JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT # 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) MS/MRS/MR 3 CANDIDATE / FIRST MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT/SUITE# STATE: ZIP CODE OFFICEHOLDER MAILING Date Hand-delivered or Postmarked **ADDRESS** change of address Receipt # Amount 5 CANDIDATE/ PHONE NUMBER **EXTENSION** OFFICEHOLDER Date Processed PHONE MS/MRS/MR Date Imaged 6 CAMPAIGN **TREASURER** NAME NICKNAME SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); **TREASURER ADDRESS** (residence or business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** 931-1315 **PHONE** 9 REPORT TYPE January 15 15th day after campaign 30th day before election Runoff treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD COVERED THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Special 13 OFFICE SOUGHT (if known) 12 OFFICE **GOTO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OHNAME	JACKSE	\	15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,850°°			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		NIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$2,153,00			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	DAY \$5,697.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
			perjury, that the accompanying report is formation required to be reported by me			
Notal	CINDY JONES ry Public State of Texas mm. Exp. 02-11-2015	Signature of Car	ndidate or Officeholder			
AFFIX NOTARY STA	MP / SEAL ABOVE		•			
Sworn to and sub	scribed before r	ne, by the said <u>June Jackson</u>	, this the			
day	of JANUAR	4 , 20 <u>13</u> , to certify which, witness n	ny hand and seal of office.			
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer administering oath			
	/	The state of the s	The state of the s			

SCHEDULE A (J)

The Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A(J):			
2 FILER NAME Such Soa	47.4	3 ACCOUNT # (E	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 5 Full name of contributor Dut-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)			
91913 6 Contributor address; City; State; Zip Code	e 330	\$10000			
Itoustod IX Mag.	70	(If traval outside	of Texas, complete Schedule T)		
9 Cantributor's principal occupation	10 Contributor's job		or rexas, complete ochedule 1)		
Horney					
11 Contributor's employer/law firm	12 Law firm of contril	butor's spouse (if any	y)		
081+					
13 If contributor is a child, law firm of parent(s) (if any)	·				
Date Full name of contributenput-of-state PAC (ID#:		Amount of	In-kind contribution		
(gringe teather	\mathcal{N}	contribution (\$)	description(if applicable)		
Contributor address; City; State; Zip Code	·TC	1 00	*		
113 440 Lausana, 3	whe 1818	\$25000			
Charles States, o	1010				
TOUSON IX TO	09	(If travel outside of	of Texas, complete Schedule T)		
Contributor's principal occupation	Contributor's job ti				
D140004					
Contributor's employer/law firm	Law firm of contrib	utor's spouse (if any) (
If contributor is a child, law firm of parent(s) (if any)			*		
in contribution is a crimit, law infinition parent(s) (if arry)					
Date Full name of contributor Dout-of-state PAC (ID#:		0			
Date Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)		
dypre Hacler			and the second second		
Contributor address; City; State; Zip Code		450000			
1012112 160 BOX 9011		\$200			
Brooks Il 1783	34-2077				
Contributor's principal occupation	Contributor's job titl		f Texas, complete Schedule T)		
House	Contributor S Job (III)	ie			
Contributor's ployer/law firm	Law firm of contribu	Law firm of contributor's spouse (if any)			
Sult					
If contributor is a child, law firm of parent(s) (if any)					
•					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
2 FILER NAME	Jackson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)		
(11)	rincipal occupation	10 Contributor's job		
1-Htorn	<u> </u>			
11 Contributor's en	mployer/law firm	12 Law firm of contri	butor's spouse (if any)	
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-of-state PAC(ID#:		Amount of In-kind contribution contribution (\$) description(if applicable)	
8/13/3	Contributor address; City; State; Zip Code		350000	
	Brenham, Tevas 77	834	(If travel outside of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's en	mployer/lawfirm	Law firm of contril	butor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description(if applicable)	
8/13/13	Contributor address; City; State; Zip Code (00) West Joop Sout	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$10000	
a a	Houston, Texas 7	7027	(If travel outside of Texas, complete Schedule T)	
Contributor's pr	rincipal occupation	Contributor's job t	title	
Contributor's en	mployer/law firm	Law firm of contrib	outor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			

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Texas Ethics Commission

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	3 ACCOUNT # (Ethics Commission Filers)
Jure Jackson	
4 Date 5 Full name of contributor Dut-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
8 13 6 Contributor address: City State; Zip Code	wite 700 \$35000
Houston, lexes 71027	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation 10 Con	ntributor's job title
Howey	
11 Contributor's employer/law firm (1) (1) Ely 10 ort Cold HESDC Coles 12 Law	v firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description(if applicable)
8/13/13 Contributor address; City; State; Zip Code 330 Maria State	425000
Deuly, 1X 77474-239	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation Cor	ntributor's job title
Howey	, a
	firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of coptributor	Amount of In-kind contribution contribution (\$) description(if applicable)
8/13/13 Contributor address; City; State; Zip Code 3	00 \$300°
Houston, 18kes 77002	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation Con	tributor's job title
Scontributor's employer/law firm Some S 12, 141 a Lee Chile Law	firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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P.O. Box 12070

SCHEDULE A (J)

(512) 463-5800

The Instruction Guide explains how to complete th	is form.	1 Total pages Sch	redule A(J):
2-FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
Jusp Jackson			¥
4 Date 5 Full name of contributorbut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City State; Zip Code 108 Bully house	3	\$ 2000	
low Dell, lexes 7	7375	(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job		
House			
11 Contributer's employe (law) firm	12 Law firm of contril	butor's spouse (if any	y)
13 If contributor is a shild, law firm of parent(s) (if any)	8		
	100		
Date Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/15/13 Contributor address; City; State; Zip Code 3355 Wed Habawa,	Ste 825	\$10000	
Itouston IV 770	98	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job t	title	
Contributor's employer/law firm Atty at Law	Law firm of contrib	outor's spouse (if any	y)
If contributor is a child, law firm of parent(s) (if any)	0		
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
8 15 13 14015 Paul Dr St	e 101	\$ 1500	
10mball 11 77	377	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job t	itle	
Attomy			
Contributor's employer/law firm	Law firm of contrib	outor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	,	*	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The Instruction Guide explains how to complete thi	1 Total pages Schedule A(J):		
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
June Jackson		7	
4 Date 5 Full name of contributor Dout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8 31/3 6 Contributor address; City; State; Zip Code	Ste 106	\$ 25000	
HQuston, 11 7/6	2-01/01/0	(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job	title	
Contributor's employer/law firm	12 Law firm of contril	butor's spouse (if any	y) ·
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
R. HORE		contribution (\$)	description(if applicable)
Contributor address; City, State; Zip Code	e 108	\$100000	
HOUSTOD, 1/1 770	092	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job t	itle	
Contributor's employer/law firm	Law firm of contrib	outor's spouse (if any	()
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
Adriane Hopebel V	uch	contribution (\$)	description(if applicable)
9/10/13 Scontributor address; City, State; Zip Code		\$1800	
Delloille, 1x 774R		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation Co		Contributor's job title	
Contributor's employer/law firm	Law firm of contrib	utor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		0	

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P.O. Box 12070

SCHEDULE A (J)

(512) 463-5800

The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J):	1 Total pages Schedule A(J):	
2 FILEB NAME	3	3 ACCOUNT # (Ethics Commission Filers)		
Ture Jackson	e ²		e	
4 Date 5 Full name of contributorout-of-state PAC (ID#)	7 Amount of 8 In-kind contributi		
6 Contributor address; Sity, State; Zip Code		contribution (\$) description(if applic	æble)	
2/16/13 3/21 Sen Flibe Sm		\$1,00000		
Houston, 11 1703	16	(If travel outside of Texas, complete Sched	ule T)	
9 Contributor's principal occupation	10 Contributor's job	title		
11 Contributor's employer/law firm	12 Law firm of contril	butor's spouse (if any)		
FORD: Bersher LLP				
13 If contributor is a child, (a) firm of parent(s) (if any)				
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if application)		
Lenvis & Helly				
Contributor address; City; State; ZipCode	1000	\$250°00		
111010	07-7524	(If travel outside of Texas, complete Schedu	ule T)	
Contributor's principal occupation	Contributor's job t	title		
Scer Contributor's employer/law firm	Law firm of contrib	butor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#:	1	Amount of In-kind contribution	on	
Bruce Bestinh		contribution (\$) description(if applica		
Contributor address; City; State; Zip Code~	Dr	\$100°00	g.	
Spr. +8, 1x 77379		(If travel outside of Texas, complete Schedu	ule T)	
Contributor's principal occupation	Contributor's job ti	itle		
Contributor's employer/law firm	Law firm of contrib	outor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

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SCHEDULE A (J)

The Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A(J):
2 FILER NAME		3 ACCOUNT # (E	Ethics Commission Filers)
Jule Jul KSON			
4 Date 5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 10 13 6 Contributor address; City; State; Zip Code	- 1526	\$2000	
9 Contributor's principal occupation			of Texas, complete Schedule T)
Hours principal occupation	10 Contributor's job	title	
11 Contributer's employer/taw firm	12 Law firm of contril	butor's spouse (if any	y)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorbut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
9/19/13 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Belloulle, X 774	· · · · · · · · · · · · · · · · · · ·	\$400°0	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job t		or rexas, complete occledule 1)
Contributor's employer/law firm	Law firm of contrib	outor's spouse (if any	()
If contributor is a child, law firm of parent(s) (if any)		2	
Date Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
9/19/3 Contributor address; City; State; Zip Code THARRIS TSelly, ILP, TX 77418		\$40000	of Texas, complete Schedule T)
Cantributor's principal occupation	Contributor's job ti		The state of the s
Horney		0	
Scontributor's employer/law firm	Law firm of contrib	outor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)			

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SCHEDULE A (J)

The Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A(J):
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Sue Such son		
Date 5 Full name of contributor 5 Full name of contributor 6 Hollouge	<u> </u>	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
6 Contributoraddisess City; State; Zip Code		(If troughoutside of Tours associate Sabadule To
9 Contributor's principal occupation	10 Contributor's job t	(If travel outside of Texas, complete Schedule T)
Offore		•
11 Contributor's employer law firm	12 Law firm of contrib	outor's spouse (if any)
12 15 1111 5		
13 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributorbut-of-state PAC (ID#:	×	Amount of In-kind contribution contribution (\$) description(if applicable)
Contributor address; Sity: State; Zip Code 1015 3 20501 Hay Fig. Suc.	Le 124	\$500
Constributed principal -	1790	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job tit	tle
Contributor's employer/law firm	Law firm of contribu	utor's spouse (if any)
IRAUERS? IRAUERS		100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
If contributor is a child, law firm of parent(s) (if any)	5	
Date Full name of contributor Out-of-state PAC (ID#)	m	Amount of In-kind contribution contribution (\$) description(if applicable)
robal B 23501 City; State; Pip Code	, Steller	\$200.00
Maty, 1x 77494		(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job tit	е
Contributor's employer law firm	Law firm of contribu	tor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A (J)

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sci	hedule A(J):
2 FILER NAME	e SACKSOO		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
"(la)13	6 Contributor address; City State; Zip Code	rule 360	\$15000	
	Houston 110 Th	074-20de	(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 contr	ibutor's spouse (if an	у)
13 If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
	.*			
				of Texas, complete Schedule T)
Contributors p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		y 1	
		y 41	(If travel outside of	of Texas, complete Schedule T)
Contributor's p	incipal occupation	Contributor's job t	itle	
Contributor's er	nployer/law firm	Law firm of contrib	utor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
				x

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LOANS (JUDICIAL)		· · · · · · · · · · · · · · · · · · ·	SCHEDULE E (J)		
The Instruction Guide explains how to complete th		Total pages Sch	edule E(J):		
2 FILER NAME June Jack Son	3	ACCOUNT #	(Ethics Commission Filers)		
TOTAL OF UNITEMIZED LOANS: ⇒	\$\dagger\$ \$\dagger\$ <t< td=""><td>⇒</td><td>\$</td></t<>	⇒	\$		
Tila	f-state PAC (ID#:		9 Loan Amount (\$)		
6 Is lender a financial Institution? 8 Lender address; City; State; Zip	Code		10 Interest rate		
r (h) Heng Secol, 1	17744	5	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	18 Check if personal fur	nds were deposi	ted into political account		
19 GUARANTOR INFORMATION 20 Name of guarantor		-	22 Amount Guaranteed (\$)		
21 Guarantor address; City; Stat	e; Zip Code				
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	9	3		
25 Guarantor's Employer/Law Firm	26 Law Firm of guaranto	or's spouse (if a	ny)		
27 If guarantor is child, law firm of parent(s) (if any)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		8
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	` '	pan Repayment/Reimbursem	ent
Accounting/Banking	Legal Services	Solicitation/Fundrai		ansportation Equipment & Re	29/22 5
Consulting Expense	Food/Beverage Expense				
Event Expense	Polling Expense	Travel Out Of Dist		ontributions/Donations Made Candidate/Officeholder/Poli	
Fees	Printing Expense	Office Overhead/R		THER (enter a category not I	isted above)
	The Instruction Guide			, , ,	,
1 Total pages Schedule F:	2 FILER NAME		•		ommission Filoro
star pages seriedule F.	- INCHARGE TO	(02		3 ACCOUNT # (Ethics C	ommission Filers)
	ture such	(SON)			
4 Date	5 Payee name	0 1			
11/19/13	Kao. Pl. C.	Kenty			
6 1	Tapa on can	1-01			
6 Amount (\$)	7 Rayee address: City; St.	ate; Zip Code			
1200 00	A. O. DOT 42	(
13000	1/ 1	· 7	11107		
	many 12/0	12	1472		
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If	travel outside of Texas, complete S	chedule T)
OF		2		•	
EXPENDITURE	tilles tees				, .
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office	e held
expenditure to benefit C/C				31110	
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Date	Payee name	1			
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Amount (\$)	Payee address; City; St	ate; Zip Code			
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expenditure to benefit C/C			Office sought	Office	e neid
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110117		milles			
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0010	Hempstead,	117	1445		
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description (If t	ravel outside of Texas, complete Sc	chedule T)
OF		,	,		ŕ
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expenditure to benefit C/O			Cilioo sougiit	Office	, noid
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Date	Payee name		2	**************************************	-
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Amount (\$)	Payee address; City; Sta	ate; Zip Code			
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EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office	held
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Omoe sought	Office	: nelu
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NE	EDED	,

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE (CATEGORIES FOR B	OX 8(a)	· · · · · · · · · · · · · · · · · · ·	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract La	bor Loan Re	payment/Reimbursement	
Accounting/Banking	=	Solicitation/Fundraising Expo	ense Transpor	tation Equipment & Related Expense	
Consulting Expense	5	Travel In District		tions/Donations Made By	
Event Expense Fees		Travel Out Of District		date/Officeholder/Political Committee	
1 003		Office Overhead/Rental Exp		enter a category not listed above)	
47.11		explains how to complete	e this form.	×	
1 Total pages Schedule F:	2 FILER NAME Juck	Soo	3 /	ACCOUNT # (Ethics Commission Filers)	
4 Date	5/Payee name				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
11.00	22 × B = U.	1 290			
46	Homa Head	DX 77445			
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) De:	scription (If travel ou	tside of Texas, complete Schedule T)	
OF EXPENDITURE	Partie	(2)	oonpelon (maavoroa	iside of roxas, complete defletalle 1)	
9 Complete ONLY if direct	Candidate / Officeholder name	Offic	ce sought	Office held	
expenditure to benefit C/		Oilic	Jo Gougiit	Office field	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

OUTSTAN	IDING LOANS	SCHEDULE L			
The Ir	nstruction Guide explains how to complete this form.	1 Total pages Schedule L:			
2 FILER NAME	re Jackson	3 ACCOUNT # (Ethics Commission Filers)			
LENDER INFORMATION	4 Name of lender Tuck Sov				
\$5000	5 Lender address; City; State; Zip Code P. O BY 571 Hemps Read	TX			
GUARANTOR INFORMATION	6 Name of guarantor				
not applicable	7 Guarantor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			
LENDER INFORMATION	Name of lender				
	Lender address; City; State; Zip Code				
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address; City; State; Zip Code				
LENDER INFORMATION	Name of lender				
	Lender address; City; State; Zip Code				
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address; City; State; Zip Code	.,			
LENDER INFORMATION	Name of lender				
	Lender address; City; State; Zip Code				
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					