## CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS)MRS/MR FIRST Charles NICKNAME LAST	MI	OFFICE USE ONLY Date Received 12 OCT 9 AK11:36:57
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY;  3.112 Win D Sor Pe		Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (512) 736-8385	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Gradalu  NICKNAME LAST LYPE' SOSA	SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE 
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 565-16	EXTENSION 49	
9 REPORT TYPE	January 15  30th day before election  Buly 15  8th day before election	Runoff Exceeded \$500 [imit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 9 / 27 /	Year (2
11 ELECTION	ELECTION DATE Month  Primary  Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  A ( S D)	Disdrizt 5
GO TO PAGE 2			

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

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	les Fau	sard Jackson 15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE IN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	Jackson for A	tustin
	SPECIFIC		4529 T× 78703
additional pages		COMMITTEE CAMPAIGN TREASURER NAME  LUPE SOSO  COMMITTEE CAMPAIGN TREASURER ADDRESS  DO GOVERNA DO COMMITTEE CAMPAIGN TREASURER ADDRESS	TV 70771
17 CONTRIBUTION TOTALS	1. TOTAL I	POBOX 40205 AUST	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,166
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,225
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	* \$ 2,941
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 1,000
18 AFFIDAVIT	AHSERY ELAINE HOP Notery Public, State of Ti My Commission Expire	EBXE	
AFFIX NOTARY STAN	JULY 9, 2014	Signature of Candid	date or Officeholder
Sworn to and sub	of Octob	me, by the said Charles Jackson, 20 12, to certify which, witness my	, this the hand and seal of office.
Signature or officer adm	ane Hopki	m Margery Elathe Hopkins Printed name of officer administering oath	Executive Assistant 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 Scho	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	narles E. Jackson			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	NU N D . 1		contribution (\$)	description (if applicable)
9/11/17	Betty Ann Penick  6 Contributor laddress; City; State; Zip Code  POBOX 2864 AUST			
1/10/12	6 Contributor address; City; State; Zip Code	TI	\$100	
	POBOX 28164 AUST	in 1x	7 700	
		78755	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
	CPA			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	200		contribution (\$)	description (if applicable)
alialia	Contributor address; City; State; Zip Code			
1/10/12			\$20	
	2303 Comburg Castle	Wille	420	
	1	10 TV 7874	(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or forder, complete contents of
	refired			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	1 1 1 1 1		contribution (\$)	description (if applicable)
9/10/12	James & Joan Jacks Contributor address; City; State; Zip Code 22 Amherst Ct. Co	nroe, TX	\$150	
		77304	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Kethred			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
0//	. W. William. om a. Marscret Contributor address; City; State; Zip Code	- Kulsey	contribution (\$)	description (if applicable)
19/10/12	1405 Alegia Ro.		\$100	
	Austin	TX 78757	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	Ollot lay that			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	Jim Dard nee-		contribution (\$)	description (if applicable)
9/15/12	Contributor address; City; State; Zip Code		1 ~-	
1/10/12	4302 Hyridge Dr.		\$ 50	
	Austin 1	TX 78758	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	Consultant			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDI II	ASNEEDED	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

•			
The Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
Charles E. Jackson	on		
4 Date 5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
9/1/12 Charliz Jackson 6 Contributor address; City; State; Zip Code 3112 Wind Sor Rd.		contribution (\$)	description (if applicable)
6 Contributor address: City: State: Zin Code			
9/1/12 3112 1.32 2 Care DO	A579	\$621	
11.11 DIL Zwino sor 120.	) 16521	7621	
Austin, 14 7	8703		of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See I		
Cto/ Technology Consultan	Accele	ros	
Date Full name of contributor / Out-of-state PAC (ID#		Amount of	In-kind contribution
9 60/12 Education Austr. 1 Contributor address; City; State; Zip Code 316 W- 12+25+, St	PAC	contribution (\$)	description (if applicable)
Contributor address; City, State, Zip Code	1		
316 W. 12458t, St	te-202	5,000	
Austin To	78701		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)
Date Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/27/12 Contributor address; City; State; Zip Code 3806 Gentry	Shoal Creek	\$100	
Austin, 17 A	7875	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Attorney			
Date Full name of contributor out-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/29/12 George Cofer Contributor address; City; State; Zip Code		Contribution (4)	description (ii applicable)
3306 Gentry Dry	Rollmours	\$ 25	
Austin, 12	78746	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
9/20/12 Texas Democratic De Contributor address; City; State; Zip Code 4818 E. Ben White	wity	contribution (\$)	description (if applicable)
TOIS E. Len write			Voter Ela Ara
Austrily 7	8741	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

LOANS			SCHEDULE E
•	*		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
Ch	rarles E. Jack	Sena	
4	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	) 9 Loan Amount (\$)
9/15/12	Charles last	/ 4	\$1,000
6 Is lender a financial	8 Lender address; City; State; 3112 Windsor		10 Interest rate
Institution?	AUSTN, TX-		11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
		Acceleros	
14 Description of Col	dogy Consultant	15 Check if personal funds were	deposited into political account
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  20 Principal Occupat		State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
YN			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were d	eposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
	ATTAOLIADRITIONAL COTT	SO OF THE COLLEGE STATES	arn.
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEED ruction guide for additional repo	

## POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement  Legal Services Solicitation/Fundraising Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee 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:	2 FILER NAME  Charles F- clackson  3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code
194.85	3217 N. IH-35 AUStin, TX 78722
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Candidate / Office bolder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date (	Payee name
9/24/12	Payee address; City; State; Zip Code
Amount (\$)	
333	5511 Porkcrestor Austin, 14 78731
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertism Expense Advertisement
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholdername Office sought Office held
Date , /	Payee name
9/27/12	Payee address; City; State; Zip Code
Amount (\$)	Payee address; City; State; Zip Code
1953,91	3217 N. 1H-35 AUSTIN, TX 78722
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Pronting Expression Va 25000
	Candidate / Office held  Office sought  Office held
Complete ONLY if direct expenditure to benefit C/C	Canada Company
Pate 9/27/17	Payee name Worley Problem
Amount (\$)	Payee address; City; State; Zip Code
647.34	3717 N-1H-35 AUS+M, TX 78722
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Pointing Francisco Camada In Ham Don to
	Candidate / Office holder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	он
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling 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 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
2	Charles E. Jackson
4 Date 8/21/12	5 Payee name Vista Print
6 Amount (\$)	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	95 Hayden Ave. Lexington, MA 02421
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Campatanting Expense Campagn Handouts
Date /	Payee name
9/5/12	officeMax
Amount (\$)	Payee address; City; State; Zip Code
194,99	907 W. 5th, Austin, TX 78703
Reimbursement from political contributions intended	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printiz Expense Compazzon Mauling
Date 9/1/2	Payee name U-S. Post Office
Amount (\$)	Payee address; City; State; Zip Code
10	4300 Speedway, Austin, Tx 78705
Reimbursement from political contributions intended	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	other Postuse
9/11/12	Payee name  East End Ink
Amount (\$)	Payee address; City; State; Zip Code
179	2412-A E. Ce sar Chavez 87,
Reimbursement from political contributions intended	Au Styn, TX 78702
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense T-shirts
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 FILER NAME  Charles to Jackson  3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/18/12	5 Payee name Worley Printon
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  3217 Nr IH-35 AUStry, TX 78722
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)
Date 9/21/12	Payee name  Archa NeulS
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  5511 Parcrest Dr. Austr Tx 78731
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Adverts in Expense Adverts em eut
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
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
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED