



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Tobi Jackson

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

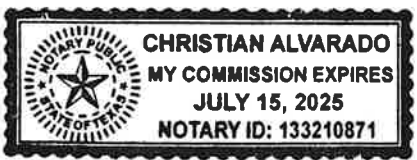
Additional Pages

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 260.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1606.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3605.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



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.

Tobi Jackson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tobi Jackson, this the July day of 14<sup>th</sup>, 20 22, 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

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Lobi Jackson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4950.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>260.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1606.81</i>
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 <b>1 of 3</b>
2 FILER NAME <b>109: JACKSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/26/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sharon Hedges</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>7301 Monterrey Fw Tx 76112</b>		
8 Principal occupation / Job title (See Instructions) <b>EDUCATOR</b>		9 Employer (See Instructions) <b>FUBO</b>
Date <b>5/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Hedges</b>	Amount of contribution (\$) <b>75.00</b>
Contributor address; City; State; Zip Code <b>7301 Monterrey Fw Tx 76112</b>		
Principal occupation / Job title (See Instructions) <b>EDUCATION / SOCIAL SVCS</b>		Employer (See Instructions) <b>FUBO</b>
Date <b>5/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim &amp; Floria Arstine</b>	Amount of contribution (\$) <b>75.00</b>
Contributor address; City; State; Zip Code <b>2029 N Main St Fw Tx 76164</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED / MUSEUM</b>		Employer (See Instructions) <b>SELF</b>
Date <b>5/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mahalia Butler</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>8525 Meadowbrook Dr Fort Worth Tx 76112</b>		
Principal occupation / Job title (See Instructions) <b>Physician</b>		Employer (See Instructions) <b>SELF</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>2.03</b>
2 FILER NAME <b>Tobi Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/25/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edwin Jones</b>	7 Amount of contribution (\$) <b>800.00</b>
6 Contributor address; City; State; Zip Code <b>12801 N Central Expressway Dallas TX 75243</b>		
8 Principal occupation / Job title (See Instructions) <b>Architect</b>		9 Employer (See Instructions)
Date <b>6/15/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan Boren and Wanda Carlin</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1755 Market Ave Fort Worth TX 76103</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>6/6/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Johnson</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>3824 South Dr Fort Worth TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerome FAVIS</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>8336 FM 917 Alvarado TX 76009</b>		
Principal occupation / Job title (See Instructions) <b>SELF Employed</b>		Employer (See Instructions) <b>SELF</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>3 of 3</b>
2 FILER NAME <b>Tobi Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5.26.22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alex McCulloch</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>1228 E. Harvey Fw Tx 76104</b>		
8 Principal occupation / Job title (See Instructions) <b>Education</b>		9 Employer (See Instructions) <b>FNISD</b>
Date <b>5.26.22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Manning</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>1823 Pythia St #206 No, LA 70130</b>		
Principal occupation / Job title (See Instructions) <b>ARCHITECTURAL Design</b>		Employer (See Instructions) <b>SELF</b>
Date <b>5.26.22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Crystal Gayden</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3816 Redwood Creek Lane Fort Worth TX 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6.28.22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lineberger, Guyton, Sampson &amp; Blair</b>	Amount of contribution (\$) <b>2000.00</b>
Contributor address; City; State; Zip Code <b>760 Trucksmith St Ste 300 Fort Worth TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Tobi Jackson</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>260.00</i>	
5 Date <i>5/26/22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tammy Pierce</i>	8 Amount of Contribution \$ <i>260.00</i>	9 In-kind contribution description <i>Food for EVENT</i>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>SELF Employed</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>SELF</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# 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.

<b>1</b> Total pages Schedule H: 1 of 1	<b>2</b> FILER NAME Tobi Jackson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 5/26/2022	<b>5</b> Business name The Capital Grille
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<b>6</b> Amount (\$)	<b>7</b> Business address; 900 Meis St Fort Worth TX 76104	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Food for 5/26/2022 Fundraising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/26/2022	Business name Loan Repayment to Tobi Jackson
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Amount (\$)	Business address; 2108 Gosemike Ct Fort Worth TX 76112-3945	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Loan Repayment which is a reimbursement	Description 2-1-2021 Loan of \$1346.91 to Tobi Jackson as loan was held by Tobi Jackson, No interest.
	<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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Date	Business name
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Amount (\$)	Business address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 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**