

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Charles Edward Jackson 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 / 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.

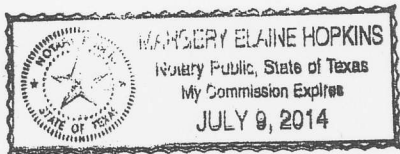
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	Jackson for Austin
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	3112 Windsor Rd., A529 Austin, TX 78703
	COMMITTEE CAMPAIGN TREASURER NAME
	Lupe Sosa
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	PO Box 40205 Austin, TX 78704

17 CONTRIBUTION TOTALS	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)	\$ 6,166
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,225
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,941
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Jackson, this the 8th day of October, 20 12, to certify which, witness my hand and seal of office.

Margery Elaine Hopkins Margery Elaine Hopkins Executive Assistant
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: (1) of (2)	
2 FILER NAME Charles E. Jackson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Ann Penick	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code PO Box 2864 Austin TX 78755	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CPA		10 Employer (See Instructions)	
Date 9/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marge Wood	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2303 Comburg Castle Way Austin, TX 78748	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 9/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James & Joan Jackson	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 22 Amherst Ct. Conroe, TX 77304	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William and Margaret Kelsey	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1405 Alegia Rd. Austin, TX 78757	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) pilot / author		Employer (See Instructions)	
Date 9/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Dardnee	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4302 Hyridge Dr. Austin TX 78758	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: (2) of (2)	
2 FILER NAME Charles F. Jackson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/1/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Jackson	7 Amount of contribution (\$) \$621	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3112 Windsor Rd., A529 Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CEO / Technology Consultant Acceleros		10 Employer (See Instructions)	
Date 9/30/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Education Austin PAC	Amount of contribution (\$) \$5000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 316 W. 12th St, Ste. 202 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Bryce	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3306 Gentry Dr. 6103 Shoal Creek Austin TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 9/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George Cofer	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3306 Gentry Dr., Rollingwood Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texas Democratic Party	Amount of contribution (\$) \$700	In-kind contribution description (if applicable) Voter File Access
Contributor address; City; State; Zip Code 4818 E. Ben White, Ste 10 Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:
1

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
Charles E. Jackson

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan *9/15/12* 7 Name of lender out-of-state PAC (ID#: _____) *Charles Jackson* 9 Loan Amount (\$) *\$ 1,000*

6 Is lender a financial institution? *Y* 8 Lender address; City; State; Zip Code *3112 Windsor Rd, A529 Austin, TX 78703* 10 Interest rate *0*

N 11 Maturity date

12 Principal occupation / Job title (See Instructions) *Technology Consultant* 13 Employer (See Instructions) *AcceleraS*

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable 17 Name of guarantor 19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
Y N		Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions) Employer (See Instructions)

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1		2 FILER NAME Charles E. Jackson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/21/12		5 Payee name Worley Printing			
6 Amount (\$) 194.85		7 Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Campaign Handouts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/24/12		Payee name West Austin News			
Amount (\$) 333		Payee address; City; State; Zip Code 5511 Parkcrest Dr Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Advertisement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/27/12		Payee name Worley Printing			
Amount (\$) 1953.91		Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Yard Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/22/12		Payee name Worley Printing			
Amount (\$) 647.34		Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Handouts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Charles E. Jackson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/21/12		5 Payee name Vista Print			
6 Amount (\$) 179.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Campaign Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Campaign Handouts	
Date 9/5/12		Payee name Office Max			
Amount (\$) 144.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 907 W. 5th, Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Mailing	
Date 9/7/12		Payee name U.S. Post Office			
Amount (\$) 90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4300 Speedway, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Postage	
Date 9/11/12		Payee name East End Ink			
Amount (\$) 179 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2412-A E. Cesar Chavez St. Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) T-shirts	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Charles W. Jackson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/18/12	5 Payee name Worley Printing
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6 Amount (\$) \$202.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 9/21/12	Payee name Arriba News
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5511 Parcree Dr. Austin TX 78731
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertisement
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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