

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH
Revised Schedule H

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <i>2 Form COR-C/OH</i>		OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <i>Ms</i>	FIRST <i>Tobi</i>	
		NICKNAME	LAST <i>JACKSON</i>	Date Hand-delivered or Date Postmarked Board of Education
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Processed
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year <i>01 / 01 / 22 THROUGH 06 / 30 / 22</i>		Date Imaged

6 EXPLANATION OF CORRECTION *(2 pages submitted for Cor-C/OH)*
Amount within Schedule H p.1 (sole page H) WAS NOT placed on original schedule H. H₆ = \$260.00 COMM. GAILLE FORD H₇ amount = \$1346.81 Loan

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder

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 *07.27.60*

My address is *2108 Upsemita Ct* (street), *FORE WOOD TX* (city), *76112* (zip code), *USA* (country)

Executed in *Tarrant* County, State of *TEXAS*, on the *20th* day of *JULY*, 20 *22*

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: <i>1 of 1</i>	2 FILER NAME <i>TOBI JACKSON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5.26.22</i>	5 Business name <i>The CAPITAL Grille</i>	
6 Amount (\$) <i>260.00</i>	7 Business address: City; State; Zip Code <i>800 main St Ft Worth TX 76102</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food EXPENSE</i>	(b) Description <i>Food for 5/26/2022 Fundraiser</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>5.26.22</i>	Business name <i>Loan Repayment to TOBI JACKSON</i>	
Amount (\$) <i>1346.81</i>	Business address: City; State; Zip Code <i>2008 Yosemite Ct Ft Worth TX 76112-3945</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Loan Repayment which is a reimbursement</i>	Description <i>7-1-2021 Loan of \$1346.81</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	Business name	
Amount (\$)	Business address: City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED