City; State; Zip Code 2320 Main Waller, TX 77484			

Contributor's principal occupation Attorney	Contributor's job title Attorney
--	-------------------------------------

Contributor's employer/law firm James B. Hicks	Law firm of contributor's spouse (if any) NA
---	---

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A(J): <u>2</u>
---	---------------------------------------

2 FILER NAME <u>Jane Jackson</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>10/13/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Dow Cantrell</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5718 Westheimer, Suite 1610 Houston, Texas 77057</u>			

9 Contributor's principal occupation <u>Attorney</u>	10 Contributor's job title
---	----------------------------

11 Contributor's employer/law firm <u>Dow Cantrell</u>	12 Law firm of contributor's spouse (if any) <u>N/A</u>
---	--

13 If contributor is a child, law firm of parent(s) (if any)

Date <u>10/24/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Marjorie Senasac</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1203 13th St, Hempstead, Tx 77445</u>			

Contributor's principal occupation	Contributor's job title
------------------------------------	-------------------------

Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Contributor's principal occupation	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)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME  
Juwe Jackson

3 ACCOUNT # (Ethics Commission filers)

4 Date  
10/6/98

5 Payee name  
KAP-S

7 Amount (\$)

6 Payee address: City: State: Zip Code  
Box 198, Hempstead, Texas 77445

\$7.31

8 Purpose of expenditure  
cablets

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date  
10/6/98

Payee name  
THE PAUTHER

Amount (\$)

Payee address: City: State: Zip Code  
P.O. Box 2876 Prairie View 77446

\$45.00

Purpose of expenditure  
advertising

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date  
10/13/98

Payee name  
Waller Times

Amount (\$)

Payee address: City: State: Zip Code  
P.O. Box 509 Waller, Texas 77484

\$76.00

Purpose of expenditure  
advertising

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date  
10/16/98

Payee name  
U.S. Postal Service

Amount (\$)

Payee address: City: State: Zip Code  
901 12th St. Hempstead, Texas 77445

\$60.00

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

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Juene Jackson

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/19/98

5 Payee name

Hempstead Printing

7 Amount (\$)

\$64.95

6 Payee address:

City: State: Zip Code

900 12th St, Hempstead, Texas 77445

8 Purpose of expenditure

Cards

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

10/22/98

Payee name

Signs & More

Amount (\$)

\$50.00

Payee address:

City: State: Zip Code

P.O. Box 206, Prairie View, Texas 77446

Purpose of expenditure

magnetic signs

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

10/22/98

Payee name

The Panther

Amount (\$)

36.25

Payee address:

City: State: Zip Code

P.O. Box 2876, Prairie View, TX 77446

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