JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

		I I I I I I I I I I I I I I I I I I I		
The JC/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	d:
3 CANDIDATE /	MS MB2 / MR FIRST	MI	OFFICE	JSE ONLY
OFFICEHOLDER NAME	Marian	E	Date Received	
	NICKNAME LAST	SUFFIX		
	Jackson	า	Waller C	ounty Elections
4 CANDIDATE/	ADDRESS / PO BCX; APT / SUITE #;	CITY; STATE; ZIP CODE	FEB	0 5 2018
OFFICEHOLDER MAILING		11's To manual		
ADDRESS	P.D. Box 475 Prair	rie 1120, 1× 11446	R	eceived
Change of Address	1.0. 000			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(934) 857-5550		Date Hand-Genvered	or Date i batmarked
	MS (MRS) MR FIRST	MI	Receipt #	Amount \$
6 CAMPAIGN TREASURER	Diana		Date Processed	
NAME	NICKNAME LAST	SUFFIX		
	Duncan		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY; STATE;	ZIP CODE	
TREASURER				
ADDRESS (Residence or Business)	120 Peran St.	Privrie View,	1× 7744	6
	Tau reimi	(TRUTE TIET)		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER	(832) 741-2393			
9 REPORT TYPE	January 15 Jaob 30th day before	election	15th day after	er campaign
			(Officeholder	
	July 15 8th day before a	election Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	THRO	DUGH		
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	Justice of the Heave, to	1.3		
	Justice of the Peace, Re Walter County, TX			
GO TO PAGE 2				

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME .			15 Filer ID (Ethics Commission Filers)	
Marian	E. Jacksi	bn -		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 COMMITTEE NAME GENERAL COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS				
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 1,100.00	
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$		
4. TOTAL POLITICAL EXPENDITURES \$ 649.			\$ 649.14	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 6 49.14 DAY \$ 450.86	
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST D	THE \$		
18 AFFIDAVIT Iswear, 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. Iswear, 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. Iswear, 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. Iswear, 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. Iswear, 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. Iswear, 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. Iswear, 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. Iswear, 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. Iswear, or affirm, under penalty of p				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Marian Elaine Jackson, this the 5th				
day of tebruary	, 20_18,	to certify which, witness my hand and seal of office.		
		Diana Duncan	Notary	

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

• ⊢I	Mari	ian E. Jackson	20 Filer ID (Ethics Cor	nmission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	s	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,100
2.	s	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	S	SCHEDULE E: LOANS		\$
5.	s s	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 649.14
6.	S S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	S	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	S	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
0.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
1.	S	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
2.		CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$

TL	e Instruction Guide explains how to complete this for	rm	1 Total pages Schedule A1:
	· ·	rm.	
FILER NAME	Marian E. Jackson		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7 Amount of contribution (\$)
1/9/18	Roy Perry 6 Contributor address; City; State; Zip Code 914 Main St. Unit 1109 Houston, TX 77002		\$1,000.00
	upation / Job title (See Instructions) 9 Refired	Employer (See Instruction	ons)
Date	Full name of contributor Dout-of-state PAC (ID# Eli Bry and	#:)	Amount of contribution (\$)
1/30/18	Contributor address; City; State;		\$100.00
	3855 Cedar Ridge Dr. College St	tation, TX 17845	
	pation / Job title (See Instructions) by Cinstable	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Contributor address: City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE	CATEGORIES	FOR BOX 8(a)
LAFLINDITONL	CALCONILS	

	EXI ENDITORIE OATEG	officor off box o(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Nyce Gruphix			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$280.37	2616 South Loop West S	inte #215 Housto	n, TX 77054	
8	(a) Category (See Categories listed at the top of this sch	(b) Description		
PURPOSE	×		utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expension	Check if Austin	n, TX, officeholder living expense	
EXPENDITORE	nava riving Expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1/12/18	More Than Signs			
Amount (\$)	Payee address; City; State; Zip			
\$ 295.79	1112 Austin St. He	mpstead, TX 7	7445	
	Category (See Categories listed at the top of this sch	hedule) Description		
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	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	
Date	Payee name			
1/24 18	Kroger			
Amount (\$)	Payee address; City; State; Zip		-	
23.25	17455 Spring Cypres	is, Cypress, Tx	K 77429	
	Category (See Categories listed at the top of this sch	hedule) Description		
PURPOSE OF EXPENDITURE	Printing Expense		tside of Texas. Complete Schedule T. , 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				

www.ethics.state.tx.us

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp gift/Awards/Memorials Expense Printing Exp	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Marian E. Jackson		3 Filer ID (Ethics Commission Filers)	
4 Date 18 18 6 Amount (\$)	5 Payee name MAMAAAA 7 Payee address; City; State; Zip Code			
\$ 9.57	625 Highway 290 E. Hem	ostead, TX	77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 1/21 /18	Payee name Lowe's Home Center			
Amount (\$)	Payee address; City; State; Zip Code 14128 Cypress - Rosehill	Cypress	, TX 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisng Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	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 schedule)		utside of Texas. Complete Schedule T. I, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

Forms provided by Texas Ethics Commission

SCHEDULE F1