

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
1081
NICKNAME LAST SUFFIX
JACKSON

OFFICE USE ONLY

Date Received

RECEIVED

JUL 15, 2015

Board of Education

by J. Sutton

Date Hand-delivered or Date Postmarked

7-15-15

Receipt #

Amount \$

Date Processed

7-16-15

Date Imaged

7-16-15

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

2108 Yosemite Ct
Frost Wirth TX 76112-3945

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 296 7721

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
BETTY
NICKNAME LAST SUFFIX
Rumbold

7 CAMPAIGN
TREASURER
ADDRESS

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

2108 Yosemite Ct
Frost Wirth TX 76112-3945

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 296 7721

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year
04 / 30 / 15 THROUGH 06 / 30 / 2015

11 ELECTION

ELECTION DATE

Month Day Year
05 / 09 / 15

ELECTION TYPE

- Primary Runoff Other Description
- General Special

12 OFFICE

OFFICE HELD (if any)

FWISD Board Trustee

13 OFFICE SOUGHT (if known)

FWISD Board Trustee

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
 GENERAL
 SPECIFIC

COMMITTEE NAME

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 | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4975.60 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 10,403.87 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 3058.35 |

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Tobi Jackson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tobi Jackson, this the 15th day of July, 2015, to certify which, witness my hand and seal of office.

Laura Litton Signature of officer administering oath
Laura Litton Printed name of officer administering oath
Board Asst. Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

1651 JNKJCC

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|---------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>4975.60</i> |
| 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 | \$ <i>3058.35</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ <i>10,403.87</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 9. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 10. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. | <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:

4/2

2 FILER NAME

TOBI JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

4.30.15

5 Full name of contributor

out-of-state PAC (ID#: _____)

SALLY MORING

6 Contributor address; City; State; Zip Code

3710 AVENUE D
FW TX 76103-4852

7 Amount of contribution (\$)

50⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4.30.15

Full name of contributor

out-of-state PAC (ID#: _____)

DENNIS F. Margaret Johnson

Contributor address; City; State; Zip Code

2416 Park Place
IN TX 76110

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-6-15

Full name of contributor

out-of-state PAC (ID#: _____)

PSEL PAC

Contributor address; City; State; Zip Code

201 MAIN ST Ste 2501
Fort Worth TX 76102

Amount of contribution (\$)

2500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-8-15

Full name of contributor

out-of-state PAC (ID#: _____)

Charles Reid

Contributor address; City; State; Zip Code

100 N University
FW TX 76107

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Editor

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:

2/2

2 FILER NAME

LOBI JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

5 8 15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Lineberger Boygen Sampson Bleick

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5 8 15

Full name of contributor

out-of-state PAC (ID#: _____)

Steven Poole

Contributor address; City; State; Zip Code

*4900 SE Loop 820
Fort Worth TX 76146*

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

BACT Scott

Contributor address; City; State; Zip Code

*1602 Valleywood TRAIL
MANSFIELD, TX 76063*

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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 1031 JACKSON | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 3058.35 |
| 5 Date of loan 7-14-15 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) TOSI JACKSON | 9 Loan Amount (\$) 1934.36 |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code 2108 Yosemite Ct KW TX 76112-3945 | 10 Interest rate - 0 - |
| | | 11 Maturity date NONE |
| 12 Principal occupation / Job title (See Instructions) Ed Consultant | | 13 Employer (See Instructions) SELF |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION 7-14-15 <input type="checkbox"/> not applicable | 17 Name of guarantor TOSI JACKSON 18 Guarantor address; City; State; Zip Code 2108 Yosemite Ct KW TX 76112-3945 | 19 Amount Guaranteed (\$) 1934.36 |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 7-15-11 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) TOSI JACKSON | Loan Amount (\$) 1123.99 |
| Is lender a financial institution? Y <input checked="" type="radio"/> N | Lender address; City; State; Zip Code 2108 Yosemite Ct KW TX 76112-3945 | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) Ed Consultant | | Employer (See Instructions) |
| Description of Collateral <input checked="" type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION 7-15-11 <input type="checkbox"/> not applicable | Name of guarantor TOSI JACKSON Guarantor address; City; State; Zip Code 2108 Yosemite Ct KW TX 76112-3945 | Amount Guaranteed (\$) 1123.99 |
| 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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: <i>1/4</i> | 2 FILER NAME <i>Tobi JACKSON</i> | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|----------------------------------|--|
| 4 Date <i>5-1-2015</i> | 5 Payee name <i>JACKSON / SCARATH FUNDRAISER ON VLA BRIDGE</i> |
|----------------------------------|--|

| | |
|--|---|
| 6 Amount (\$) <i>1600.00</i> | 7 Payee address; City; State; Zip Code <i>6301 RANDOL MILL RD FW TX 76112</i> |
|--|---|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>EVENT 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------------|-----------------------------|
| Date <i>5-8-15</i> | Payee name <i>ANEDOT</i> |
|-----------------------|-----------------------------|

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|-----------------------------|--|
| Amount (\$) <i>24.00</i> | Payee address; City; State; Zip Code <i>WWW.MEDIT.COM</i> |
|-----------------------------|--|

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|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Fees (Accounting)</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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------|--------------------------------------|
| Date <i>5-8-15</i> | Payee name <i>NASICA TACTICAL</i> |
|-----------------------|--------------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) <i>6469.52</i> | Payee address; City; State; Zip Code <i>815A BRABOS ST Ste 314 AUSTIN, TX 78701</i> |
|-------------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Consulting 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 <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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: <u>2/4</u> | | 2 FILER NAME <u>1061 JACKSON</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <u>5-8-15</u> | | 5 Payee name <u>Campaign canvassers</u> | | | |
| 6 Amount (\$) <u>1400.00</u> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <u>Salaries/Wages/Contract Labor</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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date <u>5-8-15</u> | | Payee name <u>Kwik Kopy</u> | | | |
| Amount (\$) <u>200.00</u> | | Payee address; City; State; Zip Code <u>1850 Handley Dr FAWKND TX 76112</u> | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <u>ADVERTISING</u> | | Description | | |
| | | | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date <u>5-9-15</u> | | Payee name <u>Kwik Kopy</u> | | | |
| Amount (\$) <u>216.50</u> | | Payee address; City; State; Zip Code <u>1850 Handley Dr FW TX 76112</u> | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <u>Printing</u> | | Description | | |
| | | | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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) |

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 314 | 2 FILER NAME Lib. Jackson | 3 Filer ID (Ethics Commission Filers) |
|--|-------------------------------------|---------------------------------------|

| | |
|-------------------------|------------------------------------|
| 4 Date 5-9-15 | 5 Payee name Duller Tree |
|-------------------------|------------------------------------|

| | |
|-------------------------------|--|
| 6 Amount (\$) 19.49 | 7 Payee address; City; State; Zip Code FW TX 76112 |
|-------------------------------|--|

| | | |
|------------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING Campaign 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------|----------------------------|
| Date 5-9-15 | Payee name Spees |
|-----------------------|----------------------------|

| | |
|------------------------------|--|
| Amount (\$) 179.61 | Payee address; City; State; Zip Code 1601 EASTCHASE PKWY FW TX 76112 |
|------------------------------|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Beverage Victory Party | 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 5 9 15 | Payee name La Rueda |
|-----------------------|-------------------------------|

| | |
|------------------------------|---|
| Amount (\$) 650.00 | Payee address; City; State; Zip Code CARLTON Blvd 74103 FW TX |
|------------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food/Beverage Victory Party | 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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 4/4 | 2 FILER NAME 106. Jackson | 3 Filer ID (Ethics Commission Filers) |
|--|-------------------------------------|---------------------------------------|

| | |
|-------------------------|--|
| 4 Date 5-9-15 | 5 Payee name I Media Marketplace |
|-------------------------|--|

| | |
|--------------------------------|---|
| 6 Amount (\$) 324.75 | 7 Payee address; City; State; Zip Code 1162 Country Club Lane FW TX 76112 |
|--------------------------------|---|

| | | |
|------------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising | (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 | 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 <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 |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|--|
| 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 <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