CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 1**

		1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:		
The C/OH Instruction G	uide explains how to complete this form.					
3 CANDIDATE / OFFICEHOLDER	MS MRS MR FIRST	MI	OFFICE	USE ONLY		
NAME	NICKNAME LAST	E	Date Received			
	Jackson	DITY: STATE: ZIP CODE	Waller Co	unty Elections		
4 CANDIDATE / OFFICEHOLDER			2 4 2018			
MAILING ADDRESS	P.D. Box 475 Prairie V	Received				
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 857-5550	EXTENSION	Date Hand-delivered	or Date Postmarked		
6 CAMPAIGN	MS / MR FIRST	MI	Receipt #	Amount \$		
TREASURER NAME	NICKNAME LAST	Date Processed				
	Duncan	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE			
(Residence or Business)	107 Vickita St. F.	ravvie View, IX 7	1446	5		
8 CAMPAIGN TREASURER PHONE	area code phone number (832) 832 - 741 - 239	EXTENSION				
9 REPORT TYPE	January 15 30th day before e		Cofficeholder			
10 PERIOD COVERED	Month Day Year 07 01 2017	THROUGH	Day Year 31 2017	•		
11 ELECTION						
	Month Day Year Primary Runoff Other Description					
	91 06 18 General					
12 OFFICE	OFFICE HELD (If any) Justice of the Peace, # Waller County, Tx	13 OFFICE SOUGHT (if known)			
GO TO PAGE 2						
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME	larian E	Jackson	15 Filer ID (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 SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOT OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages		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 \$					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL	\$ 85.52				
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 \$					
MY CO	ENA NOLAN MMISSION EXPIRES EMBER 3, 2019	true and correct and includes all in under Title 15, Election Code.	of perjury, that the accompanying report is information required to be reported by me https://www.andidate.or.officeholder			

AFFIX NOTARY STAMP / SEALABOVE

ackson, this the 24th Maria Sworn to and subscribed before me, by the said ____ C.

to certify which, witness my hand and seal of office. 20 day of

ena

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Forms provided by Texas Ethics Commission

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME . Marian Jackso	n	3 Filer ID (Ethics Commission Filers)			
4 Date / /18	5 Payee name More Than Sta	INS				
6 Amount (\$) \$ \$5.52		empstead, TX	MM44 5			
185.52	H	empsicaa, ix	1 / / l =			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Printing	Check if travel o	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel of	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel of	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us