

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: <div style="font-size: 2em; text-align: center;">14</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Judge June NICKNAME LAST SUFFIX Jackson	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <div style="font-size: 2em; text-align: center;">10/9/06</div> Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 571 Hempstead, Tx 77445		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-3982		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. V L NICKNAME LAST SUFFIX Snider		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 31315 FM 2920. Waller, Tx 77484		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 931-1315		
9 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 C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 15 / 06 10 / 08 / 06		
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Waller County Court at Law	13 OFFICE SOUGHT (if known) Waller County Court at Law	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

Judge June Jackson

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 5119.50

EXPENDITURE TOTALS

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

\$ 350.11

4. TOTAL POLITICAL EXPENDITURES

\$ 3,381.56

CONTRIBUTION BALANCE

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

\$ 2,093.14

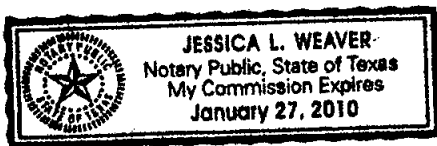
OUTSTANDING LOAN TOTALS

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

\$ 2,000.00

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 5, Election Code.



June Jackson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said June Jackson, this the 9th day of October, 20 06, to certify which, witness my hand and seal of office.

Jessica L. Weaver
Signature of officer administering oath

JESSICA L. WEAVER
Print name of officer administering oath

NOTARY
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): Pg 1 of 8	
2 FILER NAME June Jackson		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/22/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf Goode	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 114 Hwy 290 East Hempstead, TX 77445		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Law Offices Rolf W. Goode		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 8/22/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Asher	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2401 Fountainview, Ste 622 Houston, Texas 77057		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 8/22/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roland Darby	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 330 Main Street Saly, TX 77474-2391		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office Roland Darby		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 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): Pg 2 of 8	
2 FILER NAME June Jackson		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/22/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Mc Meas	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 904 Chateau Place Richmond, TX 77469		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 8/22/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Diggs	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5300 Memorial Drive, Suite 850 Houston, TX 77007		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Holmes Woods, Diggs, Eames		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 8/22/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Zlick	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7 W Harris St Bellville, TX 77418-0803		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Self		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 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): Pg 3 of 8	
2 FILER NAME June Jackson		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/22/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jamie Elich	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7111 Harris Bellville, TX 77418		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 8/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lynne Holder	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1305 Wexley Drive Suite B Houston, TX 77019		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 8/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Short, Jenkins, Kemid LLP	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Two Greenway Plaza, Suite 600 Houston, TX		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Short, Jenkins, Kemid LLP		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 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): Pg 4 of 8	
2 FILER NAME: <u>Jane Jackson</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>8/28/06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mark Sandoval</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3615 Morayside Houston, TX 77005</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title	
11 Contributor's employer/law firm <u>Self</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <u>8/30/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>George Polk</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 389 Waller, TX 77484</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Real Estate</u>		Contributor's job title <u>Broker</u>	
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)			
Date <u>8/30/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Devi Blevins Coebel</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>990 Village Square, Suite G-700 Tomball, TX 77375</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title	
Contributor's employer/law firm <u>Self</u>		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 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): P8 5 of 8	
2 FILER NAME June JACKSON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/30/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Butler	7 Amount of contribution (\$) \$50 ⁰⁰ xx	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 19520 FM 1488, Suite 1 Mayolia, TX 77355		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9/1/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard L. Smieszak	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 97K Hempstead, TX		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 9/7/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams Law Firm	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1203 Avenue C Katy, TX 77493		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Adams 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 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): Pg 6 of 8	
2 FILER NAME June Jackson		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/7/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Kohman	7 Amount of contribution (\$) \$100 ⁰⁰ / _{xy}	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5005 Riverway Dr, Suite 450 Houston, TX 77056-2131		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9/7/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry Hards	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 Gale Houston, TX 77007		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 9/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill J Sweneman	Amount of contribution (\$) \$150 ⁰⁰ / _{Fy}	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5086 Wright Rd Katy, TX 77493		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Deputy Sheriff, Co. S.O.		Contributor's job title Deputy	
Contributor's employer/law firm Waller County		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 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): 88 7 of 8
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2 FILER NAME June Jackson	3 ACCOUNT # (Ethics Commission filers)
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4 Date 9/15/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DeLaney	7 Amount of contribution (\$) \$100 ⁰⁰ x	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4313 Birchcrest Bryan TX 77802	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Judge/Mediator	10 Contributor's job title Judge/Mediator
--	--

11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
------------------------------------	--

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

Date 9/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Nichols	Amount of contribution (\$) \$500 ⁰⁰ x	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1301 McKinney, Suite 2900 Houston, TX 77010	(If travel outside of Texas, complete Schedule T)	

