

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: <i>C/OH = 3 pages</i> <div style="text-align: right; font-size: 1.5em;">21</div> <div style="text-align: right; font-size: 0.8em;">A1 = 15 E = 1 F = 2</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">TOBI</div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received</div> <div style="color: red; font-size: 1.5em; margin-bottom: 5px;">RECEIVED</div> <div style="color: red; font-size: 1.2em; margin-bottom: 5px;">JAN 15 2019</div> <div style="color: red; font-size: 1.2em; margin-bottom: 5px;">Board of Education</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date <u>Hand-delivered</u> or Date Postmarked</div> <div style="color: blue; font-size: 1.2em; margin-bottom: 2px;">1-15-19</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt #</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Amount \$</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="color: blue; font-size: 1.2em; margin-bottom: 2px;">1-15-19</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Imaged</div> <div style="color: blue; font-size: 1.2em; margin-bottom: 2px;">1-15-19</div>
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">JACKSON</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">2108 Yosemite Ct</div> <div style="font-size: 1.2em;">Ft Worth TX 76112-3945</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 296 7721</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Betty</div>		
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Rumbo</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">2108 Yosemite Ct</div> <div style="font-size: 1.2em;">Ft Worth TX 76112-3945</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(817) 296 7721</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em;">07 / 01 / 2018</div> THROUGH <div style="font-size: 1.5em;">12 / 31 / 2018</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 04 / 2019</div>		
	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">FWISD Board Trustee District 2</div> <div style="font-size: 1.2em;">FWISD Board Trustee District 2</div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Tobi Jackson 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

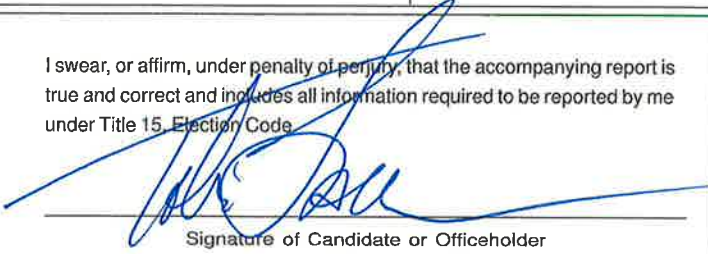
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 780.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12910.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2711.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,978.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2690.45

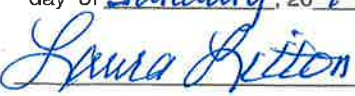
18 AFFIDAVIT

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tobi Jackson, this the 15th day of January, 20 19, to certify which, witness my hand and seal of office.

 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***Tobi Jackson***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,690
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	\$ 271.96
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: *1/15*

2 FILER NAME

TOBI JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Carlos & Marta De Anda

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

2913 Lipscomb St Fort Worth TX 76116-3557

8 Principal occupation / Job title (See Instructions)

retired educator

9 Employer (See Instructions)

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#:

Rita Gracia, RN

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

*4901 Gage Ave
Fort Worth TX 76109*

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#:

Vicky Ribenstein

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

*750 Arvet Cir
Fort Worth TX 76020-6031*

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#:

Julia Santana

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

*5112 Lovell Ave
Fort Worth TX 76107-5224*

Principal occupation / Job title (See Instructions)

WAMI

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:

2/15

2 FILER NAME

1001 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sosie Hernandez

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

1000 Crowley Rd
Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)

Educational Administration

9 Employer (See Instructions)

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Baswell

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5213 Byers Ave
FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jim Gloria Austin

Amount of contribution (\$)

75.00

Contributor address; City; State; Zip Code

2401 Smith Ave
FW TX 76103 - 2228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Julie Johnson Sigler

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6921 Fershow Pl
FW TX 76116

Principal occupation / Job title (See Instructions)

Proprietor

Employer (See Instructions)

JP Solutions

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: 3/15
2 FILER NAME 1001 JAL1502		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anna & Judge Ward Kim	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 128 Oakview Dr West Park, TX 76087		
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Phillips Total Health
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Flores	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1415 Circle Park Blvd Fort Worth, TX 76104-9163		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Lockheed
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Don Boren & Wanda Conlin	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1755 Market Ave Gutwrench, TX 76103-1418		
Principal occupation / Job title (See Instructions) Don Boren - Proprietor / Greater MB News		Employer (See Instructions) Don Boren Printing
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DeVoyd & Gwen Jennings	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4551 Parkwood Forest Hill, TX 76140-1435		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Fw Metropolitan Black Church of Ministers

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: 4/15

2 FILER NAME

Tobi Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/18

5 Full name of contributor

Dr. Robert Linder

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4705 Gunnery Hill

FW TX 76133

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

self

Date

11/19/18

Full name of contributor

Anne Luehman

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1321 Ryan Dr

Fort Worth TX 76110

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

LightHouse for the Blind

Date

11/19/18

Full name of contributor

Melissa Gault

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2110 Thomas Place

Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Asst Principal

Employer (See Instructions)

Ni-Bi-L

Date

11/19/18

Full name of contributor

Bobbie Edwards

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

101 E 15th St Ste 1410

FW TX 76102

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Bobbie Edwards Law Office

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:

5/15

2 FILER NAME

103 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

KENNETH L Berr

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

3101 Brownish Ave
Fort Worth TX 76105-1002

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/15/18

Full name of contributor

☐ out-of-state PAC (ID#:

Joey G Necker

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

6341 Klemm Rd
Lewisville TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#:

Mike Campbell

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Constable Tarrant County Precinct 8 Tarrant County

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#:

Damon Clyde / Thomas Hiltner

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

328 West 101 St Apt 5A
Rt 1, NY 10025

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: 6/15

2 FILER NAME

1031 Jacks

3 Filer ID (Ethics Commission Filers)

4 Date

11/9/18

5 Full name of contributor

Juan C Turcios

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

3209 Lumbard St
East W. D. TX 76119-2828

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

A Horner

9 Employer (See Instructions)

Self

Date

11/9/18

Full name of contributor

Samsen & Clara Cantu

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

4413 Ledgewood Rd
HN TX 76105

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Physician / Educator

Employer (See Instructions)

WKS / Self

Date

11/9/18

Full name of contributor

Bill & Mary Emily Perdue

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

3804 Oaklawn Park
East W. D. TX 76109-3406

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/9/18

Full name of contributor

Marily Leonard

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

1411 Shady Oaks Lane
East W. D. TX 76107

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: 7/15

2 FILER NAME Bob Johnson

3 Filer ID (Ethics Commission Filers)

4 Date 11/19/18

5 Full name of contributor B Glen Whitley

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$) 250.00

6 Contributor address: 345 Cherkley Place

City: _____ State: _____ Zip Code: 76054

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 11/19/18

Full name of contributor Bryan & Sandra Worthy

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$) 250.00

Contributor address: 715 Jones St. Ste 211

City: _____ State: _____ Zip Code: 76102

Principal occupation / Job title (See Instructions) Attorney

Employer (See Instructions) County Judge

Date 11/19/18

Full name of contributor Isaac / Libby Manning

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$) 300.00

Contributor address: 2212 Windsor Place

City: _____ State: _____ Zip Code: 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/18/18

Full name of contributor TA Sims

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$) 400.00

Contributor address: 4421 Kings Ln Dr

City: _____ State: _____ Zip Code: 76119

Principal occupation / Job title (See Instructions) retired RPh

Employer (See Instructions) Self

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: 8/15

2 FILER NAME

1061 JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/18

5 Full name of contributor

John Lee Proctor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

PO Box 765129 Dallas TX 75376-5129

8 Principal occupation / Job title (See Instructions)

Contractor Rep

9 Employer (See Instructions)

Date

11/19/18

Full name of contributor

Gary Schmidt

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

8300 Jolly Dr Unit A Fort Worth TX 76116-6424

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/18

Full name of contributor

Joseph Breedlove

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

400 Canyon Creek Trail Fort Worth TX 76112-1145

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/18

Full name of contributor

Gerald Allen

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

601 Loch Chalk Creek Arlington TX 76012-3409

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: 9/15
2 FILER NAME Tobi Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID HENDRICKS, MD / RICK RAY 6 Contributor address; City; State; Zip Code 3645 P. Hume Ave Frisco, TX 75034	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ophthalmology Associates
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lindsey Goggin, Blair, Simpson, LLP Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greg Phillips MD Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Phillips Tob / Keith
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julia Baxter Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00
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: 16/15
2 FILER NAME 106. JACKSON		3 Filer ID (Ethics Commission Filers)
4 Date 11-20-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathryn Thompson 6 Contributor address; City; State; Zip Code 176 Deer Creek Dr Aledo, TX 76008	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Ex Director		9 Employer (See Instructions) Tarrant Literacy
Date 11-20-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julie Wilson Contributor address; City; State; Zip Code 4146 E Kent St Burleson, TX 76008	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Kensin Group
Date 11-19-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathrine Smith Contributor address; City; State; Zip Code 11004 Kawn Valley Drive Fort Worth TX 76178	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-19-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gene Woodard Contributor address; City; State; Zip Code 1851 Lakeside Arlington TX 76013	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11/15
2 FILER NAME Tobi Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 11-19-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrick Brown	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 4817 Lake St Ft Worth TX 76115		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brandi Irons	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2716 Larkins Ft Worth TX 76132		
Principal occupation / Job title (See Instructions) Instructional / Counsel		Employer (See Instructions) FWISO
Date 11/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Adams	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7301 Monticeny Dr Ft Worth TX 76112		
Principal occupation / Job title (See Instructions) Ex Dir EASTSIDE Alliance		Employer (See Instructions) FWISO
Date 11/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cheri der Kirewa	Amount of contribution (\$) 20.00 (Ten)
Contributor address; City; State; Zip Code 8118 La Frontera Trail Arlington TX 76002		
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:

12/15

2 FILER NAME

Tobi Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tony Prenger

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Bank President

9 Employer (See Instructions)

Pinnacle Bank

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sen & SR Prenger

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kristin Sullivan

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

JPS

Employer (See Instructions)

Date

11/19/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kat Luo

Amount of contribution (\$)

30.00

Contributor address; City; State; Zip Code

6708 Brentwood Dr
Fort Worth TX 76112

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Luik Kuy

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: 13/15
2 FILER NAME 1001 Lae 10		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/18	5 Full name of contributor Lasea Ray <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2743 Pine Oak Lane Arlington, TX 76012		
8 Principal occupation / Job title (See Instructions) Ex Dir		9 Employer (See Instructions) Clayton
Date 11/19/18	Full name of contributor Maria Gaydos <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5914 Vandebilt Dr Dallas TX 75216		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/19/18	Full name of contributor Jason Andrew <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 713 Oakmont Lane Fort Worth TX 76112		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Greengard
Date 11/18/18	Full name of contributor Stephanie Byrd <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6608 Lys Lane KW TX 76132		
Principal occupation / Job title (See Instructions) Ex Dir		Employer (See Instructions) VaBoon
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14/15
2 FILER NAME Tobi Leno		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/18	5 Full name of contributor Shanna Cole <input type="checkbox"/> out-of-state PAC (ID#):	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 5012 Elm L Ave St Louis MO 63107		
8 Principal occupation / Job title (See Instructions) EVENTS Director		9 Employer (See Instructions) TRVA
Date 11/15/18	Full name of contributor Lisa L. Linn <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 9105 Clearhurst Dr Dallas TX 75238		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) BRW
Date 11/12/18	Full name of contributor Gyna Bivers <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5913 McKasle Dr Fort Worth TX 76119		
Principal occupation / Job title (See Instructions) Ex Dir		Employer (See Instructions) N Tx Lead
Date 11/12/18	Full name of contributor Randal Deen #801 <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 201 Main St Fort Worth TX 76102		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brown Pruitt Womberger
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11/15</u>
2 FILER NAME <u>Job 1 Jackson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/12/18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Robin English</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>310 Watcher Trail</u> <u>Mansfield TX 76063</u>		
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions)
Date <u>11/28/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Becky Heskin</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>P.O. Box 14537</u> <u>Houston City TX 76117</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Tobi Jackson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

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

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)

FW 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

1/2

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 FILER NAME <i>Tobi Jackson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/19/18</i>		5 Payee name <i>Don Brum Printing</i>			
6 Amount (\$) <i>51.58</i>		7 Payee address; City; State; Zip Code <i>2120 Hardy Dr Fort Worth TX 76112</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>tablets (Printing Expense)</i>		(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 <i>Tobi Jackson</i>		Office sought <i>At-Large Trustee</i>	
Date <i>11/19/18</i>		Payee name <i>CAPITAL GRILLE</i>			
Amount (\$) <i>2175.83</i>		Payee address; City; State; Zip Code <i>800 Main St Fort Worth TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Campaign 2019 re-checks Kick & (EVENT EXPENSE)</i>		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 <i>Tobi Jackson</i>		Office sought <i>At-Large Trustee</i>	
Date <i>11/19/18</i>		Payee name <i>US Post Office</i>			
Amount (\$) <i>150.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>[Office Overhead] Stamps</i>		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

2/2

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 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11/7/18		5 Payee name Don Bore Printing			
6 Amount (\$) 216.78		7 Payee address; City; State; Zip Code 2120 N Hensley Drive Fort Worth TX 76112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing		(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 12/31/2018		Payee name Ane dot			
Amount (\$) 117.77		Payee address; City; State; Zip Code www.ane dot com			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	