

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Marian E.

NICKNAME LAST SUFFIX
Jackson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 475 Prairie View, TX 77446

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 857-5550

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Diana E.

NICKNAME LAST SUFFIX
Duncan

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 462 Prairie View TX 77446

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 741-2391

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 Modified
Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
/ / / / / /

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
Description
3 / 1 / 22 General Special

12 OFFICE

OFFICE HELD (if any)
Justice of the Peace

13 OFFICE SOUGHT (if known)

14 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 / 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
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

Waller Co. Elections
JAN 12 2022
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

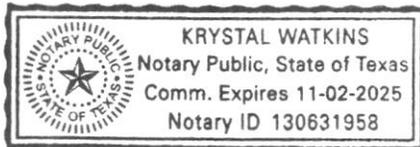
15 C/OH NAME Marian E. Jackson		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	200.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	416.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

18 SIGNATURE 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.

Marian Elaine Jackson

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Marian Elaine Jackson this the 11th day of January, 2022, to certify which, witness my hand and seal of office.

Krystal Watkins

Signature of officer administering oath

Krystal Watkins
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Marian Elaine Jackson		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 200.55
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 416.34
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Marian Elaine Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

01/11/2022

5 Full name of contributor

Mary Roberts

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

P.O. Box 383

City;

Hempstead, TX 77445

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12/30/2021

Full name of contributor

Veda Brown

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.55

Contributor address;

University Dr. Prairie View, TX 77446

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.