

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge
FIRST: June
MI:
NICKNAME:
LAST: JACKSON
SUFFIX:

OFFICE USE ONLY

Date Received

1-10-03

lf

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: P.O. Box 571
APT / SUITE #:
CITY: Hempstead TX
STATE: TX
ZIP CODE: 77445

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE:
FIRST: Carol
MI:
NICKNAME:
LAST: Cheary
SUFFIX:

Received

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS NO. PO BOX PLEASE: 820 13th St
APT / SUITE #:
CITY: Hempstead TX
STATE: TX
ZIP CODE: 77445

CAMPAIGN TREASURER PHONE

AREA CODE: (979)
PHONE NUMBER: 826-6660
EXTENSION:

8 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (officer/only)
 July 15
 8th day before election
 Exceeded \$500 limit
 Final report (Attach C/OH - #R)

9 PERIOD COVERED

Month Day Year: 7 / 15 / 02 THROUGH Month Day Year: 1 / 15 / 03

10 ELECTION

ELECTION DATE: Month Day Year: / /
ELECTION TYPE:
 Primary
 Runoff
 General
 Special

11 OFFICE

OFFICE HELD (if any): County Court at Law
OFFICE SOUGHT (if known): County Court at Law

12 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

Additional pages

GO TO PAGE 2

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Date 11/01/03	Payee name <i>Dana Nolan</i> Payee address: City: State: Zip Code 27007 Rock Island, Hempstead, TX 77445	Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Reception / Seating in Ceremony</i>	
Date 11/01/03	Payee name <i>Times Tribune</i> Payee address: City: State: Zip Code Bx 1549, Brookshire, TX 77422	Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Announcement / Seating in Ceremony</i>	
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6800

1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission #)
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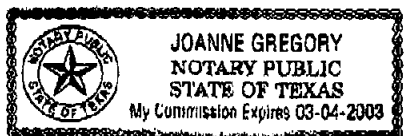
16 NOTICE FROM POLITICAL COMMITTEE(S)	-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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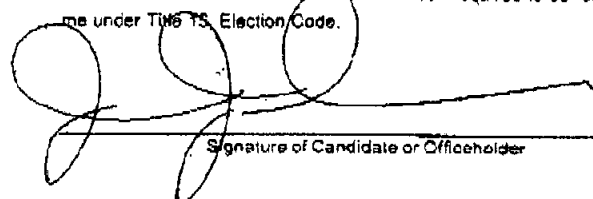
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0 -
	EXPENDITURE TOTALS	
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 125.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 -

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 me under Title 15, Election Code.



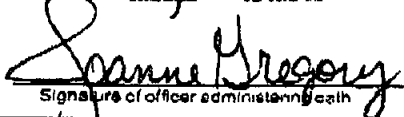
JOANNE GREGORY
NOTARY PUBLIC
STATE OF TEXAS
My Commission Expires 03-04-2003



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judge June Jackson, this the 10th day of January, 20 03, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Joanne Gregory

Printed name of officer administering oath

Notary

Title of officer administering oath