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

Contributor's employer/law firm Nichols Law P.LLC	Law firm of contributor's spouse (if any)
--	---

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

Date 9/29/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson Graphics	Amount of contribution (\$) \$344.50	In-kind contribution description (if applicable) Advertising
	Contributor address; City; State; Zip Code P.O. Box 309 31315 BM 2920, Walter TX	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Printer	Contributor's job title
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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 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):
PS 8 of 8

2 FILER NAME
June JACKSON

3 ACCOUNT # (Ethics Commission filers)

4 Date: 10/3/06
5 Full name of contributor: Schneider, McKinley
6 Contributor address: 440 Louisiana Suite 270 Houston, TX 77002

7 Amount of contribution (\$): \$100.00
8 In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: Attorney

10 Contributor's job title

11 Contributor's employer/law firm: Schneider, McKinley, PC

12 Law firm of contributor's spouse (if any)

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

Date: 10/5/06
Full name of contributor: BK Wetson III
Contributor address: 2665 Westhollow Drive Houston, TX 77052

Amount of contribution (\$): \$100.00
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

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)

Date
Full name of contributor
Contributor address; City; State; Zip Code

Amount of contribution (\$)
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

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.

NS (JUDICIAL)

SCHEDULE E (J)

Previously Reported - all steady

The instruction guide explains how to complete this form.

1 Total pages Schedule E(J):

1

2 FILER NAME

Juve Jackson

3 ACCOUNT # (Ethics Commission #s)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan

12/14/05

7 Name of lender

Juve Jackson

out-of-state PAC (ID#)

9 Loan Amount (\$)

\$5,000.00

6 Is lender a financial institution?

Y (N)

8 Lender address; City; State; Zip Code

P.O. Box 571
Hempstead, TX 77445

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Judge

13 Lender's Job Title

Judge

14 Lender's Employer/Law Firm

Waller County

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

20 Guarantor address; City; State; Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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: Pg 1 of 3
2 FILER NAME June Jackson		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/25	5 Payee name Boss (Brenham Office Supply Service) 6 Payee address; City; State; Zip Code P.O. Box 1947 Brenham, TX 77834-1947	7 Amount (\$) \$46.50
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies, Envelopes (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/22	Payee name Good Signs Payee address; City; State; Zip Code 2640 25th St Hempstead, TX	Amount (\$) \$700.00
Purpose of payment (See instructions regarding type of information required.) Signs (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Good Signs Payee address; City; State; Zip Code 2640 25th St Hempstead, TX	Amount (\$) \$700.00
Purpose of payment (See instructions regarding type of information required.) Signs (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Weller County Electric Payee address; City; State; Zip Code 846 6th St Hempstead, TX	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Mailing Labels (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office 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:
Pg 2 of 3

2 FILER NAME *Jane Jackson*

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/18/06

5 Payee name
Waller County News, Citizen
6 Payee address; City, State, Zip Code
*Houston Community Newspapers
P.O. Box 556
Hempstead, TX 77445*

7 Amount (\$)
\$300.00

8 Purpose of payment (See instructions regarding type of information required.)
Advertisement
(If travel outside of Texas, complete Schedule T)

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

Date
9/18/06

Payee name
Waller Times
Payee address; City, State, Zip Code
*Johasow Graphics
P.O. Box 309
Waller, TX 77481*

Amount (\$)
\$355.50 TX

Purpose of payment (See instructions regarding type of information required.)
Advertisement
(If travel outside of Texas, complete Schedule T)

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

Date
9/20/06

Payee name
BOSS
Payee address; City, State, Zip Code
*P.O. Box 1947
Breham, TX 77834-1947*

Amount (\$)
\$250.36 TX

Purpose of payment (See instructions regarding type of information required.)
Mailing labels
(If travel outside of Texas, complete Schedule T)

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

Date
9/20/06

Payee name
Hempstead Band Boosters
Payee address; City, State, Zip Code

Amount (\$)
\$50.00

Purpose of payment (See instructions regarding type of information required.)
Advertisement
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office 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:

P8 3 of 3

2 FILER NAME

Jane Jackson

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)

9/28/06

Times Tribune

6 Payee address; City; State; Zip CodeP.O. Box 1549
Brookshire, TX 77422

\$178.20

8 Purpose of payment (See instructions regarding type of information required.)Advertisement
(If travel outside of Texas, complete Schedule T)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

9/28/06

Good Signs

Payee address; City; State; Zip Code

2640 25th St
Hempstead, TX 77442

\$371.00

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

Signs
(If travel outside of Texas, complete Schedule T)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/3/06

Holtz Press

Payee address; City; State; Zip Code

\$130.00

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

Advertisement
(If travel outside of Texas, complete Schedule T)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED