

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>														
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:40%;">FIRST <b>TOBI</b></td> <td style="width:20%;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <b>JACKSON</b></td> <td>SUFFIX</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST <b>TOBI</b>	MI		NICKNAME	LAST <b>JACKSON</b>	SUFFIX		<b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Received   <div style="color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">APR 25 2019</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">Board of Education</div> </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> Date <u>Hand-delivered</u> or Date Postmarked  <div style="color: blue; font-weight: bold; font-size: 1.2em;">4-25-19</div> </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> Receipt #      Amount \$             </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> Date Processed             </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> Date Imaged             </div>						
MS / MRS / MR	FIRST <b>TOBI</b>	MI															
NICKNAME	LAST <b>JACKSON</b>	SUFFIX															
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	<table style="width:100%;"> <tr> <td style="width:20%;">ADDRESS / PO BOX;</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:20%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5"> <b>2108 Yosemite Ct Fort Worth, TX 76112-3945</b> </td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>2108 Yosemite Ct Fort Worth, TX 76112-3945</b>									
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<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	<table style="width:100%;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5"> <b>2108 Yosemite Ct Fort Worth TX 76112-3945</b> </td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>2108 Yosemite Ct Fort Worth TX 76112-3945</b>								
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<b>10 PERIOD COVERED</b>	<table style="width:100%;"> <tr> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%;"></td> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td><b>3</b></td> <td><b>26</b></td> <td><b>19</b></td> <td style="text-align: center;">THROUGH</td> <td><b>4</b></td> <td><b>24</b></td> <td><b>19</b></td> </tr> </table>			Month	Day	Year		Month	Day	Year	<b>3</b>	<b>26</b>	<b>19</b>	THROUGH	<b>4</b>	<b>24</b>	<b>19</b>
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**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.


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

☐ Additional Pages

<b>17</b> 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)	\$ 8,535.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,657.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,438.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,690.45

**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 of Candidate or Officeholder Tobi Jackson

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tobi Jackson, this the 25th day of April, 20 19, to certify which, witness my hand and seal of office.

Laura Litton Laura Litton Asst.  
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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8535.00
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	\$ 2690.45
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17657.90
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: 1/6

2 FILER NAME

103 i Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

3-28-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sara Reetz

6 Contributor address;

City; State; Zip Code

Plano, TX

7 Amount of contribution (\$)

220.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3 28 19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Leder Wessels

Contributor address;

City; State; Zip Code

Cholla Dr  
Eu TX 76112

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 28 19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Carroll

Contributor address;

City; State; Zip Code

5108 Chimney Rock Dr  
Eu TX 76112

Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 28 19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Hades

Contributor address;

City; State; Zip Code

7305 McKinney Dr  
Eu TX 76112

Amount of contribution (\$)

100.00

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:

2/6

2 FILER NAME

106: Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

3-28-19

5 Full name of contributor

Linda & Hank Billman

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

3214 W. 1st St.  
Fort Worth TX 76105

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/6

2 FILER NAME

Tobi JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

4 6 19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jason Smith

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1717 College Ave  
Ft TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4 9 19

Full name of contributor

☐ out-of-state PAC (ID#)

Rubelo Aladro

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

117 Smallwood Dr  
Ft TX 76114-4223

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-19

Full name of contributor

☐ out-of-state PAC (ID#)

Key Granger

Amount of contribution (\$)

4000.00

Contributor address;

City; State; Zip Code

1701 River Run Ste 1010  
Ft TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-19

Full name of contributor

☐ out-of-state PAC (ID#)

William M Yates + Gigi Goetsing

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4301 Kenwood Ct  
FORT WORTH TX 76103-3220

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:

2/6

2 FILER NAME

1061 JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-19

5 Full name of contributor

Melvin Lee

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

60.00

6 Contributor address;

City; State; Zip Code

6905 S Creek Dr  
FW TX 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/19

Full name of contributor

Jason Armon

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1404 S Erway  
Ft Worth TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/19

Full name of contributor

Judy G Neesham

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

6341 Klemm Rd  
Ft Worth TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/19

Full name of contributor

Elizabeth Kapsidlis

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

4713 Wineberry  
FW TX 76132

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:

3/6

2 FILER NAME

1031 JAKSON

3 Filer ID (Ethics Commission Filers)

4 Date

4/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dinne Powell

7 Amount of contribution (\$)

50.00

6 Contributor address:

City: State: Zip Code

2016 Diamond Run Pkwy  
Keller TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-18-19

Full name of contributor

☐ out-of-state PAC (ID#)

JACK LABOVITZ

Amount of contribution (\$)

