

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input type="checkbox"/> FIRST <u>TOBI</u> MI	OFFICE USE ONLY Date Received RECEIVED JUL 17 2023 Board of Education	
	NICKNAME LAST <u>JACKSON</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2108 Yosemite Ct Fort Worth Tx 76112-3945</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 296.7721</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input type="checkbox"/> FIRST <u>Alexis</u> MI	Date Hand-delivered <u>7/17/23</u> Date Postmarked	
	NICKNAME LAST <u>Jackson</u> SUFFIX	Receipt # Amount \$ <u>0</u>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2108 Yosemite Ct Fort Worth Tx 76112-3945</u>	Date Processed <u>7/17/23</u>	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 296 7721</u>	Date Imaged <u>7/17/23</u>	
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 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)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>04 / 29 / 2023</u> THROUGH <u>06 / 30 / 2023</u>		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>FWISO TRUSTEE DIST. 2</u>	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	


GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

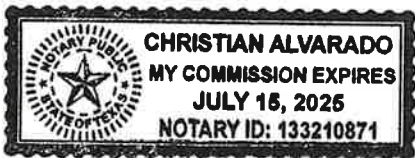
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		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)	\$ 3615.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14138.63
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	\$ 9339.45

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



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tabri Jadon this the 17 day of July, 2023, to certify which, witness my hand and seal of office.

Christian Alvarado Christian Alvarado Coordinator
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3615.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 9339.45
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14138.63
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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: <i>1 of 2</i>
2 FILER NAME <i>1061 Jackson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-28-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rubino Mendocia</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>5505 Rutland FIRT HATH TX 76133</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>4-28-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THE SIX PAC</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>178 Tribute Road SACRAMENTO, CA 95815</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-3-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlson Sharpless</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>8965 Van Tye Point Drive Dallas TX 75243</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-3-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arlene Barnett</i>	Amount of contribution (\$) <i>350.00</i>
Contributor address; City; State; Zip Code <i>3701 Black Canyon Rd FIRT HATH TX 76105</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 2022
2 FILER NAME 108: Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 5-4-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ty Williams	7 Amount of contribution (\$) 115.00
6 Contributor address; City; State; Zip Code 650 May St Kurt Wood 4 26104		
8 Principal occupation / Job title (See Instructions) RECTOR		9 Employer (See Instructions) PJ Williams Realty Co.
Date 5-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Hanlon, DEMETRIE CASTILLO	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code 808 West Ave AUSTIN TX 78701		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Hanlon, Demetrie Castillo
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 1 of 1	2 FILER NAME Lori Jackson	3 Filer ID (Ethics Commission Filers)
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4 Date 5-15-23	5 Payee name MURPHY - NASICA
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6 Amount (\$) 13,811.83	7 Payee address: PO Box 1648 AUSTIN TX 78767	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description mailers consulting fee software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-26-23	Payee name Paper Planet
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Amount (\$) 225.00	Payee address: 6515 E Lancaster Ave Fort Worth TX 76112	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Thank you notes
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-26-23	Payee name Anedot
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Amount (\$) 101.80	Payee address: www.anedot.com	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/fundraising expense	Description online \$ collection transaction fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

LOANS

SCHEDULE E

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 E:
2 FILER NAME <i>1081 JACKSON</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>6/30/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>1081 JACKSON</i>	9 Loan Amount (\$) <i>9339.45</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>2108 CYPRESSE CT FORT WORTH TX 76112-3945</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>0</i>
12 Principal occupation / Job title (See Instructions) <i>Executive Director</i>		13 Employer (See Instructions) <i>FORT WORTH SPARC</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <i>SELF AS DEFINED ABOVE</i>	19 Amount Guaranteed (\$) <i>9339.45</i>
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.