

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2A/24B/15

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

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

UEA - United Educators Association

COMMITTEE ADDRESS

4900 SE Loop 820 #200  
Fort Worth TX 76140

COMMITTEE CAMPAIGN TREASURER NAME

Steven Poole

COMMITTEE CAMPAIGN TREASURER ADDRESS

4900 SE Loop 820 #200  
Fort Worth TX 76140

☒ Additional Pages  
2A/UEA  
2B/TREAS

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 15246.06

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 15223.19

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 1461.43

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 2690.45

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.

[Signature]

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, 20 19, 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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2B/2A/1B/1C

14 C/OH NAME

*10B. 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

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

*TRE PAC TEXAS Association of Realtors*

COMMITTEE ADDRESS

*PO Box 2246*

*AUSTIN, TX*

*78768-2246*

COMMITTEE CAMPAIGN TREASURER NAME

*Douglas Reed*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*PO Box 2246*

*AUSTIN, TX*

*78768-2246*

☒ Additional Pages

*2A/UEA*

*2B/TRE PAC*

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3/15  
*Note Page 2 has 2A+2B*

19 FILER NAME <i>1151 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>10955.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>4291.06</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>2690.45</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>15223.19</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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/4 of 15 total

2 FILER NAME

1061 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4-27-19

5 Full name of contributor

Jason Smith

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address;

1717 College Ave  
FW TX 76110

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

4-29-19

Full name of contributor

Dr. Anna Sulherland

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

1000.00

Contributor address;

4028 Aragon  
fw tx 76133

City; State; Zip Code

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4-29-19

Full name of contributor

Dick Abrams

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

6145 Wedgwood Dr  
Fort Worth TX 76133

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-19

Full name of contributor

Ruffino Mendoza

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

50.00

Contributor address;

5511 Rutland Ave  
fw tx 76133-2329

City; State; Zip Code

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/4 of 15 to 21

2 FILER NAME

Libi Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

5-1-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

NAFEES FATIMA SAIFEE MD

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

700 Hemphill St  
JW TX 76104

8 Principal occupation / Job title (See Instructions)

Physician

9 Employer (See Instructions)

SAIFEE MD

Date

5-2-19

Full name of contributor

☐ out-of-state PAC (ID#:

Classie Ray

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

848 Brewster Lane South  
Ft U. TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-2-19

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Campbell

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Castle

Employer (See Instructions)

Tarrant Co. TX

Date

5-2-19

Full name of contributor

☐ out-of-state PAC (ID#:

Jim McKey

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

8709 Clermont Dr  
Granbury, TX 76049

Principal occupation / Job title (See Instructions)

retiree

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 / 4 of 15 total

2 FILER NAME

1061 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

5-6-19

5 Full name of contributor

Lineberger, Gage, Blair, Sampson

☐ out-of-state PAC (ID#)

6 Contributor address;

100 Throckmole Ln  
Fort Worth TX

City; State; Zip Code

76102

7 Amount of contribution (\$)

2000.00

8 Principal occupation / Job title (See Instructions)

LAW FIRM

9 Employer (See Instructions)

Lineberger Gage Blair Sampson

Date

5-7-19

Full name of contributor

Good Government Fund

☐ out-of-state PAC (ID#)

Contributor address;

200 Main St  
Fort Worth TX 76102

City; State; Zip Code

Amount of contribution (\$)

2000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-7-19

Full name of contributor

PSEL PAC

☐ out-of-state PAC (ID#)

Contributor address;

201 Main St  
Fort Worth TX 76102

City; State; Zip Code

Amount of contribution (\$)

2000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-7-19

Full name of contributor

Great Schools, Great City SPAC

☐ out-of-state PAC (ID#)

Contributor address;

6387 Camp Bowie Blvd, Ste B  
Fort Worth TX 76116

City; State; Zip Code

Amount of contribution (\$)

3000.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/4 of 15 total

2 FILER NAME

1661 Jacks

3 Filer ID (Ethics Commission Filers)

4 Date

5-7-19

5 Full name of contributor

Nikhil Shimpi

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

5.00

6 Contributor address;

City; State; Zip Code

14710 Gerritw Road  
Brooklyn, NY 11238-1729

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ 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

☐ 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

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1/1 of 15 total

2 FILER NAME Tobi Jackson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 723.23

5 Date 5-1-19

6 Full name of contributor ☐ out-of-state PAC (ID#)

TSTA - PAC

8 Amount of Contribution \$ 723.23

9 In-kind contribution description

Printing mailing posters

7 Contributor address: City: State: Zip Code

8714 N Mopac Expressway Austin, TX 78759

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Texas State Teacher's Association

11 Employer (FOR NON-JUDICIAL) (See Instructions)

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 ☐ out-of-state PAC (ID#)

ANDEL LUEBOW

Amount of Contribution \$

In-kind contribution description

3567.83 ADVERTISING COUNCIL

Contributor address: City: State: Zip Code

3321 Rydman Ave Fort Worth TX 76110

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Accountant

Employer (FOR NON-JUDICIAL) (See Instructions)

LIGHTHOUSE L.O. Blind

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1/1 of 15/12/1

2 FILER NAME

1061 JACKSON

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 2690.45

5 Date of loan

7-27-17

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

1061 JACKSON

9 Loan Amount (\$)

2690.45

6 Is lender a financial Institution?

Y ☒ N ☐

8 Lender address; City; State; Zip Code

2109 Yosemite Dr  
Fort Worth TX 7612-3945

10 Interest rate

0.0%

11 Maturity date

NO date of maturity set

12 Principal occupation / Job title (See Instructions)

EXECUTIVE DIRECTOR / FTS

13 Employer (See Instructions)

FTS

14 Description of Collateral

☒ none

15 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?

Y N

Lender address; City; State; Zip Code

Interest rate

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: 1/50615	2 FILER NAME 100. JACKSON	3 Filer ID (Ethics Commission Filers)
4 Date 4.29.19	5 Payee name MURPHY NASICA	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 815-A BRAZOS ST Ste 304 AUSTIN, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Invoice 2019-355 Consulting Expense	(b) Description <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 4.29.19	Payee name MURPHY NASICA	
Amount (\$) 500.00	Payee address; City; State; Zip Code 815-A BRAZOS ST Ste 304 AUSTIN, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 2019-306 R	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		

Date 4.29.19	Payee name MURPHY NASICA	
Amount (\$) 362.63	Payee address; City; State; Zip Code 815-A BRAZOS ST Ste 304 AUSTIN, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense Invoice# 2019-354	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1: <u>2/5 of 15</u>		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>4-29-19</u>		<b>5</b> Payee name <u>Benson Street Strategies</u>			
<b>6</b> Amount (\$) <u>610.00</u>		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Salaries / Wages / Contract Labor</u>		<b>(b)</b> Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>4.30.19</u>		Payee name <u>Michael Evans</u>			
Amount (\$) <u>580.00</u>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <u>Salaries, wages, contract labor</u>		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	
Date <u>4.30.19</u>		Payee name <u>Kwik Kory</u>			
Amount (\$) <u>\$550.00</u>		Payee address; City; State; Zip Code <u>1850 Hardy Dr Fort Worth TX 76112</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <u>Printing</u>		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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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>3/50/15</b>	2 FILER NAME <b>Tobi Jackson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4.30.19</b>	5 Payee name <b>Printing Services</b>	
6 Amount (\$) <b>854.49</b>	7 Payee address: City; State; Zip Code <b>888-888-4211</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <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
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Date <b>5-1-19</b>	Payee name <b>MURPHY NASICA</b>	
Amount (\$) <b>6050.85</b>	Payee address: City; State; Zip Code <b>815A Brazos St Ste 304 Austin, TX</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Jan 2019-369 Printing, Advertising Expense</b>	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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Date <b>5-1-19</b>	Payee name <b>MURPHY NASICA</b>	
Amount (\$) <b>1981.15</b>	Payee address: City; State; Zip Code <b>815A Brazos St Ste 304 Austin TX</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Final Printing Advertising / Public</b>	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**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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: **4/5 of 15** 2 FILER NAME: **T.B. JACKSON** 3 Filer ID (Ethics Commission Filers)

4 Date: **5-2-19** 5 Payee name: **JIM AUSTIN ON LINE**

6 Amount (\$): **300.00** 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: **ON LINE ADVERTISING**  
(a) Category (See Categories listed at the top of this schedule)  
(b) Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ 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: **5-2-19** Payee name: **Mulholland**  
Amount (\$): **939.07** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: **Signs to replace "Stolen" signs**  
Category (See Categories listed at the top of this schedule)  
Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **5-4-19** Payee name: **BEACON Street Strategies**  
Amount (\$): **1410.00** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: **SALARIES/WAGES/Contract labor**  
Category (See Categories listed at the top of this schedule)  
Description  
☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**2649.07 / 14638.19**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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>5/5, 115</b>		2 FILER NAME <b>T.B. JACKSON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5-4-19</b>		5 Payee name <b>JACQUELINE STURM</b>			
6 Amount (\$) <b>310.00</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description <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>5-4-19</b>		Payee name <b>Michael Evans</b>			
Amount (\$) <b>175.00</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		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	
Date <b>5-20-15</b>		Payee name <b>Doris PEARSON</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		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