250.00

Contributor address:

City: State: Zip Code

3893 S Hills Circle  
Ft TX 76109-2788

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/19

Full name of contributor

☐ out-of-state PAC (ID#)

Trelina Mepp

Amount of contribution (\$)

1000.00

Contributor address:

City: State: Zip Code

12612 Beech Tree Lane  
Euless TX 76040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/19

Full name of contributor

☐ out-of-state PAC (ID#)

Lyrice Smith

Amount of contribution (\$)

500.00

Contributor address:

City: State: Zip Code

1117 Prairie Ridge Rd  
Arlington TX 76008

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: **6/6**

2 FILER NAME

**103i Jackson**

3 Filer ID (Ethics Commission Filers)

4 Date

**4-19-19**

5 Full name of contributor

**ROSA NAVEJAR**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**500.00**

6 Contributor address;

**2201 CALLE Q**

City; State; Zip Code

**FW TX 76107-3027**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4-23-19**

Full name of contributor

**DELEON Campaign Committee**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

**P.O. Box 476743**

City; State; Zip Code

**FW TX**

**76142**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-23-19**

Full name of contributor

**Sergio De Leon**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**75.00**

Contributor address;

**4521 DIAZ**

City; State; Zip Code

**FW TX**

**76107**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4-23-19**

Full name of contributor

**Great Schools Great City SPAC**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**500.00**

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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

12

2 FILER NAME

LOBI JACKSON

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 2690.45

5 Date of loan

7-17-17

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LOBI JACKSON

9 Loan Amount (\$)

2690.45

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

2102 Yosemite Ct  
Rockport TX 76112-3945

10 Interest rate

11 Maturity date

Ø

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

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: <b>1/6</b>		2 FILER NAME: <b>1031 JACKSON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>4-7-19</b>		5 Payee name: <b>Beacon Street Strategies</b>			
6 Amount (\$): <b>380.00</b>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>WALKER</b> <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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: <b>4-7-2019</b>		Payee name: <b>Michael Evans</b>			
Amount (\$): <b>425.00</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Walker</b> <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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: <b>4-13-2019</b>		Payee name: <b>Michael Evans</b>			
Amount (\$): <b>80.00</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Walker</b> <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 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

### 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 F1: <b>2/6</b>		2 FILER NAME: <b>Tib. Jackson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>4-14-2019</b>		5 Payee name: <b>Beacon Street Strategies</b>			
6 Amount (\$): <b>400.00</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>W2/16r 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		
	<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				
Date: <b>4-14-19</b>		Payee name: <b>MURPHY NASICA</b>			
Amount (\$): <b>2003.29</b>		Payee address; City; State; Zip Code <b>815 A BRAZOS ST #304 Austin TX 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <b>Consulting pushcarts mobile canvassing</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				
Date: <b>4-15-19</b>		Payee name: <b>Murphy NASICA</b>			
Amount (\$): <b>5585.75</b>		Payee address; City; State; Zip Code <b>815 A BRAZOS ST #304 Austin TX 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <b>Mailer</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				

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# 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>8/6</b>		2 FILER NAME <b>Tobi Jackson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-7-19</b>		5 Payee name <b>Michael Evans</b>			
6 Amount (\$) <b>290.00</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 Walker</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>4-22-19</b>		Payee name <b>JACKIE STUNT</b>			
Amount (\$) <b>370.00</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 Walker</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>4-21-19</b>		Payee name <b>Beacon Street Strategies</b>			
Amount (\$) <b>440.00</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 Walker</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	

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# 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** 2 FILER NAME: **106 J MHS** 3 Filer ID (Ethics Commission Filers)

4 Date: **4-22-19** 5 Payee name: **Alex Smith**

6 Amount (\$): **210** 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **Weller contract labor** (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: **4-24-19** Payee name: **Michael Evans**

Amount (\$): **140** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Weller contract labor** 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: **4-24-19** Payee name: **Murphy Wasica**

Amount (\$): **1750** Payee address; City; State; Zip Code: **815 A Brazos Austin TX**

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **digital media** 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:

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<i>6/5</i>	<i>106. JALIKS</i>	
<b>4</b> Date	<b>5</b> Payee name	
<i>4-24-19</i>	<i>MURPHY NASICA</i>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<i>5583.86</i>	<i>815 A BRASS Austin TX</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<i>Before and after meals</i>	<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      Office held		
Date	Payee name	
Amount (\$)	Payee address;      City; State; Zip Code	
<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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date	Payee name	
Amount (\$)	Payee address;      City; State; Zip Code	
<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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		

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