

# 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:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Juw  
Jackson

OFFICE USE ONLY

Date Received

Rec'd. 11/10/07 at 1:10 PM

CHERYL PETERS, COUNTY CLERK  
WALLER COUNTY, TEXAS

BY Louise Avery  
DEPUTY

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

P.O. Box 574  
Hempstead, TX 77445

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 826-3982

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms  
Swicker

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

31315 FM 2920 Waller, TX 77484

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 931-1315

9 REPORT TYPE

- 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)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

10 / 31 / 06    1 / 15 / 07

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

- 11 / 07 / 06     Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD, (if any)

Waller County (Out of Area)

13 OFFICE SOUGHT (if known)

Waller County (Out of Area)

14 NOTICE OF 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

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

**FORM JC/OH  
COVER SHEET PG 2**

**15 C/OH NAME** June Jackson **16 ACCOUNT # (Ethics Commission Filers)**

**17 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. \*\*

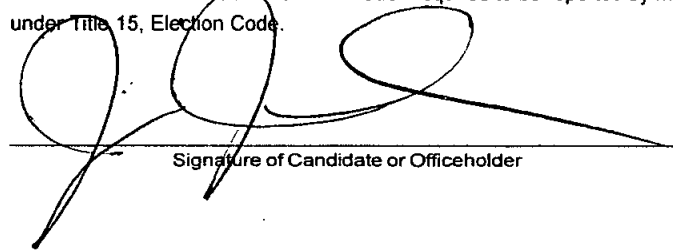
<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

additional pages

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 33.45
	4. TOTAL POLITICAL EXPENDITURES	\$ 33.45
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 919.80

**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.

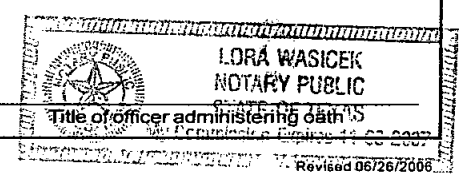
  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 10 day of January 2007, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

LORA WASICEK  
Print name 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 <i>June Jackson</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <del>10/25/06</del> 11/18/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marsch, Hersh Kopf - Hersh</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3800 Lincoln Plaza Dallas, TX 75201-6659</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	

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

Date <i>11/3/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TRAVERS; Travers</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>20501 Katy Fwy. Suite 124 Katy, TX 77450-1940</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	

Date <i>11/3/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis Ceceles</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5968 Whispering Lakes Katy, TX 79493</i>		(If travel outside of Texas, complete Schedule T)	
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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Hometaw Hardware</i>	7 Amount (\$)  <i>33.45</i>
<i>11/14/06</i>	6 Payee address; City; State; Zip Code <i>P.O. Box 479 Weller, TX</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>Sign hardware</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name <i>Steve Jackson</i>	Amount (\$)  <i>4080.20</i>
<i>12/5/06</i>	Payee address; City; State; Zip Code <i>P.O. Box 571 Hempstead, TX</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Partial reimbursement</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Jane Jackson</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/4/07</i>	5 Payee name <i>Weller Times</i> 6 Payee address; City; State; Zip Code <i>PO Box 509 Weller Texas 77484</i>	8 Amount (\$) <i>\$34.00</i>  <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure <i>Advertising - Thank You Act</i> (If travel outside of Texas, complete Schedule T)		
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (If travel outside of Texas, complete Schedule T)	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS (JUDICIAL)**

*Previously Reported - Outstudy*

**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

*Jane Jackson*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

*12/14/05*

7 Name of lender

*Jane Jackson*

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

*919.80*  
*xx*

6 Is lender a financial institution?

*Y*  *N*

8 Lender address; City; State; Zip Code

*P.O. Box 571  
Hempstead, TX 77445*

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 GUARANTOR INFORMATION

not applicable

19 Name of guarantor

20 Guarantor address; City; State; Zip Code

21 Amount Guaranteed (\$)

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law 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.