Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8508 JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT# Total pages filed: The JC/OH Instruction Guide explains how to complete this (Ethics Commission filers) 3 CANDIDATE/ MS/MRS/MR FIRST OFFICEHOLDER OFFICE USE ONLY Judge Juie NAME Date Received NICKNAME SUFFIX 1.13.06 JACKSON 4 CANDIDATE ADDRESS /PO EOX; STATE: ZIP CODE OFFICEHOLDER ROY MAILING ADDRESS Hand-delivered of Data Postmarked Change of Address 5 CANDIDATE AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER 826-3982 (979) PHONE Receipt # Amount MS/MRS/MR Date Processed CAMPAIGN MI TREASURER Date Imaged NAME NICKNAME SUFFIX STREET ADDRESS (NO PO SOX PLEASE); CAMPAIGN STATE; ZIP CODE TREASURER **ADDRESS** 77484 (Residence or business) CAMPAIGN AREA CODE PHONE NUMBER EXYENSION TREASURER PHONE 9 REPORTTYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) Day 10 PERIOD THROUGH COVERED 2/15/06 7/15/06 ELECTION DATE 11 ELECTION ELECTION TYPE Day Primary Runoff General 06 5pocial 12 OFFICE celler Willer 14 NOTICE Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN EXPENDITURE BYOTHER INDIVIDUALS Address / PO Box Apt. / Suite #: City: Zip Code additional pages **GO TO PAGE 2** 

1 exas Emics Commission	P.O.Box 120	70 Austin, Texas 78711-2070	(512)463-5800 1-800-325-8506					
JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH SUPPORT & TOTALS COVER SHEET PG 2								
15 COH NAME	11/		16ACCOLINT#(Ctrics Commission Bors)					
- lue	atulhSc	W						
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been mad this information only COMMITTEE TYPE	condidate / officeholder. These exponditures and officeholders are required to report						
	GENERAL	COMMITTEE ADDRESS						
	L GENERAL	COMMITTEE ADDRESS	Í					
	EPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
additional pages								
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
TOTALS	CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$							
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ _ O -							
	4. TOTAL	POLITICAL EXPENDITURES	s_O -					
CONTRIBUTION BALANCE	5. TOTAL PO OF THE	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	FDAY \$ 700.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PI	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* THE \$5000,00					
I swear, or affirm, under pensity of perfury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  Sworm to and subscribed before me, by the said								
of TUV, 20 OV, to certify which, witness my hand and seal of office.								
Signature of officer administering each Title of utilizer administering each Title of utilizer administering each								

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	P.O. Box 12070	Austin, Tex	as 78711-2070	(512)	463-5800	1-800-325-85	
<b>1</b>	(JUDICIAL)	Pre:	unde	QoD -	SCHEDU		
The INSTRUCTION	Guios explains how to complete this	s form.	, 0	1 Total pages So	hedule E(J):		
2 FILER NAME	Jackson			3 ACCOUNT# (	Ethics Commission 6	les)	
	OTAL OF UNITEMIZED LOA	NS: ⇔	# # # #	<b>\$</b>	\$		
5 Date of loan	7 Name of lender	(sout	out-of-state PAC (ID#:		3 COSTI ATTO	CE 1mm	
6 Is lender a financial Institution?  Y  N	P.O. By 57	State; Zip (	7744 <u>5</u>		10 Interest rate		
12 Lender's Principal (			13 Lender's Job Title	·			
14 Lender's Employer	Lay Firm Qualy		15 Law Firm of lender's	spouse (if any)	<del>-</del>		
16 If lender is child, law	firm of parent(s) (if any)			<u> </u>			
17 Description of Collate	eral	. •		· · · · · · · · · · · · · · · · · · ·			
18 GUARANTOR INFORMATION	19 Name of guarantor		•	1	21 Amount Guara	Inteed (S)	
not-applicable	20 Guarantor address; City, Sta						
2 Guarantor's Principal Occupation		2	23 Guarantor's Job Title				
4 Guarantor's Employer/Law Firm		2	25 Law Firm of guarantor's spouse (if any)				
i If our grantor is child law	v firm of parent(s) (if any)		•		·		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.