

# 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

FIRST

MI

NICKNAME

LAST

SUFFIX

Tosi

L

JACKSON

OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2020

Board of Education

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

2104 Upsomite Ct  
Fort Worth TX 76112-3945

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 296 7721

Date ~~Hand-delivered~~ or Date Postmarked

7-15-20

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ALEXIS

A

JACKSON

Receipt #

Amount \$

Date Processed

7-15-20

Date Imaged

7-15-20

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

2108 Upsomite Ct  
Fort Worth TX 76112-3945

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 296 7721

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year  
01 / 01 / 2020

THROUGH

Month Day Year  
06 / 30 / 2020

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# 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)

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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

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

\$ 3346.91

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 15<sup>th</sup> day of July, 2020, to certify which, witness my hand and seal of office.

*Faye Daniels*

Signature of officer administering oath

Faye Daniels

Printed name of officer administering oath

Executive Sec.

Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 3346.81
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	\$

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

*1001 Jackson*

4 TOTAL OF UNITEMIZED LOANS

\$ *3346.81*

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

*8-1-2019*

*1001 Jackson*

*3346.81*

6 Is lender a financial Institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

*2100 Gosem, de c  
FW TX 76112-3945*

11 Maturity date

*No date of maturity*

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

*EO @ FW SPARC*

*FORT WORTH SPARC*

14 Description of Collateral

15

none

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial Institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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.