

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: 8
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE Judge	FIRST Jane	MI	OFFICE USE ONLY
	NICKNAME	LAST Jackson	SUFFIX	

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

5 CAMPAIGN TREASURER NAME	TITLE Jane	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST Jackson	SUFFIX	

Receipt #	
HD / PM	Amount
Date Processed	
Date Imaged	

Oct. 11, 1998

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 1308 13th St	APT / SUITE #;	CITY; Hempstead, TX	STATE;	ZIP CODE 77445
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7 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 826-3982	EXTENSION
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8 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 JC/OH - FR)			

9 PERIOD COVERED	Month Day Year 7 / 15 / 98	THROUGH	Month Day Year 9 / 3 / 98
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10 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 98	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) County Court at Law	12 OFFICE SOUGHT (if known) County Court at Law
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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

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

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 924.17

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 2,825.38

CONTRIBUTION BALANCE

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

\$ 2,288.68 *Balance 10/1/98*

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.

[Handwritten Signature]

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said June Jackson, this the 1st day of October

19 98, to certify which, witness my hand and seal of office.

[Handwritten Signature]

 Signature of officer administering oath

Christy Schiel

 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 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/28/98	5 Full name of contributor Mr Donald Swell <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 204 Hongo St (Box 187) Pleasant View TX			
9 Contributor's principal occupation Construction		10 Contributor's job title	
11 Contributor's employer/law firm D.W.S. / Wilmic		12 Law firm of contributor's spouse (if any) NA	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 7/28/98	Full name of contributor William W Swell <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 16150 Keith Haven, 3214 Houston, TX			
Contributor's principal occupation Construction		Contributor's job title	
Contributor's employer/law firm D.W.S. / Wilmic		Law firm of contributor's spouse (if any) NA	
If contributor is a child, law firm of parent(s) (if any)			

Date 7/28/98	Full name of contributor Michael Swell <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 21915 Decoyen Drive Hockley, TX			
Contributor's principal occupation Construction		Contributor's job title	
Contributor's employer/law firm D.W.S. / Wilmic		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):

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9/2/98

Donald Ward

Contributor address; City; State; Zip Code

Pt 1 Box 449 W
Hempstead, TX 77445

\$200.00

9 Contributor's principal occupation

10 Contributor's job title

Retired

11 Contributor's employer/law firm

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

Self

NA

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

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/18/98

Ralph Steckfuss

Contributor address; City; State; Zip Code

PO Box 266
Brookshire, TX 77423

\$100.00

Contributor's principal occupation

Contributor's job title

Rancher

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

Self

NA

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

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/13/98

Joyco / Jimmie Joy

Contributor address; City; State; Zip Code

Pt 2 Box 50
Hempstead, TX 77445

\$374.17

Contributor's principal occupation

Contributor's job title

Party

Owner Joyco

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

Self

NA

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 FILER NAME

Jane Jackson

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/29/98

5 Full name of contributor

Jane Jackson

out of state PAC

7 Amount of contribution (\$)

\$5000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 571
Hempstead, TX 77445

9 Contributor's principal occupation

Judge

10 Contributor's job title

Judge

11 Contributor's employer/law firm

Weller Co

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

NA

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

Date

Full name of contributor

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)

Date

Full name of contributor

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 FILER NAME *Jane Jackson*

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/29/98

5 Payee name
Super Blue

7 Amount (\$)
\$501.74

6 Payee address; City; State; Zip Code
409 South Hayer Course, TX 77301

8 Purpose of expenditure
Signs

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

Date
8/30/98

Payee name
Super Blue

Amount (\$)
157.42

Payee address; City; State; Zip Code
409 S. Hayer Course, TX 77301

Purpose of expenditure
Stickers

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

Date
9/2/98

Payee name
Hometown Hardware

Amount (\$)
34.16

Payee address; City; State; Zip Code
2203 12th St Hempstead, TX 77448

Purpose of expenditure
Stickers; Hardware for signs

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

Date
9/2/98

Payee name
U.S. Post Office

Amount (\$)
\$32.00

Payee address; City; State; Zip Code
901 12th St. Hempstead, TX

Purpose of expenditure
Postage

** 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 FILER NAME Jane Jackson

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/4/98

5 Payee name
Waller County Elections Office
6 Payee address; City; State; Zip Code
931 5th St, Hempstead, TX 77445

7 Amount (\$)
55.40

8 Purpose of expenditure
Voter lists

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

Date
9/4/98

Payee name
Hometon Hardware
Payee address; City; State; Zip Code
2205 13th St
Hempstead, TX 77445

Amount (\$)
93.57

Purpose of expenditure
Stakes, labor, hardware

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

Date
9/3/98

Payee name
Super Blue
Payee address; City; State; Zip Code
409 S. Frazier
Conroe, TX 77301

Amount (\$)
823.53

Purpose of expenditure
Signs

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

Date
9/15/98

Payee name
Jayco
Payee address; City; State; Zip Code
Rt 2, Box 50
Hempstead, TX 77445

Amount (\$)
374.17 TX

Purpose of expenditure
Menu, posters, flyers, door-changers

-- 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 FILER NAME

Jane Jackson

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount (\$)

9/14/98

Total Team Concept

6 Payee address:

City: State: Zip Code

Rt 3 Box 131 Hempstead, TX 77445

\$238.15
TX

8 Purpose of expenditure

T. Shirts

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

Office sought / held

Date

Payee name

Amount (\$)

9/17/98

John Henrys County Store

Payee address:

City: State: Zip Code

1207 Fair St
Waller, TX 77484

\$28.04

Purpose of expenditure

Stakes, hardware

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

Office sought / held

Date

Payee name

Amount (\$)

9/17/98

Waller County News Citizen

Payee address:

City: State: Zip Code

705 12th St
Hempstead, TX 77445

\$391.20

Purpose of expenditure

Advertising

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

Office sought / held

Date

Payee name

Amount (\$)

10/1/98

Hotline

Payee address:

City: State: Zip Code

1116 Austin St Hempstead, TX 77445

\$96.00

Purpose of expenditure

Advertising

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED