

# 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:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge  
FIRST: June  
MI:  
NICKNAME:  
LAST: Jackson  
SUFFIX:

OFFICE USE ONLY

Date Received

1-9-02  
laf

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: P.O. Box 574  
APT / SUITE #: Hempstead, Texas  
CITY: 77445  
STATE: ZIP CODE:

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: Carol  
FIRST: Carol  
MI:  
NICKNAME: Chavey  
LAST: SUFFIX:

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 820 17th Street  
APT / SUITE #: Hempstead, Texas  
CITY: 77445  
STATE: ZIP CODE:

CAMPAIGN TREASURER PHONE

AREA CODE: (979)  
PHONE NUMBER: 826-6660  
EXTENSION:

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  5th day before election  Exceeded \$500 limit  Final report (Amex C/OH - FR)

9 PERIOD COVERED

Month / Day / Year THROUGH Month / Day / Year  
1 / 15 / 02

10 ELECTION

ELECTION DATE: Month / Day / Year  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (If any): Waller County Court at Law  
OFFICE SOUGHT (If known): Waller County Court at Law

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME June Jackson 15 ACCOUNT # (Ethics Commission Use)

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. \*

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY  Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 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 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1200.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

### 19 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.

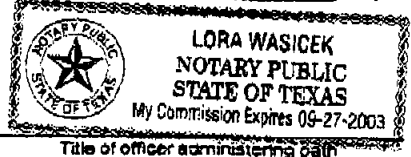
[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUNE JACKSON, this the 9<sup>th</sup> day of January, 20 02, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

LORA WASICEK  
Printed name of officer administering oath



# 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  
*Jane Jackson*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name  
*Waller County Democratic Party*

8 Amount (\$)  
*1200.00*

6 Payee address: City: State: Zip Code  
*27831 Hrozdian  
Hockley, Texas 77447*

7 Purpose of expenditure (See instructions regarding type of information required.)  
*filing fee*

Reimbursement from political contributions intended

Date

Payee name  
Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name  
Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name  
Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name  
Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

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 FILER NAME

Juice Jackson

3 ACCOUNT # (Ethics Commission file#)

4 Date

5 Payee name

Waller County Democratic Party

7 Amount (\$)

6 Payee address: City: State: Zip Code

2783 Krezdorn  
Hockley, Texas 77447

\$ 1200.00  
XX

8 Purpose of expenditure (See instructions regarding type of information required.)

Filing fee

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 (See instructions regarding type of information required.)

-- 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 (See instructions regarding type of information required.)

-- 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 (See instructions regarding type of information required.)

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED