



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Charles E. Jackson / Jackson for Austin*

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

*CAAAD Asian American Progress PAC*

COMMITTEE ADDRESS

*P.O. Box 300595 Austin, TX 78703*

COMMITTEE CAMPAIGN TREASURER NAME

*Richard Cofer*

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$

*800*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*2,306.41*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

*0*

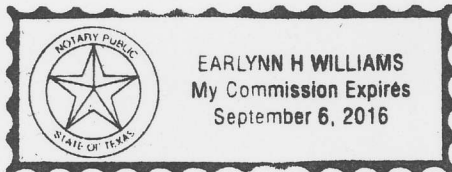
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

*0*

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.

*Charles E. Jackson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Charles Edward Jackson*, this the *14<sup>th</sup>* day of *January*, 20 *13*, to certify which, witness my hand and seal of office.

*Earlynn H Williams*  
Signature of officer administering oath

*Earlynn H. Williams*  
Printed name of officer administering oath

*Notary*  
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 <i>Charles E. Jackson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/31/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eliza May</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4813 Eagle Feather Dr. Austin TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Consultant</i>		10 Employer (See Instructions) <i>May and Associates</i>	
Date <i>11/1/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Albert</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1700 Burton Dr. #158 Austin, TX 78741</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/13/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charlie Jackson</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3112 Windsor Rd, A529 Austin, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Candidate</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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.

**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.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME Charles E. Jackson	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/1/12	<b>5</b> Payee name Austin Chronicle
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<b>6</b> Amount (\$) \$ 1,194	<b>7</b> Payee address; City; State; Zip Code PO Box 49066 Austin TX 78765
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Exp. Expense	(b) Description (If travel outside of Texas, complete Schedule T) Advertisement
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2/12	Payee name Office Max
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Amount (\$) \$70.61	Payee address; City; State; Zip Code 907 W. 5th Stn Austin, TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) Office Supplies
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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 11/2/12	Payee name Austin Chronicle
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Amount (\$) \$269	Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765
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<b>PURPOSE OF EXPENDITURE</b>	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/5/12	Payee name Richard Franklin
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Amount (\$) \$ 400	Payee address; City; State; Zip Code 3906 Sojourner St. Austin, TX 78725
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting Exp.	Description (If travel outside of Texas, complete Schedule T) Consulting
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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



**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.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME Charles E. Jackson	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/5/12	<b>5</b> Payee name Verticle Response
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<b>6</b> Amount (\$) \$110	<b>7</b> Payee address; City; State; Zip Code 50 Beale St., San Francisco CA 94105
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Email
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/5/12	Payee name Office Max
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Amount (\$) \$96	Payee address; City; State; Zip Code 907 W. 5th Austin TX 78703
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) Office Supplies
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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 11/30/12	Payee name BBVA Compass
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Amount (\$) \$167	Payee address; City; State; Zip Code PO Box 830606 Birmingham AL 35283
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Bank Fees	Description (If travel outside of Texas, complete Schedule T) Bank Fees
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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
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

Charles E Jackson / Jackson for Austin

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

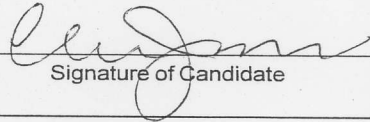
Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
 Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder