

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 TOBI LAST JACKSON NICKNAME SUFFIX	OFFICE USE ONLY Date Received RECEIVED APR 04 2019 Board of Education Date Hand-delivered or Date Postmarked 4-4-19 Receipt # Amount \$ Date Processed 4-4-19 Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2108 Yosemite Ct Ft Worth TX 76112-3945		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 296 7721		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST BETTY LAST RUMBO NICKNAME SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2108 Yosemite Ct Ft Worth TX 76112		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 296 7721		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 02 / 19 THROUGH 03 / 25 / 2019		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 04 / 2019 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) FWISD DISTRICT 2	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

1061 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 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *350.00*

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

\$ *17850.00*

EXPENDITURE
TOTALS

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

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ *18616.58*

CONTRIBUTION
BALANCE

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

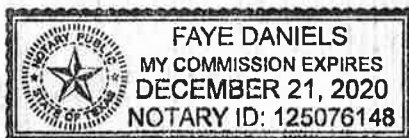
\$ *10561.46*

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 *4th*
day of *April*, 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

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	\$ 18,200
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 2690.45
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21307.03
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

2 FILER NAME

TOBI JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

1-23-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

LORI GORDON

7 Amount of contribution (\$)

50

6 Contributor address;

City; State; Zip Code

5108 PEACH Willow Lane
FW TX 76105

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-25-19

Full name of contributor

☐ out-of-state PAC (ID#:

BERTHA BAILEY Whitley

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

1727 Richland Way
DeSoto TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Richard Roby

Amount of contribution (\$)

150

Contributor address;

City; State; Zip Code

7578 Morrison Ct
Ft Worth TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Lester Matthews

Amount of contribution (\$)

25

Contributor address;

City; State; Zip Code

7813 Hodges Gate
Ft Worth TX 76120

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:

2-18

2 FILER NAME

TOSI JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

2-7-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Plaza Center

6 Contributor address;

City; State; Zip Code

4413 Ledgewood
Ft Worth TX 76119

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-7-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Samsen Center MD

Contributor address;

City; State; Zip Code

4413 Ledgewood
Ft Worth TX 76109

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

Cook Children

Date

2-9-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Becky Waskin

Contributor address;

City; State; Zip Code

Po Box 14532
1st City TX 76117

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gene Waskin

Contributor address;

City; State; Zip Code

1851 Lakeside
Arlington TX 76013

Amount of contribution (\$)

50

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:

3-18

2 FILER NAME

1031 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

2/13/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Emily Rendre

6 Contributor address; City; State; Zip Code

3804 Overton Ridge Blvd
FW TX 76105

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/14/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nikki Supchel

Contributor address; City; State; Zip Code

4311 Northcreek Dr
Crown Pt TX 76045

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lillie Bittner

Contributor address; City; State; Zip Code

804 Scarlett Sage Ct
FW TX 76112

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Vicky Roberts

Contributor address; City; State; Zip Code

750 Arrol Circle
AZL TX 76020

Amount of contribution (\$)

50

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:

4-18

2 FILER NAME

103. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

2-17-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Enrique & Melissa Rincon

6 Contributor address;

City: State: Zip Code

2100 Thomas Ave
Cu TX 76102

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-17-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Greg Stokers

Contributor address;

City: State: Zip Code

3554 S. 2nd
Cu TX 76105

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sarah Temple

Contributor address;

City: State: Zip Code

3318 Avondale
Cu TX 76107

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Crain

Contributor address;

City: State: Zip Code

4450 Oak Park Lane #100
TX 76109

Amount of contribution (\$)

50

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:

5-18

2 FILER NAME

118: JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

2/18/19

5 Full name of contributor

☒ out-of-state PAC (ID#: _____)

Roger & Debbie Woerner

6 Contributor address:

City: State: Zip Code

5864 Decker
Austin TX 76112

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/19/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roland Benza

Contributor address:

City: State: Zip Code

608 Point Pony Trail
Ft Worth TX 76108

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thomas Neault

Contributor address:

City: State: Zip Code

3212 Lindley Ln
Dallas TX 75228

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeff Whitford

Contributor address:

City: State: Zip Code

2020 Glenco Terr
Austin TX 76110

Amount of contribution (\$)

200

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: 6-18

2 FILER NAME

103 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

2 21 19

5 Full name of contributor

Renee / Deen

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

50

6 Contributor address;

1403 Oaklawn

City: State: Zip Code

Arlington TX 76008

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2 21 19

Full name of contributor

Zenobia Hood

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

25

Contributor address;

2308 Southcrest Dr

City: State: Zip Code

Arlington TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 21 19

Full name of contributor

Maria Renee

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50

Contributor address;

2744 5th Ave

City: State: Zip Code

PW TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 21 19

Full name of contributor

Courtney Grull

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50

Contributor address;

5108 Chimney Ln

City: State: Zip Code

PW TX 76112

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:

7-18

2 FILER NAME

Mr. J. J. Baker

3 Filer ID (Ethics Commission Filers)

4 Date

2 21 19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Brady, John

7 Amount of contribution (\$)

50

6 Contributor address;

City; State; Zip Code

2216 Lankin
Rd TX 76123

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2 22 19

Full name of contributor

☐ out-of-state PAC (ID#:

John & Carlos Turcios

Amount of contribution (\$)

300

Contributor address;

City; State; Zip Code

4720 Whistler Dr
Rd TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 15 19

Full name of contributor

☐ out-of-state PAC (ID#:

Don Bernhardt

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

1755 Market Dr
Rd TX 76103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 22 19

Full name of contributor

☐ out-of-state PAC (ID#:

John Proctor

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

Po Box 765125
Dallas TX 75214

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:

8-18

2 FILER NAME

100: Jackson

3 Filer ID. (Ethics Commission Filers)

4 Date

2/21/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Elizabeth and Isaac Manning

6 Contributor address:

City: State: Zip Code

2217 Windsor Place
Ft. Worth TX 76110-1761

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

Garland & Mollie Lester

Contributor address:

City: State: Zip Code

3815 Lister Ave
Ft. Worth TX 76107

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

Judy Newsham

Contributor address:

City: State: Zip Code

6345 Klemm Dr
Ft. Worth TX 76116

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

Joseph Brudlow

Contributor address:

City: State: Zip Code

1800 Bilpink Way Ste 110
Burlington TX 76016

Amount of contribution (\$)

250.00

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: 9-18

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JO Arango

7 Amount of contribution (\$)

200

6 Contributor address:

City: State: Zip Code

4202 Washington Ave
Austin TX 78712

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tanya Vasquez

Amount of contribution (\$)

150

Contributor address:

City: State: Zip Code

P.O. Box 11296
Austin TX 78710

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike & Kelly Hayes

Amount of contribution (\$)

125

Contributor address:

City: State: Zip Code

4124 Westlake Ave
Austin TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brian & Stephanie Byrd

Amount of contribution (\$)

100

Contributor address:

City: State: Zip Code

6608 Long Love Dr
Austin TX 78712

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: 10-18
2 FILER NAME Tob. Jackson		3 Filer ID. (Ethics Commission Filers)
4 Date 2/21/19	5 Full name of contributor JP Solis <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: 6421 Kershaw FW TX 76116 City: State: Zip Code	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/21/19	Full name of contributor Ann & Rachel Davis <input type="checkbox"/> out-of-state PAC (ID#: 2542 Stadium Dr Contributor address: FW TX 76103 City: State: Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/19	Full name of contributor Carlos Flores <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: 1415 Circle Park FW TX 76104 City: State: Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/19	Full name of contributor Charles & Sheron Healy <input checked="" type="checkbox"/> out-of-state PAC (ID#: Contributor address: 7305 Mustang Dr FW TX 76112 City: State: Zip Code	Amount of contribution (\$) 100
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: 11-18
2 FILER NAME <i>108. Jackson</i>		3 Filer ID. (Ethics Commission Filers)
4 Date <i>2/21/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim & Gloria Austin</i> 6 Contributor address; City; State; Zip Code <i>2112 Teakwood</i> <i>TX 76112</i>	7 Amount of contribution (\$) <i>75</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>2/21/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Brooks</i> Contributor address; City; State; Zip Code <i>5032 Highland Meadows</i> <i>TX 76132</i>	Amount of contribution (\$) <i>50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/21/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MK Hughes</i> Contributor address; City; State; Zip Code <i>3408 View St</i> <i>TX 76103</i>	Amount of contribution (\$) <i>50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/21/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tina Browning</i> Contributor address; City; State; Zip Code <i>6101 Chalk</i> <i>TX 76112</i>	Amount of contribution (\$) <i>50</i>
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:

12-18

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2/21/15

6 Contributor address:

City: State: Zip Code

1061 L...
Jody Simpson
6312 Saint Andrew Dr
Nash TX 76110

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/21/15

Contributor address:

City: State: Zip Code

WK Vaughan
2013 Melissa Vincent
Mansfield TX 7603

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/19/15

Contributor address:

City: State: Zip Code

Anna Alkh
2218 The L...
Arlington TX 76011

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/28/15

Contributor address:

City: State: Zip Code

Deva L...
4511 Parkwood Dr
Katy TX 77148

50

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.

SCHEDULE A1

1 Total pages Schedule A):

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

So. rd

9 Employer (See Instructions)

Amount of contribution (\$)

10.00

Employer (See Instructions)

Amount of contribution (\$)

So. v.

Employer (See Instructions)

Amount of contribution (\$)

252.00

Employer (See Instructions)

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:

14-18

2 FILER NAME

100. Pickers

3 Filer ID (Ethics Commission Filers)

4 Date

2.18.19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

By & County Pickers

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

3721 Monticello
Austin TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2.21.19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Stewart

Amount of contribution (\$)

2300

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.23.19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cynthia McWally MD

Amount of contribution (\$)

150

Contributor address;

City; State; Zip Code

2005 Calle Del Valle
Jerrville TX 78028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.24.19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pet Schatts

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

4701 Washington Ave
Austin TX 76102

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:

15-18

2 FILER NAME

109. JAMES

3 Filer ID (Ethics Commission Filers)

4 Date

2 26 15

5 Full name of contributor

Chris Moss

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50

6 Contributor address;

5625 Eisenhower
FW TX 76112

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2 22 15

Full name of contributor

B-12 Wino MD

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

4716 Brighton
FW TX 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 22 15

Full name of contributor

Steven Poole

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2000

Contributor address;

3612 W 5th St
FW TX 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 2 15

Full name of contributor

Bill Meador

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

121 Rivercrest Dr
FW TX 76102

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: 16-18
2 FILER NAME Job. Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 2-2-19	5 Full name of contributor Amy Granger <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: 1701 Elm Ave Ste 1010 Kv Tx 76107 City: State: Zip Code	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-6-19	Full name of contributor Aracely Chavez <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 6406 Briggs Trail Kv Tx 76112 City: State: Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-6-19	Full name of contributor Loring Oniz <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 7120 Castle Creek Kv Tx 76132 City: State: Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-8-19	Full name of contributor Steve Dorwin <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 5733 Minterrey Kv Tx 76112 City: State: Zip Code	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:

17-18

2 FILER NAME

1031 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

3 13 19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lori & Ken Schreder

6 Contributor address;

City; State; Zip Code

2265 Menorah Trail
76105

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3 15 19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dan Chappell

Contributor address;

City; State; Zip Code

5049 Edwards Road
W TX 76109

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 19 19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kim Garrett

Contributor address;

City; State; Zip Code

11438 E Rock Creek
Dallas TX

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 15 19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pat Linder

Contributor address;

City; State; Zip Code

Cinnamon Hill
W TX 76109

Amount of contribution (\$)

100

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: 18-5
2 FILER NAME 181 JARIS W		3 Filer ID. (Ethics Commission Filers)
4 Date 3 16 19	5 Full name of contributor RW POA <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 2500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3 25 19	Full name of contributor Jim and Georgia Pitts <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6462 Woodstock Rd FW TX 74116	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3 25 19	Full name of contributor Libby & Isaac Manning <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2212 Windsor FW TX 74116	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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:

1-1

2 FILER NAME

Tobi 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#: _____)

Tobi Jackson

9 Loan Amount (\$)

2690.45

6 Is lender a financial Institution?

Y ☒ N

8 Lender address; City; State; Zip Code

2108 Yosemite Ct
Fort Worth TX 76112 3945

10 Interest rate

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

Ex Dir

13 Employer (See Instructions)

SPARC

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	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: <u>15</u>		2 FILER NAME: <u>Tim Jackson</u>		3 Filer ID (Ethics Commission Filers)	
4 Date: <u>2 20 19</u>		5 Payee name: <u>Party City</u>			
6 Amount (\$): <u>142.56</u>		7 Payee address; City; State; Zip Code: <u>Arlington Tx 76016</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule): <u>Event Party Supplies</u>		(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	
Date: <u>2 20 19</u>		Payee name: <u>Murphy Naska</u>			
Amount (\$): <u>1500</u>		Payee address; City; State; Zip Code: <u>815 A Brazos St Ste 304 Austin Tx 78701</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <u>Consulting Expense</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee 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 ONLY 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: 2-5		2 FILER NAME 1181 JAMES		3 Filer ID (Ethics Commission Filers)	
4 Date 2 22 19		5 Payee name MURPHY NPS CO			
6 Amount (\$) 2703.97		7 Payee address; City; State; Zip Code 815 A BRADOS ST AUSTIN TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Road Sign		(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 2 21 19		Payee name Grain Restaurant			
Amount (\$) 1600.00		Payee address; City; State; Zip Code 777 Main St FW TX 75102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEB 21 Fundraising Event		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 2 20 19		Payee name Printing Office Dept			
Amount (\$) 56.29		Payee address; City; State; Zip Code 1466 EASHER FW TX 76100			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) copies to court		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: 3-5	2 FILER NAME 1031 Jackson	3 Filer ID (Ethics Commission Filers)
4 Date 2 21 19	5 Payee name RACHEL DELIA	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photographs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	FEB 21 2019 EVENT Photo	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 2 26 19	Payee name MURPHY NASICA	
Amount (\$) 2376.69	Payee address; City; State; Zip Code 815 A Brown St 304 Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) YARD SIGNS	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 3 1 19	Payee name Hime Dept	
Amount (\$) 455.00	Payee address; City; State; Zip Code 1100 Br. St. Austin TX 78712	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) stake, hammer, knife, zip ties, powder	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		

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: T.B. JACKSON		3 Filer ID (Ethics Commission Filers)	
4 Date: 3-8-19		5 Payee name: Murphy Nasica			
6 Amount (\$): 1412.19		7 Payee address; City; State; Zip Code 845 A BRADYS St 314 Austin TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PUSHCART DIGITAL ADS CONSULTING		(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					
Date: 3-11-19		Payee name: Murphy Nasica			
Amount (\$): 270.63		Payee address; City; State; Zip Code 845 A BRADYS St 314 Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Photo shoot consulting		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					
Date: 3-22-19		Payee name: Murphy Nasica			
Amount (\$): 5499.25		Payee address; City; State; Zip Code 845 A BRADYS St 314 Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) MAILER		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					

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: 55		2 FILER NAME: TOB. JACKSON		3 Filer ID (Ethics Commission Filers)	
4 Date: 3-2-19		5 Payee name: Contract Lebona Walkers Beacon Street Strategies			
6 Amount (\$): 800.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Walkers Contract 1/2 hr		(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					
Date: 3-15-19		Payee name: Walkers Contract Lebona Beacon Street Strategies			
Amount (\$): 640.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Walkers Contract Lebona		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					
Date: 3-25-19		Payee name: Walkers Michael Evans			
Amount (\$): 910.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Lebona		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					

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