1-800-325-8506

	TE/OFFI EHOLDER		FORM C/OH Cover Sheet pg 1	
The C/OH INSTRUCTION This form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME ULAST LAST JackSon	SUFFIX	Date Received	
4 CANDIDATE/ OFFICEHOLDER ADDRESS	P.O. Box \$71	NTY: STATE: ZIP CODE		
	1100-10310-0111	·····	93	
<sup>5</sup> CAMPAIGN TREASURER NAME	TITLE FIRST	мі	HD / PM	
	NICKNAME LAST	SUFFIX	Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE); APT / SU!	TE #; CITY; STATE:	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
8 REPORT TYPE	January 15 30th day before electio	· · · ·	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before election	· · · · · · · · · · · · · · · · · · ·	Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year A 31/98 THRO	UGH ( / 5	/ 9 9	
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	PE Runoff	General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (it known	)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER	<ul> <li>Direct campaign expenditures are campaign expen Candidates are required to disclose this information or</li> </ul>			
INDIVIDUALS	Name			
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code		
additional pages				
GO TO PAGE 2				
Printed on recycled paper	· · · · · · · · · · · · · · · · · · ·		(Elfective 09/01/199	

Texas Ethics Commission

P.O. Box 12020

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

FORM C/OH

## CANDIDATE/OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

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	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME	· · · · · · · · · · · · · · · · · · ·	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY		no reportable activity occurred during this reporting period. (Sign affidavit beto	w and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			
	4. TOTAL	POLITICAL EXPENDITURES	\$	
OUTSTANDING LOAN TOTALS	,	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	E \$	
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				
CHRISTY SCHIEL MY COMMISSION EXPIRES April 1, 2001				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Swom to and subscribed before me, by the said $\underline{JUNEJACKG0U}$ , this the $\underline{674}$ day of $\underline{544}$ .				
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath				