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1-800-325-8506

CANDIDA CAMPAIG	FORM C/OH COVER SHEET PG 1				
The C/OH INSTRUCTION GUIDE explains how to complete (Ethics Commission filers) this form.			2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST	МІ	OFFICE USE ONLY		
NAME	NICKNAME SE LAST JACKSON	SUFFix	Date Received		
4 CANDIDATE / OFFICEHOLDER ADDRESS	P.O. Box STA TU	ITY; STATE: ZIP CODE	1-11-01 Bal		
Change of Address	Lempstead, 1x 77	ing .	Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER	TITLE FIRST	MI			
NAME	Julp	· ·	Receipt # Amount		
	NICKNAME LAST	SUFFIX	Date Processed		
CAMPAIGN TREASURER ADDRESS (Residence or business		TE #: CITY: STATE:	ZIP CODE		
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-3982	EXTENSION			
REPORT TYPE	January 15 30th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
PERIOD COVERED	Month Day Year OT / IS / OO THROU	UGH OI / [5			
0 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special		
1 OFFICE	County Court at haw	12 OFFICE SOUGHT (if know	wn)		
B DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expen Candidates are required to disclose this information or				
BY OTHER INDIVIDUALS	Name .				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
additional pages					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT:

Austin, Texas 78711-2070

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FORM C/OH COVER SHEET PG 2

SUPPORT &	TOTALS
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14 C/OH NAME	Jacks	on)	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. ••				
ı	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS	,		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)				
18 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 \$50 OR LESS, UNLESS ITEMIZED				
	4. TOTAL	POLITICAL EXPENDITURES	\$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y 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 pre-under Title 15, Election Code. Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said <u>TUNE</u> TACKS ON, this the <u>1179</u> day					
JAN., 20 01, to certify which, witness my hand and seal of office.					
LORA WASICEK NOTARY PUBLIC Signature of officer administering oath Signature of officer administering oath					

Printed on recycled paper

Revised 11/16/1999