

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	
	NICKNAME	LAST	SUFFIX	
2108 Yosemite Ct FW TX 76112-3945		TOBI L JACKSON		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2108 Yosemite Ct FW TX 76112-3945		OFFICE USE ONLY Date Received 5/1/15 RECEIVED MAY 1 2015 Board of Education by Faye Daniels Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 296-7721			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI
	NICKNAME	LAST		SUFFIX
2108 Yosemite Ct FW TX 76112-3945		BETTY J RUMBO		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2108 Yosemite Ct FW TX 76112-3945		Receipt # Amount \$ Date Processed 5-1-15 Date Imaged 5-1-15	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 296 7721			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 03 / 31 / 2015 THROUGH 04 / 29 / 2015			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		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

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

☐ 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

\$ 40.00

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

\$ 13,575.00

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 11,809.10

CONTRIBUTION
BALANCE

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

\$ 3,574.51

OUTSTANDING
LOAN TOTALS

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

\$ 1,123.99

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Tobi Jackson, this the 1st day of May, 20 15, 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 Secretary

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Bob 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	\$ 13575.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1123.99
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11809.10
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/13

2 FILER NAME

100. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

Lindberger Guggen-Simpson Blair

6 Contributor address: City: State: Zip Code

PO Box 17428
AUSTIN TX 78760

7 Amount of contribution (\$)

2500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/01/15

Full name of contributor

☐ out-of-state PAC (ID#:

Jan Metegza LEMIS Marchbanks

Contributor address: City: State: Zip Code

254 Westview Terr
Arlington TX 76013

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-01-15

Full name of contributor

☐ out-of-state PAC (ID#:

Mr/Mrs JV Rodeh

Contributor address: City: State: Zip Code

2805 Arrow Rd
Fort Worth TX 76109

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-01-15

Full name of contributor

☐ out-of-state PAC (ID#:

John C Snyder

Contributor address: City: State: Zip Code

201 Main St
Ft TX 76102-3100

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/13

2 FILER NAME

1101 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

112/Randall Gideon

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

3812 Montevallo
FW TX 76107-1720

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/15

Full name of contributor

☐ out-of-state PAC (ID#:

Jane George

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

7609 Keller
FW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Sorrell

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Paul Quinn

Date

4/25

Full name of contributor

☐ out-of-state PAC (ID#:

MARTHA PRICE

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5429 Northwest
FW TX 76107

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:

3/13

2 FILER NAME

T.B. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4-2-15

5 Full name of contributor

☐ out-of-state PAC (ID#:

Sara D. Davis

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

5733 Minterway
FW TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-2-15

Full name of contributor

☐ out-of-state PAC (ID#:

Mr/Mrs Becky Bender

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

3139 Encanto Dr
FW TX 76105

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-2-15

Full name of contributor

☐ out-of-state PAC (ID#:

Ed P Bess

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

333 Titlockman
FW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-15

Full name of contributor

☐ out-of-state PAC (ID#:

Harold Muckleray

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

34455 Ranch View Ct
KW TX 76105

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: 4/13
2 FILER NAME Toni Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doug Henderson	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2624 BRIGHTON DR Flower Mound, TX 75028		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robin SARGENT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO Box 17822 Ft TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph Swearingen	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 6896 Bluebonnet Ct N Richland Hills TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barbara Williams	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3500 Lenox Ft TX 76107		
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:

5/13

2 FILER NAME

103. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Estrada

6 Contributor address:

City: State: Zip Code

4912 Mallico Lane
FW TX 76119

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/8/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Greaser FWAR

Contributor address:

City: State: Zip Code

2650 Parkview
FW TX 76102

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lee Christine

Contributor address:

City: State: Zip Code

306 W 7th St Ste 907
FW TX 76106

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LV Wichea

Contributor address:

City: State: Zip Code

3991 W Vickery
FW TX 76102

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **6/13**

2 FILER NAME

Tobi Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/10/15

5 Full name of contributor

Lisa Garza

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

25.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

High School Student / MA

9 Employer (See Instructions)

Date

4/10/15

Full name of contributor

Diana Korman

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

75.00

Contributor address;

**500 Throckmold #2009
FW TX 76102**

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/15

Full name of contributor

John / Donald Scott

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

**2600 W 72 #2440
FW TX 76106**

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/15

Full name of contributor

LINDA CHRISTIE

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7/13**

2 FILER NAME

1031 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ann & Robert Sample

6 Contributor address:

3962 Scrive Park

City:

State:

Zip Code

FW TX 76105

7 Amount of contribution (\$)

125.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/15/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

M/M Jay Hester

Contributor address:

2848 Sandy Lane

City:

State:

Zip Code

FW TX 76112

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pete Geron

Contributor address:

1200 Washington Ave

City:

State:

Zip Code

FW TX 76117

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/15

Full name of contributor

☒ out-of-state PAC (ID#: _____)

Mary Ann Klever

Contributor address:

7012 Tumbling Trail

City:

State:

Zip Code

FW TX 76116

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8/13

2 FILER NAME

TOB. JACKSON

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

LV WITLER

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3991 W VICKERY BLVD
SN TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/17/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wanda Lanham

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

5611 BOCA RATON
FW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sharon Hodges

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

7501 Monterrey
FW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Betty/Greg Haskin

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

304 Haverwood LS
KV 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:

9/13

2 FILER NAME

Tobi Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mary Ann and Joe Epps

6 Contributor address;

City;

State;

Zip Code

828 Firewheel
FW TX 76112

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/15

Full name of contributor

☐ out-of-state PAC (ID#:

Dr. Elaine & Charles Edwards

Contributor address;

City;

State;

Zip Code

721 Green River Tr
FW TX 76112

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/15

Full name of contributor

☐ out-of-state PAC (ID#:

Citizens for Great Schools

Contributor address;

City;

State;

Zip Code

3901 W Vickery
FW TX 76109

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/15

Full name of contributor

☐ out-of-state PAC (ID#:

Krista Daniels

Contributor address;

City;

State;

Zip Code

6112 Oakwood Lane N
FW TX 76112

Amount of contribution (\$)

25.00

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:

10/13

2 FILER NAME

100. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/20/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

KENNETH GAYRICH

7 Amount of contribution (\$)

100.00

6 Contributor address:

City: State: Zip Code

6100 SW Blvd #250
FW TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Don Wilson

Amount of contribution (\$)

50.00

Contributor address:

City: State: Zip Code

6000 Cholla Dr
FW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Chappell

Amount of contribution (\$)

500.00

Contributor address:

City: State: Zip Code

400 W 6th
FW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Estrada

Amount of contribution (\$)

100.00

Contributor address:

City: State: Zip Code

4912 Malco Ln
FW 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:

11/13

2 FILER NAME

T. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/22/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Bryan Epstein

6 Contributor address:

Altos Rd
FW TX 76105

City: State: Zip Code

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/22/13

Full name of contributor

☐ out-of-state PAC (ID#)

Elvin Burnett

Contributor address:

Box 498
FW TX 76112

City: State: Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/13

Full name of contributor

☐ out-of-state PAC (ID#)

Lineberry Bryan Sangra Blair

Contributor address:

PO Box 17428
Austin TX

City: State: Zip Code

78760

Amount of contribution (\$)

1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/13

Full name of contributor

☐ out-of-state PAC (ID#)

Gary Walker

Contributor address:

4020 Shelton Dr
FW TX 76116

City: State: Zip Code

Amount of contribution (\$)

200.00

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:

12 / 17

2 FILER NAME

10B1 Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Lemon

7 Amount of contribution (\$)

250.00

6 Contributor address;

5850 Woodr. H Ct
Rockwood Tx 76112

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Warren W Shipman

Amount of contribution (\$)

50.00

Contributor address;

4540 Overton Terr
Austin Tx 78709

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christine Moss

Amount of contribution (\$)

50.00

Contributor address;

5625 Truman Dr
Rockwood Tx 76112

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rita Ceracchia

Amount of contribution (\$)

50.00

Contributor address;

902 Turkey Creek Ct
Bridgeport Tx 77815

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:

13/13

2 FILER NAME

Gov. Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

4/28/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

WYNTRISS WARE

6 Contributor address;

City; State; Zip Code

6332 WARWICK HILLS DR
KRM TX 76132

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/29/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barbara & Michael M. McKee

Contributor address;

City; State; Zip Code

11840 N. L. LANE
ALBUQUERQUE NM 87118

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gyna Bivens

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Kleberg

Contributor address;

City; State; Zip Code

184 HAZLEWOOD DR
SW TX 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1/1

2 FILER NAME

TUBI JACKSON

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1123.99

5 Date of loan

7/15/2011

7 Name of lender

TUBI JACKSON

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

1123.99

6 Is lender a financial institution?
Y N

8 Lender address;

2108 Yulem St W TX 76112

City;

State;

Zip Code

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

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

N/A

16 GUARANTOR INFORMATION

17 Name of guarantor

N/A

19 Amount Guaranteed (\$)

0

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 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

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: <u>1/1</u>		2 FILER NAME <u>Tog, Jackson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/1/15</u>		5 Payee name <u>Home Depot</u>		
6 Amount (\$) <u>113.84</u>		7 Payee address; City; State; Zip Code <u>1151 Bridgeport St. Worth TX 76112</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>OTHER - SIGN STAKES</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				
Office held				
Date <u>4/29/15</u>		Payee name <u>NABICA TARTILAL</u>		
Amount (\$) <u>11603.32</u>		Payee address; City; State; Zip Code <u>815 A Brazos St 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 <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date <u>4/29/15</u>		Payee name <u>Ane dot</u>		
Amount (\$) <u>91.94</u>		Payee address; City; State; Zip Code <u>www.ane dot com</u>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Accounting/banking</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				
Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				