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 # (IEDROCONTRIES) 2 Total pages field: (IEDROCONTRIES) 3 CANDIDATE / OFFICEHOLDER NAME NOCHAME 4 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER NALINING ADDRESS INCRON. APTIGUITE FOR OTY. STATE ZIP CODE 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME NAME 7 CAMPAIGN TREASURER ADDRESS INPOQUENTLASSE. APTIGUITE R. OTY. STATE. ZIP CODE 8 CAMPAIGN TREASURER ADDRESS INPOQUENTLASSE. APTIGUITE R. OTY. STATE. ZIP CODE 9 REPORT TYPE 10 PERIOD 10 PERIOD 10 PERIOD 10 PERIOD 11 DESCRIPTION OF THE PRINCE NAMEER DESCRIPTIO | | | | | |
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

| 14 C/OHNAME | June | Jackson | 15 ACCOUNT # (Ethics Commission Filers) | |
|--|---|--------------------------------------|---|--|
| 16 NOTICE FROM POLITICAL | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | COMMITTEE ADDRESS | | |
| additional pages | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 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) \$ _ () - | | | \$ - O - | |
| TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | * | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ 235.00 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1024.65 | | | |
| OUTSTANDING LOAN TOTALS | | | | |
| 18 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 | | | | |
| Sworn to and subscribed before me, by the said | | | | |
| day of, 20 <u>/ 3</u> , to certify which, witness my hand and seal of office. | | | | |
| Signature of officer administering oath Print name of officer administering oath Print name of officer administering oath Commission Expires 11-19-2015 | | | | |
| www.ethics.state.tx.us | | lex | ************************************** | |

POLITICAL EXPENDITURES

SCHEDULE F

| Advertising Expense Accounting/Banking Consulting Expense | ng/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense | | | |
|---|---|------------------------------|--|---------------------------|
| Event Expense Fees | Polling Expense Travel Out Of Printing Expense Office Overhea | District d/Rental Expense | Candidate/Officehol OTHER (enter a categor | der/Political Committee |
| , 555 | The Instruction Guide explains how | | 0.00 | ory not listed above) |
| 1 Total pages Schedule F: | 2 FILER NAME | 7 11 1 | 3 ACCOUNT # (| Ethics Commission Filers) |
| 1 | Judge Juse. | Juchsen | | |
| 4 Date 7 (23)12 | FCVM114 1185 | | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | | | |
| 190.00 | Weller, Texas 7748 | 14 | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) | (b) Description | (If travel outside of Texas, co | omplete Schedule T) |
| EXPENDITURE | (This sail is | | | |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sough | nt | Office held |
| Date 10 10 12 | Payee name FAMIL' 11PS | | | |
| Amount (\$) | Payee address Sity; State; Zip Gode | | | 4 |
| a5.00 | Weller, Texas 7748 | 14 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description | (If travel outside of Texas, co | mplete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sough | nt . | Office held |
| Date | Payee name Out Out Out Out Out Out Out Ou | (0 le | lesten Ca | ila |
| Amount $(\$)$ | Payee address; Power City; State; Zip Code | | | |
| • | Hempshead, 1x 114 | 95 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description | (If travel outside of Texas, co | mplete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sough | t | Office held |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description | (If travel outside of Texas, cor | mplete Schedule T) |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

(512) 463-5800 (T

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• | | | | | |
|---|--|---|--|--|--|--|
| 1 | С/ОН 1 | NAME | 2 ACCOUNT # (Ethics Commission Filers) | | | |
| 3 | SIGNA | TURE | | | | |
| | | | | | | |
| | I do not | expect any further political contributions or political expenditures in connection with my candi | dacy. Lunderstand that designating a | | | |
| | | a final report terminates my campaign treasurer appointment. I also understand that I may n | | | | |
| | or make | any campaign expenditures without a campaign treasurer appointment on file. | | | | |
| | | | | | | |
| | | Signature | of Candidate / Officeholder | | | |
| | | | 22. 82.0 122.12.21.20 | | | |
| 4 | FILER | WHO IS NOT AN OFFICEHOLDER | | | | |
| | · Com | olete A & B below <i>only</i> if you are not an officeholder. •• | | | | |
| | A. | CAMPAIGN FUNDS | | | | |
| | Check | only one: | | | | |
| | | I do not have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned from political contributions. | tical contributions. | | | |
| | | I have unexpended contributions or unexpended interest or income earned from political cor | ntributions. I understand that I may not | | | |
| | | convert unexpended political contributions or unexpended interest or income earned on politic | | | | |
| | | understand that I must file an annual report of unexpended contributions and that I may no unexpended interest or income earned on political contributions longer than six years a | | | | |
| | | understand that I must dispose of unexpended political contributions and unexpended i | | | | |
| | | contributions in accordance with the requirements of Election Code, § 254.204. | | | | |
| | В. | ASSETS | | | | |
| | Check | only one: | | | | |
| | | I do not retain assets purchased with political contributions or interest or other income from | political contributions. | | | |
| | | I do retain assets purchased with political contributions or interest or other income from political contributions or interest or other income from political contributions. The contribution is a set of the contribution of the | | | | |
| | | may not convert assets purchased with political contributions or interest or other income from I also understand that I must dispose of assets purchased with political contributions in | | | | |
| | | Election Code, § 254.204. | addersamed with the requirements of | | | |
| | | | | | | |
| | | Sig | nature of Candidate | | | |
| _ | OFFIC | FUOL DED | | | | |
| 5 | OFFICEHOLDER •• Complete this section only if you are an officeholder •• | | | | | |
| | | I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am | | | | |
| | | also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets/purchased with political contributions or | | | | |
| | | interest or other income from political contributions. | chased with political contributions or | | | |
| | | | | | | |
| | | Cian | ature of Officeholder | | | |
| | | // Sign | attrice of Officeriolder | | | |