

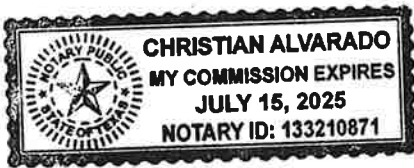
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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)	\$ 8500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,047.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25,984.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000

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 Tabi Jackson this the 28 day of April, 2023, to certify which, witness my hand and seal of office.

Christian Alvarado Signature of officer administering oath
Christian Alvarado Printed name of officer administering oath
Coordinator 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		\$ 8,500
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		\$ 25,000
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
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:

1 of 4

2 FILER NAME

1081 JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

4 7 23

5 Full name of contributor

out-of-state PAC (ID#: _____)

Pastor Milton and First Lady Shirley Bee

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

5532 Chimney Rock Rd
Ft Worth TX 76112

8 Principal occupation / Job title (See Instructions)

Pastor

9 Employer (See Instructions)

Seintsville

Date

4 7 23

Full name of contributor

out-of-state PAC (ID#: _____)

Jane and Gary Cumbie

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

400 Willow Ridge Rd
Knot Will TX 76103

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4 9 23

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Fernandez

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

2305 Colonial Park
Ave Wndr TX 76109

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Date

4-11-23

Full name of contributor

out-of-state PAC (ID#: _____)

Melinda House Lockhart

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

10720 Truth Dr
McKinney TX 75072

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.

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: 2.14
2 FILER NAME 108: Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 4 17 23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda Wells	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1880 South Bishop Trail Sando TX 76422		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) retired
Date 4 18 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Powell	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4244 Oak Park Ct Fort Worth TX 76109		
Principal occupation / Job title (See Instructions) Former State Senator		Employer (See Instructions) self
Date 4 18 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Joseph Phillips mo	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 724 Pennsylvania Ave Fort Worth TX 76104		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self
Date 4 19 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Phipps	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4481 Normandy Fort Worth TX 76133		
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.

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: 3064
2 FILER NAME 1061 JACKSON		3 Filer ID (Ethics Commission Filers)
4 Date 4 19 23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Sakerka	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4451 Normandy Dr FW TX 76143		
8 Principal occupation / Job title (See Instructions) Pet Care		9 Employer (See Instructions) Proprieta
Date 4 21 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Amun	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6909 Belkire Ct S Benbrook TX 76132		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 4 21 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Nason	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 6325 Turnberry Dr Fort Worth TX 76132		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) retired
Date 4 21 23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aileen Martin	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2023 Alma Ct Keller TX 76248		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) retired
<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: 4044
2 FILER NAME TOBI JACKSON		3 Filer ID (Ethics Commission Filers)
4 Date 4-24-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID NELSON	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 4919 Meadowbrook Dr FW TX 76113		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY & MARIA DEAN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 211 Main St Fort Worth TX 76102		
Principal occupation / Job title (See Instructions) Attorney (Partner)		Employer (See Instructions) Brown Smith Wambach Dean, Farmer
Date 4-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Womack	Amount of contribution (\$) 6000.00
Contributor address; City; State; Zip Code 101 St Louis Ave Fort Worth TX 76104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Dixon	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1104 E Lenda St Fort Worth TX 76104		
Principal occupation / Job title (See Instructions)		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>		

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>Libi Jansen</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>12/31/22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Libi Jansen</i>	9 Loan Amount (\$) <i>25,000</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 Yosemite Ct Ft 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>Eng North Spore</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 LISTED ABOVE</i>	19 Amount Guaranteed (\$) <i>25,000</i>
18 Guarantor address; City; State; Zip Code <i>SELF</i>		
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 N	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)

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 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: <i>10/2</i>	2 FILER NAME <i>1151 JACKSON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-19-23</i>	5 Payee name <i>MURPHY NASICA</i>	
6 Amount (\$) <i>18,735.81</i>	7 Payee address; <i>PO Box 1648 Austin TX 78767</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSES</i>	(b) Description <i>mailers, grassroots management. 4-6 thru 4-19-2023</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-28-23</i>	Payee name <i>MURPHY NASICA</i>	
Amount (\$) <i>10,428.90</i>	Payee address; <i>PO Box 1648 Austin TX 78767</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting expenses</i>	Description <i>2 mailers, door push cards,</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 <i>4-28-23</i>	Payee name <i>Aneet</i>	
Amount (\$) <i>101.20</i>	Payee address; <i>1340 Poydras St Ste 1770 New Orleans, LA 70112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FUNDRAISING Expense</i>	Description <i>on-line \$ collection transaction fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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: <i>2.42</i>	2 FILER NAME <i>TOBI JAMES</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-26-23</i>	5 Payee name <i>Dredot</i>	
6 Amount (\$) <i>562.82</i>	7 Payee address; City; State; Zip Code <i>1340 Poydras St Ste 1770 New Orleans, LA 70112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	(b) Description <i>transaction fees online collection</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4-26-23</i>	Payee name <i>Home Depot</i>	City; State; Zip Code
Amount (\$) <i>218.56</i>	Payee address; <i>1151 Bridgewood Drive Fort Worth TX 76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>sign ties, poles, t-bar</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	City; State; Zip Code
Amount (\$)	Payee address;	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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