

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00087000 | <b>2</b> Total pages filed:<br><br>5   |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>Earl N.  | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/12/2024 |  |
|   | NICKNAME<br>LAST<br>Jackson   |   | SUFFIX   |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>2100 VALLEY VIEW LANE SUITE 420<br><br>FARMERS BRANCH, TX 75234   |   | ZIP CODE   | Date Hand-delivered or Date Postmarked   |  |
|   |   |   |  | Receipt #      Amount  |  |
|   |   |   |  | Date Processed   |  |
|   |   |   |  | Date Imaged  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>Kyle R.  | MI   |  |  |
|   | NICKNAME<br>LAST<br>Beckwith  |   | SUFFIX   |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>416 N. Belt Line Road<br>#161<br>Irving, TX 75038  |   |  |  |  |
|   |   |   |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(608)  | PHONE NUMBER<br>228-8927                                    | EXTENSION  |  |  |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |  |
|   | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)              |   |  |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>01/01/2024  |   | THROUGH  | Month    Day    Year<br>06/30/2024   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>11/05/2024   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |  |
|   |   |   |  |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   | <b>12</b> OFFICE SOUGHT (if known)<br>Court Of Appeals, Justice Place 10 District 5th  |  |  |

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 5

**13** C / OH NAME Jackson, Earl N. (Mr.) **14** Filer ID (Ethics Commission Filers)  
00087000

**15** 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.

Additional Pages

|   |                                      |
|---|--------------------------------------|
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME                       |
|   | COMMITTEE ADDRESS                    |
|   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |  |    |          |
|-------------------------------|--|----|----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 3,750.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00     |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 2,500.00 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 3,750.00 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 2,500.00 |

**17** 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.

Mr. Earl N. Jackson  
\_\_\_\_\_  
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

# SUBTOTALS - JC/OH

|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Jackson, Earl N. (Mr.) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00087000 |
| <b>20 SCHEDULE SUBTOTALS</b>                   |   | <b>SUBTOTAL AMOUNT</b>                                    |
| NAME OF SCHEDULE                               |   |   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$ 3,750.00   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$  |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$  |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 2,500.00   |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/5 |
| <b>2</b> FILER NAME<br>Jackson, Earl N. (Mr.)                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087000  |
| <b>4</b> Date<br>04/04/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Coppell Republican Women<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Coppell, TX 75019 | <b>7</b> Amount of Contribution (\$)<br><br>\$750.00      |
| <b>8</b> Contributor's Principal Occupation                         |  | <b>9</b> Contributor's Job Title                          |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)       |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>05/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Preston West Republican Women<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248-4938          | Amount of Contribution (\$)<br><br>\$500.00               |
| Contributor's Principal Occupation                                  |  | Contributor's Job Title                                   |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                 |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>03/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texans for Lawsuit Reform, PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701              | Amount of Contribution (\$)<br><br>\$2,500.00             |
| Contributor's Principal Occupation                                  |  | Contributor's Job Title                                   |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                 |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/1 Rpt: 5/5   | <b>2</b> FILER NAME<br>Jackson, Earl N. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087000   |
| <b>4</b> Date<br>01/01/2024   | <b>5</b> Payee name<br>Jackson, Earl (Mr.)  |  |
| <b>6</b> Amount (\$)<br>\$2,500.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>3143 Sombbrero<br><br>Dallas, TX 75229 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees         | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Filing Fee paid to the Republican Party of Texas. |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name<br>Jackson, Earl (Mr.)                                      | Office sought Office held<br>Court Of Appeals, Justice   |