



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** SUSAN JACKSON **15 ACCOUNT # (Ethics Commission Filers)**

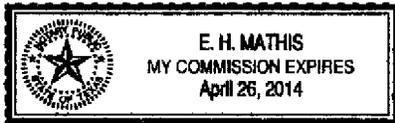
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,300.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 855.54
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 244.46
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

**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.

Susan Jackson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan S. Jackson, this the 15<sup>th</sup> day of January, 20 14, to certify which, witness my hand and seal of office.

E. H. Mathis E. H. Mathis Notary Public  
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**

2 FILER NAME  
**SUSAN JACKSON**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**11-12-13**

5 Full name of contributor  out-of-state PAC (ID#:  
**GEORGE ANN MAXNER**

6 Contributor address; City; State; Zip Code  
**P.O. BOX 5484  
WULFDE, TX. 78802**

7 Amount of contribution (\$)  
**200.00**

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  
**11-15-13**

Full name of contributor  out-of-state PAC (ID#:  
**JANA JONAS**

Contributor address; City; State; Zip Code  
**622 ROSEWOOD BOERNE, TX. 78006**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**OFFICE MANAGER**

Employer (See Instructions)

Date  
**11-20-13**

Full name of contributor  out-of-state PAC (ID#:  
**SUE McMILLAN**

Contributor address; City; State; Zip Code  
**8315 DAMASCUS DR.  
FAIR OAKS RANCH, TX. 78015**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**11-21-13**

Full name of contributor  out-of-state PAC (ID#:  
**Rhonda S. Jolley**

Contributor address; City; State; Zip Code  
**201 WOLFSCHLAGER LANE  
BOERNE, TX. 78006**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ATTORNEY**

Employer (See Instructions)  
**BRANSCOMB FIRM**

Date  
**12-10-13**

Full name of contributor  out-of-state PAC (ID#:  
**LORI HODGE**

Contributor address; City; State; Zip Code  
**219 WINCHESTER DRIVE  
BERGHEIM, TX. 78004**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**PARALEGAL**

Employer (See Instructions)  
**VAUGHAN LAW FIRM**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 FILER NAME

SUSAN JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11-21-13

5 Full name of contributor

GERALD BENNETT

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address, City, State, Zip Code

146 Steel Valley DR.  
BOERNE, TX - 78006

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

Design of Website for Candidate

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 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)

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)

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

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LOANS	SCHEDULE E
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: <b>1</b>
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2 FILER NAME <b>SUSAN JACKSON</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
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5 Date of loan <b>11-2013</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSAN JACKSON</b>	9 Loan Amount (\$) <b>200.00</b>
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6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>225 OAK KNOLL CIRCLE, BOERNE, TX. 78006</b>	10 Interest rate <b>N/A</b>
		11 Maturity date

12 Principal occupation / Job title (See Instructions) <b>Legal Asst.</b>	13 Employer (See Instructions) <b>THE NUNLEY FIRM</b>
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14 Description of Collateral <input checked="" type="checkbox"/> none	15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
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16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
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Date of loan <b>11-20-13</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSAN JACKSON</b>	Loan Amount (\$) <b>300.00</b>
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Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <b>225 OAK KNOLL CIRCLE, BOERNE, TX. 78006</b>	Interest rate <b>N/A</b>
		Maturity date

Principal occupation / Job title (See Instructions) <b>Legal Asst.</b>	Employer (See Instructions) <b>THE NUNLEY FIRM</b>
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Description of Collateral <input checked="" type="checkbox"/> none	Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
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GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation (See Instructions)	Employer (See Instructions)
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**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 B(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:	2 FILER NAME <b>SUSAN JACKSON</b>	3 ACCOUNT # (Ethics Commission F#ers)
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4 Date <b>11-19-13</b>	5 Payee name <b>KENDALL COUNTY REPUBLICAN PARTY</b>
6 Amount (\$) <b>750.00</b>	7 Payee address; City; State; Zip Code <b>P.O. BOX 1044, BOERNE, TX. 78006</b>

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FEES</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CANDIDATE FILING FEE FOR PLACE ON BALLOT</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-4-13</b>	Payee name <b>BOERNE PRINTING</b>
Amount (\$) <b>105.54</b>	Payee address; City; State; Zip Code <b>904 E. BLANCO Rd., BOERNE, TX. 78006</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>PRINTING COST FOR COLOR POST CARD HANDOUTS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**