

# 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: <b>23</b>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / <del>MRS</del> / MR</div> <div>FIRST <b>108</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>JACKSON</b></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">APR 06 2023</div> <div style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">Board of Education</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><b>2108 YOSEMITE CT FORT WORTH TX 76112-3945</b></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><b>(817) 296.7721</b></div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / <del>MRS</del> / MR</div> <div>FIRST <b>ALEXIS</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>JACKSON</b></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><b>2108 YOSEMITE CT FORT WORTH TX 76112</b></div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><b>(817) 296 7721</b></div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>THROUGH</div> <div>Month Day Year</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><b>01 / 01 / 2023      3 / 27 / 23</b></div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Month Day Year</div> <div> <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff  <input type="checkbox"/> General    <input type="checkbox"/> Special         </div> <div>Other Description</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><b>5 / 6 / 23</b></div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><b>FWISD Trustee District 2      FWISD Trustee District 2</b></div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

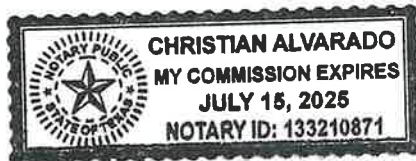
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Tabi Jackson</u>		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)	\$ <u>31,605.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>17,814.17</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>47,531.47</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>25,000.00</u>

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]  
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 6<sup>th</sup> day of April, 2022, 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)

# 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: <u>1</u>	
2 FILER NAME <u>Tobi Jackson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <u>12/31/22</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Tobi Jackson</u>	9 Loan Amount (\$) <u>25,000</u>	
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code <u>2108 Upside CL</u> <u>Kirk N. D. TX 76112-3945</u>	10 Interest rate <u>0</u>	
		11 Maturity date <u>0</u>	
12 Principal occupation / Job title (See Instructions) <u>EXECUTIVE DIRECTOR</u>		13 Employer (See Instructions) <u>FW SPARC</u>	
14 Description of Collateral  <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	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 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.

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,605.00
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	\$ 25,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,814.17
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: <u>102</u>
2 FILER NAME <u>Libi Jackson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1-18-23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kenneth &amp; Barbara Stone</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>3907 Kings Ferry Drive</u> <u>Arlington TX 76016</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1-19-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>William Tinsley</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>1717 Oak Trail Drive</u> <u>Aledo TX 76008</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1-19-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Michael Campbell</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>5241 Blue Valley Ct</u> <u>Kv TX 76112</u>		
Principal occupation / Job title (See Instructions) <u>Constable</u>		Employer (See Instructions)
Date <u>1-19-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Robert Graham</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>6165 Galindo</u> <u>Dallas TX 75214</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 2 of 16
2 FILER NAME Tab: Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 1-19-23	5 Full name of contributor Kim Beldersford <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00
6 Contributor address: 4208 Blackhawk Ave FW TX 76105 City: State: Zip Code		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions)
Date 1-19-23	Full name of contributor Michelle Thompson <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 20.00
Contributor address: 5241 Vermillion Trail FW TX 76017 City: State: Zip Code		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 1-19-23	Full name of contributor Enrique Riquelme <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Contributor address: 2110 Thomas Pkwy FW TX 76102 City: State: Zip Code		
Principal occupation / Job title (See Instructions) rector		Employer (See Instructions)
Date 1-19-23	Full name of contributor Jose Beldersford <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 50.00
Contributor address: 3312 NW 24th St FW TX 76102 City: State: Zip Code		
Principal occupation / Job title (See Instructions) Administrative Leadership		Employer (See Instructions) YMCA
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 3 of 16
2 FILER NAME Tobi Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 1-19-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larissa Manning	7 Amount of contribution (\$) 50.00
6 Contributor address: City: State: Zip Code 1016 Kingsbrook Trail FW TX 76120		
8 Principal occupation / Job title (See Instructions) Administration Education		9 Employer (See Instructions)
Date 1-19-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carole Sellers	Amount of contribution (\$) 150.00
