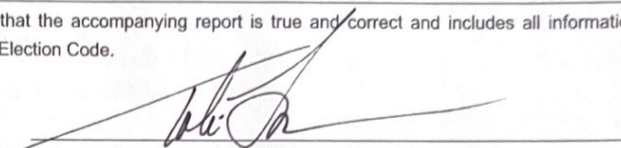


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|------------------------------|---|--|
| 15 C/OH NAME Tobi Jackson | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 813.02 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5,152.47 |

18 SIGNATURE 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
 Tobi Jackson

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

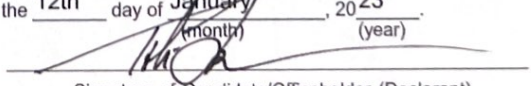
OR

(2) Unsworn Declaration

My name is Tobi Jackson, and my date of birth is 07/27/1960.

My address is 2108 Yosemite Court, Fort Worth, TX, 76112-3945, USA.
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 12th day of January, 2023.
(month) (year)


 Signature of Candidate/Officeholder (Declarant)
 Tobi Jackson

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Tobi Jackson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|--|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5,000.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ 5,152.47 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 813.02 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME Tobi Jackson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/10/2023 | 5 Full name of contributor Great Schools, Great City SPAC out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 6341 Klamath Fort Worth, TX 76116 | 7 Amount of contribution (\$) 5,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
|---|---|-----------------------------|
| | | |
| 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 (\$) |
|---|---|-----------------------------|
| | | |
| 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 (\$) |
|---|---|-----------------------------|
| | | |
| 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 (\$) |
|---|---|-----------------------------|
| | | |
| 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.

SCHEDULE E

LOANS

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 2 FILER NAME Tobi Jackson | | 1 Total pages Schedule E: |
| 4 TOTAL OF UNITEMIZED LOANS | | 3 Filer ID (Ethics Commission Filers) |
| 5 Date of loan 07/01/2023 | 7 Name of lender Tobi Jackson | 9 Loan Amount (\$) 5,152.47 |
| <input type="checkbox"/> out-of-state PAC (ID# _____) | | |
| 6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | 8 Lender address; City; State; Zip Code 2108 Yosemite Court Fort Worth, TX 76112-3945 | 10 Interest rate 0.00 |
| 12 Principal occupation / Job title (See Instructions) FW SPARC Executive Director | | 11 Maturity date |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 13 Employer (See Instructions) FW SPARC |
| 16 GUARANTOR INFORMATION not applicable | | 15 Check if personal funds were deposited into political account (See Instructions) |
| 17 Name of guarantor Tobi Jackson | 18 Guarantor address; City; State; Zip Code 2108 Yosemite Court Fort Worth, TX 76112-3945 | 19 Amount Guaranteed (\$) 5,152.47 |
| 20 Principal Occupation (See Instructions) FW SPARC Executive Director | | 21 Employer (See Instructions) FW SPARC |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | Loan Amount (\$) |
| Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Lender address; City; State; Zip Code | Interest rate |
| Principal occupation / Job title (See Instructions) | | Maturity date |
| Description of Collateral none | | Employer (See Instructions) |
| GUARANTOR INFORMATION not applicable | | Check if personal funds were deposited into political account (See Instructions) |
| Name of guarantor | Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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.

| | | |
|--|--|--|
| 1 Total pages Schedule G: 1 | 2 FILER NAME Tobi Jackson | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/11/2023 | 5 Payee name Kwik Kopy Printing | |
| 6 Amount (\$) Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Personalized Thank You Notes |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 07/18/2023 | Payee name USPS | |
| Amount (\$) Reimbursement from political contributions intended | Payee address; City; State; Zip Code www.usps.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Postage Stamps for Thank You Notes |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 07/01/2023 | Payee name Sign Removal and Recycle Day Labor | |
| Amount (\$) 350.00 Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description Removal of Large and Small Campaign Signs, Posts, Stands and Recycle Delivery |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED