



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME JAMES C. JACKSON SR. 16 ACCOUNT # (Ethics Commission File #)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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. --

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>NA</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 89.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 844.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

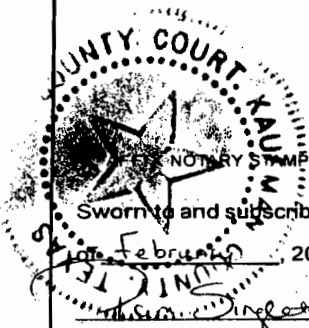
19 AFFIDAVIT

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.

James C. Jackson  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JAMES C. JACKSON SR., this the 4 day of February, 2008, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Pan Singleton Printed name of officer administering oath  
Deputy Clerk 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: <b>1-2</b>	
2 FILER NAME <b>JAMES C. JACKSON SR.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-10-08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LEONARD C. DeGrate</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1200 E. Brin, Terrell, TX 75114</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1-19-08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Delbra Johnson</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>441 Roosevelt, Terrell, TX 75160</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-19-08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Henry UKristegui</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>318 Lake Meadows, Rockwall, TX 75087</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-19-08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sharif Alwari</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>401 W. Moore, Terrell, TX 75116</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-19-08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Johnnie C. Holmes</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>308 FM 148, Terrell, TX 75116</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2-2

2 FILER NAME

JAMES C. JACKSON SR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-19-08

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

HERMAN Furlough Jr.

6 Contributor address; City; State; Zip Code

400 Roosevelt, Terrell, TX 75160

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-22-08

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

L. J. MCCOY

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <b>1</b>
2 FILER NAME <b>JAMES C. JACKSON SR</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1-5-08</b>	5 Payee name <b>Home Depot</b> 6 Payee address; City; State; Zip Code <b>151 Windsor Ave, Terrell, TX 75160</b>	8 Amount (\$) <b>\$25.51</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>hook ups for heater in campaign office</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1-7-08</b>	Payee name <b>Anchor Printing</b> Payee address; City; State; Zip Code <b>509 S. Virginia, Terrell, TX 75160</b>	Amount (\$) <b>\$5.41</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>copies of voting reports</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1-18-08</b>	Payee name <b>Anchor Printing</b> Payee address; City; State; Zip Code <b>see above</b>	Amount (\$) <b>\$8.23</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>copies of voting reports</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1-21-08</b>	Payee name <b>Rosa Allen</b> Payee address; City; State; Zip Code <b>P.O. Bx 214, Terrell, TX 75160</b>	Amount (\$) <b>\$50.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>business cards for the campaign</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1-9-08</b>	Payee name <b>TXU ENERGY</b> Payee address; City; State; Zip Code <b>P.O. Bx 100001, Dallas, TX 75310</b>	Amount (\$) <b>\$190.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Electrical bill for campaign HQ deposit</b> (If travel outside of Texas, complete Schedule T)	

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