Contributor address: City: State: Zip Code 6524 Feller FW TX 76180		
Principal occupation / Job title (See Instructions) retired education		Employer (See Instructions)
Date 1-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr Maria Gyzas	Amount of contribution (\$) 200.00
Contributor address: City: State: Zip Code 5414 Vanderbilt Ave Dallas TX 75206		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 2-24-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Johnson	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 3824 South Dr FW TX 76109		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 16
2 FILER NAME Lobi Jackson		3 Filer ID (Ethics Commission Filers) L
4 Date 2-25-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim and Gloria Austin 6 Contributor address; City; State; Zip Code 2017 TEALWOOD TERRACE Ft Worth TX 76112-5430	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Multimedia Museum Curator		9 Employer (See Instructions) self
Date 2-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arthur Reyna Contributor address; City; State; Zip Code 6021 Michael Nesmith Rd San Antonio, TX	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 2-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ricardo Perez Contributor address; City; State; Zip Code 1405 N Commerce St Ft TX 76164	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 2-27-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Campbell Contributor address; City; State; Zip Code 5241 Blue Valley Ct Ft TX 76112	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 5 of 16
2 FILER NAME Tig. Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 2-27-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Teresa Aguilar 6 Contributor address; City; State; Zip Code 1101 S. Main St FW TX 76104	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Immigration Outreach Coordinator		9 Employer (See Instructions) TC Public Health
Date 2-28-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arcely Chavez Contributor address; City; State; Zip Code 6920 Wicks Trail FW TX 76133	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LISA WESSLEY Contributor address; City; State; Zip Code 504 Chilla Ct FW TX 76112	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2.28.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lester McHarris Contributor address; City; State; Zip Code 21 Kamauh 18 Wak. K., HI 96793	Amount of contribution (\$) 21.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 6 of 16
2 FILER NAME Tobi Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 3-1-23	5 Full name of contributor Jerry Helbert <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: 2217 Oak Hill Rd FW TX 76112 City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Professional outdoorsman		9 Employer (See Instructions) SELF
Date 3-1-23	Full name of contributor Jason Andrews <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 713 OAKMONT Lane FT Worth TX 76112 City; State; Zip Code	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1-23	Full name of contributor Shane Robinson <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 1614 Indigo St San Antonio, TX 78248 City; State; Zip Code	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Hill Country		Employer (See Instructions) SELF
Date 3-2-23	Full name of contributor Thomas & Elaine Harris <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 8040 Valley Dr FW TX 76182 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Ex. VP		Employer (See Instructions) Hillwood
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 7 of 16
2 FILER NAME Tibi Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 3-2-23	5 Full name of contributor Reyn. Glaser <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: 5004 Melbourne Dr Ft Tx 76182 City: State: Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions)
Date 3-5-23	Full name of contributor Rita Vinson <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 6216 Dinwiddie Ft Tx 76112 City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3-5-23	Full name of contributor Lueben, Grogan, Blair & Simpson LLP <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: P.O. Box 17428 Austin TX 78760 City: State: Zip Code	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)
Date 3-5-23	Full name of contributor Gina Harkin <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 6205 Oak Keller Tx 76262 City: State: Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <u>8 of 16</u>
2 FILER NAME <u>Tobi Jackson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-5-23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mervil K Johnson</u>	7 Amount of contribution (\$) <u>150.00</u>
6 Contributor address; City; State; Zip Code <u>1511 OAKLAND BLVD</u> <u>FW TX 76103</u>		
8 Principal occupation / Job title (See Instructions) <u>Wickman Collection Pres</u>		9 Employer (See Instructions) <u>TX Wickman Commission</u>
Date <u>3-5-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jane and Gloria Austin</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>2117 Tackwood Terr</u> <u>FW TX 76112-5480</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-5-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chuck Hager</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>7311 Wintergreen Dr</u> <u>FW TX 76112-4311</u>		
Principal occupation / Job title (See Instructions) <u>Education</u>		Employer (See Instructions)
Date <u>3-5-23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michelle and Michael Ryan</u>	Amount of contribution (\$) <u>49.00</u>
Contributor address; City; State; Zip Code <u>5248 Ryann Way</u> <u>FW TX 76126-3035</u>		
Principal occupation / Job title (See Instructions) <u>Education</u>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <b>9 of 16</b>
2 FILER NAME <b>TOBI JACKSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-5-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RUBEN MENDOZA</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address: City; State; Zip Code <b>5505 Ruffin Ave FW TX 76133</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-6-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>STEVEN R POOLE</b>	Amount of contribution (\$) <b>2000.00</b>
Contributor address: City; State; Zip Code <b>3612 W 5th St Arlington TX 76012</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>VER</b>
Date <b>3-6-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SHERRI LINDA TURNER</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address: City; State; Zip Code <b>9316 Teleherman Fort Worth TX 76123</b>		
Principal occupation / Job title (See Instructions) <b>Retired Educator / Pastor</b>		Employer (See Instructions)
Date <b>3-6-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CARLEY HENGER</b>	Amount of contribution (\$) <b>2000.00</b>
Contributor address: City; State; Zip Code <b>600 W 6th St Ste 300 FW TX 76102</b>		
Principal occupation / Job title (See Instructions) <b>Law Firm</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <b>18 6216</b>
2 FILER NAME <b>LOBI JACKSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-10-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anne Allen</b>	7 Amount of contribution (\$) <b>10.00</b>
6 Contributor address; City; State; Zip Code <b>2104 Postmile Ct East Wind TX 76112</b>		
8 Principal occupation / Job title (See Instructions) <b>Public Art Manager</b>		9 Employer (See Instructions) <b>ARTS COUNCIL FW</b>
Date <b>3-12-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pham Hyen</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>2033 Windsor Place Ft Worth TX 76110</b>		
Principal occupation / Job title (See Instructions) <b>Law Professor</b>		Employer (See Instructions) <b>TAMU School of Law</b>
Date <b>3-12-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Albrecht</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2501 Dorwood St Austin TX 78704</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-12-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elena Marks</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>2326 Tansley Dr Houston TX 77005</b>		
Principal occupation / Job title (See Instructions) <b>Retired CEO</b>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 11 of 16
2 FILER NAME: IUBI JACKSON		3 Filer ID (Ethics Commission Filers)
4 Date: 3-12-23	5 Full name of contributor: Laura Rodriguez <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: 10260 Bermuda City: EL PASO, TX State: Zip Code: 79925	7 Amount of contribution (\$): 100.00
8 Principal occupation / Job title (See Instructions): Attorney		9 Employer (See Instructions)
Date: 3-12-23	Full name of contributor: Veletha Lill <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 622 Blair Blvd City: Dallas TX State: Zip Code: 75223	Amount of contribution (\$): 100.00
Principal occupation / Job title (See Instructions): retired		Employer (See Instructions)
Date: 3-12-23	Full name of contributor: Ken Landa <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 23122 San Nicholas City: Katy TX State: Zip Code: 77494	Amount of contribution (\$): 100.00
Principal occupation / Job title (See Instructions): CEO Healthcare / Professor		Employer (See Instructions): Community Health Choice
Date: 3-14-23	Full name of contributor: John-Michael Carter <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 2401 Moreno St City: Austin, TX State: Zip Code: 78723	Amount of contribution (\$): 100.00
Principal occupation / Job title (See Instructions): Govt Comm. Affairs Mgr		Employer (See Instructions): Google
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 12 of 16
2 FILER NAME <i>Tobi Jackson</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3-28-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Greg and Mary Kay Hughes</i>	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code <i>3408 VIEW ST FW TX 76103</i>		
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions) <i>Lockheed</i>
Date 3-18-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Louise and Gordon Appleman</i>	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code <i>3855 Bellshire Cir FW TX 76109 - 2750</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-22-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Karen Foreber</i>	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code <i>102 Redbud Trail Austin, TX 78746</i>		
Principal occupation / Job title (See Instructions) <i>HR executive / retired</i>		Employer (See Instructions)
Date 3-22-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joan Simpson</i>	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code <i>2318 Wild Turkey Purkin TX 76016</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 13 of 16
2 FILER NAME 1061 JACKSON		3 Filer ID (Ethics Commission Filers)
4 Date 3-22-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pek and BECKIE GERW	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1209 WASHINGTON TERRACE FORT WORTH TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-22-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GOLD GOVERNMENT FUND	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 201 MAIN ST FORT WORTH TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-22-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FOR THE CHILDREN PAC	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code PO BOX 159 FORT WORTH TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-23-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY WILKES	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1100 EAST CLEVELAND AVE FORT WORTH TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 16
2 FILER NAME: <b>Tobi Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date: 3-23-23	5 Full name of contributor: <b>J David Trau</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: <b>2737 Glenis / PKWY</b> City: _____ State: _____ Zip Code: <b>76109</b> <b>KW, TX</b>	7 Amount of contribution (\$): <b>250.00</b>
8 Principal occupation / Job title (See Instructions): <b>Attorney</b>		9 Employer (See Instructions):
Date: 3-26-23	Full name of contributor: <b>Eddie Burns</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: <b>1120 S. Mitchell</b> City: _____ State: _____ Zip Code: <b>Mansfield, TX 76063</b>	Amount of contribution (\$): <b>100.00</b>
Principal occupation / Job title (See Instructions): <b>Police Chief</b>		Employer (See Instructions): <b>Arrest H11</b>
Date: 3-26-23	Full name of contributor: <b>Linda Davis</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: <b>5108 River Ridge RL</b> City: _____ State: _____ Zip Code: <b>Arlington, TX 76012</b>	Amount of contribution (\$): <b>50.00</b>
Principal occupation / Job title (See Instructions):		Employer (See Instructions):
Date: 3-27-23	Full name of contributor: <b>Samsun and Clara Center</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: <b>4413 LeGavien</b> City: _____ State: _____ Zip Code: <b>FW, TX 76109</b>	Amount of contribution (\$): <b>500.00</b>
Principal occupation / Job title (See Instructions): <b>Physician / Educator/Leadership</b>		Employer (See Instructions):
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>15.2/16</b>
2 FILER NAME <b>1081 Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-27-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Great Cities - Great Schools</b>	7 Amount of contribution (\$) <b>10,000.00</b>
6 Contributor address; City; State; Zip Code <b>6341 Homer Fort Worth TX 76102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-27-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Annette Carlisle</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>1216 S Lamar Amarillo, TX 79102</b>		
Principal occupation / Job title (See Instructions) <b>Trustee Amarillo Community College</b>		Employer (See Instructions)
Date <b>3-27-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kyni HARTWELL</b>	Amount of contribution (\$) <b>30.00</b>
Contributor address; City; State; Zip Code <b>1216 Viewwood St Fort Worth TX 76112</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-27-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg Ricks</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>720 Oakwood Trail Fort Worth TX 76112</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16 of 16</b>
2 FILER NAME <b>Tobi Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-27-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Pat Pridemore</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 8784 FW TX 76127</b>		
8 Principal occupation / Job title (See Instructions) <b>Builder Sales / Service</b>		9 Employer (See Instructions)
Date <b>3-27-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Peggy Terrell</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>5025 Marble Hills Ft Worth TX 76112</b>		
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)
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1 of 3</b>		2 FILER NAME <b>Tobi Jackson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-21-23</b>		5 Payee name <b>The Capital Grille</b>			
6 Amount (\$) <b>1569.56</b>		7 Payee address; <b>800 1210 ST FARM WIND TX 76102</b>		City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description <b>FUNDRAISER Receipt 181 attendees</b>		
	(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	
Date <b>2-23-23</b>		Payee name <b>Mullholland</b>			
Amount (\$) <b>1818.60</b>		Payee address; <b>1200 W Berry FW TX 76102</b>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>5145 / 5th L</b>		
	<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	
Date <b>2-25-23</b>		Payee name <b>Home Depot</b>			
Amount (\$) <b>1000.80</b>		Payee address; <b>1151 Bridgwood FW TX 76112</b>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER</b>		Description <b>6' POSTS / Zip ties for Post registration</b>		
	<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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# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>p 2 of 3</b>		2 FILER NAME <b>Jobi Jackson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-9-23</b>		5 Payee name <b>MURPHY NASICA</b>			
6 Amount (\$) <b>11,938.66</b>		7 Payee address: <b>PO Box 1648</b>		City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <b>Campaign direction</b>	
		(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 <b>3-17-23</b>		Payee name <b>M. H. Hand</b>			
Amount (\$) <b>548.55</b>		Payee address: <b>1200 W Berry St</b>		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other</b>		Description <b>+ Shirts</b>	
		<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 <b>3-27-23</b>		Payee name <b>Rachel DELIRA</b>			
Amount (\$) <b>200.00</b>		Payee address: <b>1322 N Main St</b>		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other</b>		Description <b>Photography</b>	
		<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3.13</b>	2 FILER NAME <b>Tobi Jackson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3-22-23</b>	5 Payee name <b>Kwik Kopy</b>	
6 Amount (\$) <b>675.00</b>	7 Payee address; City; State; Zip Code <b>1850 Huchley Dr FW TX 76112</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	
	(b) Description <b>Post Card</b>	
(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		
Date <b>3-22-23</b>	Payee name <b>Albertson</b>	
Amount (\$) <b>63.00</b>	Payee address; City; State; Zip Code <b>850 E Loop 870 FW TX 76112</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>other</b>	
	Description <b>Postage</b>	
(c) <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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
(c) <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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