

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: 5 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Fred | MI J | <div style="border: 1px solid black; padding: 5px;"> <p align="center">OFFICE USE ONLY</p> <p>Date Received</p> <p align="center" style="font-size: small;">09 MAR -4 PM 4:09</p> <p align="right" style="font-size: small;">CITY CLERK DEPT.</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <p>Receipt # Amount</p> <hr/> <p>Date Processed</p> <hr/> <p>Date Imaged</p> </div> |
| | NICKNAME Jackson | LAST Jackson | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; 5140 Montana Ave. El Paso, TX 79903 | APT / SUITE #; | CITY; STATE; ZIP CODE | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (915) | PHONE NUMBER 881-1474 | EXTENSION | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Rosalba | MI | |
| | NICKNAME | LAST Valdovinos | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5140 Montana Ave. El Paso, TX 79903 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (915) | PHONE NUMBER 881-1474 | EXTENSION | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01 / 16 / 2009 THROUGH 03 / 03 / 2009 | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 05 / 09 / 2009 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Mayor - City of El Paso | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** | | | |
| | Name | | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | |

GO TO PAGE 2

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

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

15 C/OH NAME
Fred J. Jackson

16 ACCOUNT # (Ethics Commission Filers)

17 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 |

CITY CLERK DEPT.
09 MAR -4 PM 4:09

| | | |
|--------------------------------|---|------------|
| 18 CONTRIBUTION TOTALS | 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) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2043.49 |
| 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 |

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:
1/2

2 FILER NAME

Fred J. Jackson

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/27/09

5 Payee name

Deluxe Business Forms/Supplies

6 Payee address; City; State; Zip Code

5820 West Harold Gatty Dr.
Salt Lake City, UT 84116

8 Amount (\$)

\$101.34

7 Purpose of expenditure (See instructions regarding type of information required.)

Checks/Stamp
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

02/10/09

Payee name

Phidev Inc

Payee address; City; State; Zip Code

444 E. Robinson Ave. Ste. A
El Paso, TX 79902

Amount (\$)

\$877.36

Purpose of expenditure (See instructions regarding type of information required.)

Printing Services
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

02/24/09

Payee name

Partner Printing

Payee address; City; State; Zip Code

700 Columbia
Riverside, CA 92507

Amount (\$)

\$61.61

Purpose of expenditure (See instructions regarding type of information required.)

cards
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

02/25/2009

Payee name

AUS Services

Payee address; City; State; Zip Code

2020 Mills
El Paso, TX 79901

Amount (\$)

\$159.16

Purpose of expenditure (See instructions regarding type of information required.)

Postage
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

02/27/09

Payee name

David's Banners

Payee address; City; State; Zip Code

9911 Carnegie
El Paso, TX 79925

Amount (\$)

\$794.02

Purpose of expenditure (See instructions regarding type of information required.)

Banner
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

09MAR-4 PM 4:09
CITY CLERK DEPT.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | |
|---|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule G: 2/2 |
| 2 FILER NAME Fred J. Jackson | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|--|---|--|
| 4 Date 02/27/09 | 5 Payee name La. Pulguita 6 Payee address; City; State; Zip Code 1600 Texas El Paso, TX 79901 | 8 Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended |
| 7 Purpose of expenditure (See instructions regarding type of information required.) Popcorn warmer (If travel outside of Texas, complete Schedule T) | | |

| | | |
|--|--|---|
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | |

| | | |
|--|--|---|
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | |

| | | |
|--|--|---|
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | |

| | | |
|--|--|---|
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

09 MAR -4 PM 4:09
CITY CLERK DEPT.

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

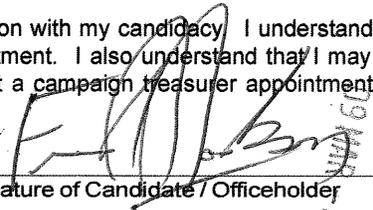
FORM C/OH - FR

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 Fred J. Jackson | 2 ACCOUNT # (Ethics Commission filers) |
|---------------------------------------|---|

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

CITY CLERK DEPT.
JUN 4 PM 4:10

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.

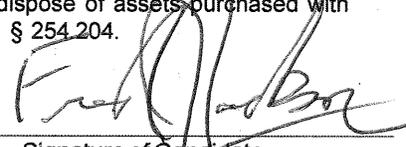
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual 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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder