CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
	NICKNAME LAST Jackson	SUFFIX	APR 9,2015		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Board of Education by Laura Kitton		
MAILING ADDRESS	2108 YOSEMITE CT FORT WORTH TY 761	1/2-3945	Date Hand-delivered of Postmarked 4-9-15		
change of address 5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount Date Processed		
PHONE 6 CAMPAIGN	(8/7) 296.772/ MS/MRS/MR FIRST	MI	4-9-15 Date Imaged		
TREASURER NAME	NICKNAME LAST RUMBO	SUFFIX	4-9-15		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT / SUITE #; 2108 Gosemite Ct FORT WORTH, TX 76112-	CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/7) 296.772/	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Atlach C/OH - FR)		
10 PERIOD COVERED	Month Day Year ///////////////////////////////////	Month Day 3 /30 /	Year / 2015		
11 ELECTION	Month Day Year ELECTION TYPE Month Day 15	Runoff	General Special		
12 OFFICE	FORT WORTH INDEPENDENT SCHOOL DISTRICT BORRD Trystee - District 2	13 OFFICE SOUGHT (if known) FWISO BLANCE OISTANCE 2	1 Trustee		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	18i JA	CK50N 15	ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE E HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
4		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION				
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 275.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$13980.00	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	A	
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 12444.39		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 1808.61	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 1123.99	
18 AFFIDAVIT	LAURA LITTON COMMISSION EXPIR June 23, 2016	I swear, or affirm, under penalty of perist true and correct and includes all infine under Title 15, Election Code. Signature of Candid	ormation required to be reported by	
Sworn to and subsection of the	of <u>April</u>	me, by the said Tobi L. Jackson , 20	this the hand and seal of office. Board Ass. Title of officer administering oath	

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	TOB, JACKSON		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-18-15	6 Contributor address; City; State; Zip Code 200 4 White Wing Ct.	at (at (00)000)500000 (6) (6) (6) (6)	1000.00	
	WESTLAKE, TX 76262 4826		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
1-21-15	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	2 2 2 2 5 5 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	50.00	
	504 Cholla Ct			
	FW TX 76112		(If travel outside of	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:	.)	Amount of	In-kind contribution
1-21-15	DANA AND Dr Scott Hinzmann. Contributor address; City; State; Zip Code 505 04K Hillow Lease		contribution (\$)	description (if applicable)
, –	_		100.00	
	Lat Wars Tr 76112		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-21-15	Contributor address; City; State; Zip Code	* * * * * * * * * * *	CONTRIBUTION (#)	description (ii applicable)
	1119 Bel AIR Dr		100.00	
	Allen, TX 75013		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	(V
Date	Full name of contributor out-of-state PAC (ID#:	Ď	Amount of	In-kind contribution
	Les Lee Matthews		contribution (\$)	description (if applicable)
1-22-15	Contributor address; City; State; Zip Code			
			40.00	
	For Worth Tx 76120		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	TOB, JACKSW		3 ACCOUNT # (E	thics Commission Filers)
4 Date /-2 / -/5	5 Full name of contributor out-of-state PAC(ID#_ CANCIA 6 Contributor address; City; State; Zip Code Four work 7x 74		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or rexas, complete Schedule 1)
Date 1 - 22-15	Full name of contributor out-of-state PAC(ID#_ Elizabeth a L I SAAC Ma Contributor address; City; State; Zip Code 2217 Win Sor Place	inning.	Amount of contribution (\$)	In-kind contribution description (if applicable)
	FIRT Wint Tx 74110			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Ellie the Edward Lasate Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Cour they and Rey DICKE Contributor address; City; State; Zip Code 3721 Montrice 1/0 Dr. That Wile (Scalatorities)	7		In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date 1-23-15	Full name of contributor out-of-state PAC(ID#_ JINA & BILL SCHWENN S Contributor address: City: State: Zip Code 501 Greek Kine Mail Ant Und Tx FL(031006	en	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	1		3 ACCOUNT # (E	Ethics Commission Filers)
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1	OB. JOLICS J			
4 Date	5 Full name of contributor out-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
	1/ Anna II.	1 . 100	contribution (\$)	description (if applicable)
1-23-15	VICICI ICAY AND DAVID HE	(0),(1)	1000 00	
	6 Contributor address; City; State; Zip Code		1000.00	L
	3640 Poteman			I.
				Î
	FORT WORTH TX 76/02		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In hind analythusian
	1 / C C C C C C C C C C C C C C C C C C		contribution (\$)	In-kind contribution description (if applicable)
	Julie & GARY WISON		,,,	, , , , , ,
1-29-15	Contributor address; City; State; Zip Code		l J	
	Man Poster Th		250.60	
	Contributor address; City; State; Zip Code 4140 REVERO SF			
	Burleson, Tx 76028			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
T Tillopal occu	pation / bob title (oce motidations)	Employer (occ)	mati detiona)	
Date	Full name of contributor ut-of-state PAC (ID#_		A	1. 1
Date	Pull flame of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Tony onwaing			accomplian (ii applicable)
2-3-15	Contributor address; City; State; Zip Code	*********		ľ
	6121 Chella De		25.00	Í
				I)
	Fret Vont Tx 76112		(If travel outside (of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)
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Date	Full name of contributor out-of-state PAC (ID#:	V	Amount of	In-kind contribution
	Mark-		contribution (\$)	description (if applicable)
2-4-15	LISA LAMKIN			
	Contributor address; City; State; Zip Code	ខិតិតិភេសថសស់សាបារ	100.00	
	9105 Checkoust no		100.00	İ
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	Pelles TY 75238		(If traval autoida d	of Toyon complete Schodule T\
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
107-201198	11/25444/0000		,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	20 /		contribution (\$)	description (if applicable)
2-5-15	Met Worrene		2	, , , , , , , , , , , , , , , , , , , ,
	Contributor address; City; State; Zip Code, 5628 Wedgment Creck V	20 10 00 10 10 00 00 10	25.00	
	5628 Wedgmont Circle N		25. 10	1
	6 1 7 70177			
	FOLT WIRTH, TX 78133		/if trough mustal-	Toyon complete Cohedula T
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Tobi JACKSON		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-5-15	6 Contributor address; City; State; Zip Code		200.00	
	July Tx Fill		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	1 0		contribution (\$)	description (if applicable)
2-5-15	Contributer address: City State: Zin Code			
	Contributor address; City; State; Zip Code 2501 Mitchell BLVD		40.00	
	fort West Tx 76105			
	Jih Will IX 14101		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
2-5-15	Contributor address; City; State; Zip Code		İ	1
	6933 KIRIC DR		ZS.00	
	Set Work TX 76		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-5-15	Contributor address; City; State; Zip Code		σοιπισαιση (φ)	accomplicit (ii applicable)
2-3-13	Contributor address; City; State; Zip Code		25.00	
	10336 Tammaros Treil		23.00	
	Frat West 7x 71140		(If travel eviteide	of Towar accordate Cabadata T
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
2-5-15	BUCKY L. HASKINI		contribution (\$)	description (if applicable)
2075				
	Contributor address: City; State; Zip Code 304 S. Hovenwood Lene		300.00	
	Sint Worth Tx Zellz		1	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
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	1001			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
2-5-15	6 Contributor address; City; State: Zip Code 165 24 Cowbay Frei	: 0 f f f f f f f f f f f	contribution (\$)	description (if applicable)
	The state of the s			
	Fort West TX 76247		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full come of contributor.	<u>' </u>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
7-5-15	Marie & Joseph Webb		(4)	
2-3-13	Contributor address; City; State; Zip Code		25,00	
	2465 Amgkn			
	V			
	For: Und 7x 7419-2214			
Dringing Loop.	nation / Joh title (Con Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
2-5-15	Contributor address; City; State; Zip Code 5350 Fish Creek 8LVO			ļ.
	Contributor address; City; State; Zip Code	10 10 10 10 10 10 10 10 10 10 10 10 10 1		l,
	5350 Fisil Creek BLVD F	213	25.00	
	11 (-1		l v	Í
	HALTOM Cit.		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
			,	
Data	Full name of contributor Out-of-state PAC (ID#:		Amount of	In Itinal contribution
Date	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	In-kind contribution description (if applicable)
2011	ANDER M COMCIA		(,,	
2-5-15	Contributor address; City; State; Zip Code			
	6200 PERSHING AVE #11	9	25.00	
	and the same			
	FF WATH TX 74116		/If trough outside /	of Toyan complete Schodule T\
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	N.	Amount of	In-kind contribution
	1/2		contribution (\$)	description (if applicable)
2-5-15	reronice lilleges			l L
	Contributor address; City; State; Zip Code	30 24 N W W W W W 25 VSW W 1	200	
	1330 W 6th ore		25.00	
	1. 11 + - 7			
	Set Worth Tx 76104		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	isi perso			·
7				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Marie House		contribution (\$)	description (if applicable)
	NANCY HEWA			
2-5-15	6 Contributor address; City; State; Zip Code		30.00	
	1025 Redding 4		30.00	I)
	C 7 - 12			
	JAGINON, TX +6131		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	1 1 0 0	-	contribution (\$)	description (if applicable)
- 6.1.5	Warda Candin t. Ilm Birla			
2-5-15	Contributor address; City; State; Zip Code		201	l.
	1755 Markel Ave		250.00	
	£ 111 DT4 71100 11	1110	1	
	toct Wan TX 76103-15	4/1	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	0 m (1) 1	1 , ,	contribution (\$)	description (if applicable)
2-5-15	Contributor address; City; State; Zip Code	weer ly		
2 -3 -1)	Contributor address; City; State; Zip Code	1	200 0	
	83.5 Arrayol Leve		250.00	
	01 1 - 7.125	1027		ĺ.
	Benbrook, TX 76121-	165 2	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	1171-11-1		contribution (\$)	description (if applicable)
200	MICHAEL CAMPBELL			
2-5-15	Contributor address; City; State; Zip Code	1 14625		l,
	5937 Village Course	ircle #10	150.00	
			130101	T.
_	fret W-02 Tx 78/19		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	In-kind contribution
	Alice A. 1 V T. P.	/	contribution (\$)	description (if applicable)
7 0 10	Tille And little frent	e		
Z-J=/)	Contributor address; City; State; Zip Code	WHAT IS 19 10 15 16 05 050 5 5	157,00	l .
	3824 BUILING CITCLE		150	
	6116 b - 7111-		្រី	j)
	HIR LUEVE 14 +6105		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME	1.61 Jacken		3 ACCOUNT # (E	thics Commission Filers)		
4 Date Z -5 - 15	5 Full name of contributor out-of-state PAC(ID#_ Grant Description Out-of-state PAC(ID#_ Descriptio		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	Seet week Tx		(If travel outside	of Texas, complete Schedule T)		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		,		
Date 2 -5 - / 5	Full name of contributor out-of-state PAC (ID#:	roge (Amount of contribution (\$)	In-kind contribution description (if applicable)		
	7301 Monterrey Br		100.00			
	fort Wart 7x 76/12-4	3/1	(If travel outside of	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	19		
Date	Full name of contributor out-of-state PAC (ID#_	ewe h	Amount of contribution (\$)	In-kind contribution description (if applicable)		
2-5-15	Contributor address; City; State; Zip Code 6501 72 602 St		100.00	1		
	Richland Hills, Tx 7618	8-8071	(If travel outside	l of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See				
Date 2-5-15	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	711 Queil Rige RL		100.00			
	Ale 20, 7x 76008			of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)			
Date 7 - (- 1 C	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
2 3 - /)	Contributor address; City; State; Zip Code 910 Hous 700 State; Zip Code	3	50.00			
	Jul Wiete TX 78100	2	(If travel outside of	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME	TOBI = ACKSON		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2-5-15	6 Contributor address; City; State; Zip Code 720 OAKWOOD Tree!		50 CD	
	Sof With Tx 7x1	12	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		s result, complete constant 17
Date	Full name of contributor out-of-state PAC(ID#_	12124	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-5-15	Contributor address; City; State; Zip Code	3	1000.00	
	Fort W. J. Tx 76107		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#_	11	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-5-15	Contributor address; City; State; Zip Code	elly	50.00	
,	3108 Sweetbrien Lane fint West Tx 7619		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or reside, complete consecutory
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
2-5-15	2617 Museum Way		100,00	
	Fet Work TX 74107			
Principal occur	pation / Job title (See Instructions)	Employer (See !		of Texas, complete Schedule T)
	,			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Anne Alderter		(4)	coor,plion (ii applicable)
2-5-13	Contributor address; City; State; Zip Code	<u>ب</u>	100.00	
	Alington, TX FEDI3		ì	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:		
2 FILER NAME	TOBI THURSD		3 ACCOUNT# (E	thics Commission Filers)		
4 Date 2-5-15	5 Full name of contributor out-of-state PAC(ID#_ Class And Janes Aus 1 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	Let Worth TX 7610	3	(If travel outside	 of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I				
Date 2-5-/5	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
2-3 15	Contributor address; City; State; Zip Code 2304 Park Place	IB	50.00			
	Let North TY HI10		(If travel outside of	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
Date 2 - 5 - 75	Full name of contributor out-of-state PAC (ID#_ Shannon Flether	ز	Amount of contribution (\$)	In-kind contribution description (if applicable)		
2 3 1)	Sold Leveller Tx 74/07	7/18	75.00	 		
	Sint flowe 1x HIVE	7 7 4 0 9	(If travel outside of	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date 2-5-15	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
i.	Just Worth TX 70116		(If travel outside of	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I		TOXAS, COMPLEX CONCOUNTER TY		
Date Z-(-//	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
L-3-1)	Contributor address; City; State; Zip Code 6421 Fershew PL		100.00			
	TOKE WINL IX TOILS			of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	ledule A:
2 FILER NAME	10B, JACKTON		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2016 Dizmond Rim! Xellar TX 76248		/00.00	i I
9 Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
2 (1 -	Robert Fernandez & Larry	Wilson	contribution (\$)	description (if applicable)
2-3-1)	Contributor address: City; State; Zip Code 23 us Colonia		160.00	
	Sout Worth Tx 7/109 -	1.30	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
2-5 13	Contributor address; City; State; Zip Code	0	100-60	
	Hoslet, Tx 40052-355	5	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2-12-15	Contributor address; City; State; Zip Code			
	3700 W 72 57 #1B		25.00	
	fort Und Tx Zx 127		(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		- ioxac, complete canada 17
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
2-14-15	Sara J Darwid Contributor address; City; State; Zip Code 5733 Minderey Pr Lat W. A. 7x Ze112-3901		contribution (\$)	description (if applicable)
	5733 Minterey Dr		100 - 60	
	tot W.A. 7x Ze112-3901		(If travel outside o	of Texas, complete Schedule T)
	eation / Job title (See Instructions)	Employer (See I		
	J.			

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	1.0 10.00			
	10B1 DACKSOD			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 6312 Sant Adress			
	6 Contributor address: City: State: Zip Code			Į.
2-13-15	1212 ST IN A AMERICAN DE	INC	51.40	D
	6315 0000		21,00	
	N. RICULANO Hills 7x 7	H186-08 40		
	17. 10.000		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor.			
	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1 Cille		Contribution (¢)	description (if applicable)
7-21-15	Contributor address; City; State; Zip Code 6424 Wiodsheem Treat			
2-23-13	Contributor address; City; State; Zip Code			
	6424 Widdsteem (101)		54.60	
	6		1	r-
	Jul Did Tx 4183		(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)
T Tillelpair Occup	Janon 7 God the (God manachons)	Employer (occ)	mad deliens)	
			,	
Date	Full name of contributor		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
2-28-15	Contributor address; City; State; Zip Code			
2-28-13	Contributor address; City; State; Zip Code			l,
	5301 Byer Ave		101.60	Î'
	3337			
	Sent Vents Tx 71107		464	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	1		contribution (\$)	description (if applicable)
3-10-15	Marlene & Jim Blakmas		7	
3-10-1)	Contributor address; City: State: Zip Code			
	Contributor address; City; State; Zip Code			7
	TOTAL INDICATION OF STREET		250.10	y i
	feet West Tx 7x 105-131		j	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		111
Doto	Full name of contributor Out-of-state PAC (ID#:	, I	Amount of	to kind agreeth sting
Date)	contribution (\$)	In-kind contribution description (if applicable)
	William Davis		(4)	====: (ii applicable)
3-10-15	Contributor address: City: State: Zin Codo		Ĥ	1
	Contributor address; City; State; Zip Code \$ 5.8 122265			
	PO 5.4 122269		500.00	
	L. U.A. TX 76116			(
	That will be a second		(If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
And the second	las have			
	losi Jacksin			ř
4 Date	5 Full name of contributor out-of-state PAC(ID#;		7 Amount of	8 In-kind contribution
	5/ 5/		contribution (\$)	description (if applicable)
3-12-15	6 Contributor address; City; State; Zip Code	មេស្សសសសសសស	100.00	
	Jul 10017 1 Tx 70112		//f traval outside	of Toyon, complete Schodule T)
9 Principal accur	pation / Job title (See Instructions)	40 Employer (Coo.		of Texas, complete Schedule T)
9 Principal occu	Dation / Job title (See Instructions)	10 Employer (See	instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
3-15-15	Jack Steven	* * * * * * * * * * * * * * * *	9	
	Contributor address; City; State; Zip Code		150.00	
	16 N Graso Day RZ		753.03	
	AZIE TX 71020			
	/IELE 1X F		(If travel outside of	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	() / FO 11		contribution (\$)	description (if applicable)
3-10-12	Contributor address; City; State; Zip Code 16 00 Texas St Ste 280		50.00	
0 /3 /3	Contributor address; City; State; Zip Code			
	1600 Texes St Ste 280	4		
			Ĭ.	1
	Sout WIND TX ZINC-Z.		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution
22.0	. 1 5 0-		contribution (\$)	description (if applicable)
	F/122 LER REG		3	
3-15-15	Contributor address; City; State; Zip Code		5,10	
5-15-15	Contributor address; City; State; Zip Code		5 4	
			37	
	FORT WORTH TX 76102		(If travel outside (of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		reside, complete conceans 17
Data	Full name of contributor		A	In this of a satisfaction
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	JAIK abovita		(1)	, , , , , , , , , , , , , , , , , , , ,
3-15-15	Contributor address; City; State; Zip Code		100.00	
	6659 CAMBINIE BIL		Ť	
	1 - 7 - 1		ž	
	1 11			
	dust () DIX HILL		(If traval outside	of Teves complete Schodule T\
Principal occur	pation / Job title (See Instructions)	Emplover (See I		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Joens is		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code	SMSMSME ELEC EL EL EL EL EL EL	200.00	
	Let Voca Tx 76 104		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3.20-15	Elizated Bes Stein Soc Contributor address; City; State; Zip Code 1909 OAK HILL KL	. — — — — — — — — — — — — — — — — — — —	100.60	
	Sint Wirt Tx Zellz-			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 3-70-15	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	-	101.00	
	Ale to, 7x 71008		(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3-21-15	Contributor address; City; State; Zip Code 4912 Marco Line	11/2	150.00	
	Allin X ZIII	-	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3-23-5	Contributor address; City; State; Zip Code	4* 10 94 96 04 04 19 04 1460 B	100.00	
	Lind Vind Ta Zelly-4.	225	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	- 1 1
2 FILER NAME	106; JACKSA		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:_	-	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3-24-15	6 Contributor address; City; State; Zip Code	> 5 5 5 6 6 6 6 5 5 5 5 5	100.00	l L
	Fort Word Tx 76112		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3.24-15	Contributor address; City; State; Zip Code	V V V V V V V V V V V V V V V V V V V	110.00	
	food Ward Tx Ze112		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3-25-15	Contributor address; City; State; Zip Code 1765 Province Four Vorth 1x 76103		75.00]
		r <u> </u>		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3-24-15	Contributor address; City; State; Zip Code		20.00	
	Bubrook Tx 46109		(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 3-25-15	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3968 Summercrest D-, wa		500.00	
	Sind WinTH TX 74109	7-3471	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		S-11		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	TOBI JACKSON		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3-23-13	Wes Torner 6 Contributor address; City; State; Zip Code 506 W 711 Ste 1701		510.00	1 I
	Liet Willy 7x 76102-421	U	(If travel outside	I of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
7-25-4	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			100.00	
	Six Nich Tx 7117-240	<i>)</i> -	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	JILL BLACK		contribution (\$)	description (if applicable)
3-25-15	Contributor address; City; State; Zip Code Zo3 1 Ward Plkwy	80 H H H H H H H H H H H	100.00	[] [
	FILT WATH, TX		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 3-25-15	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3 63 /)	Contributor address; City; State; Zip Code		50.00	
	Firt Wind Ta Fell 734	7	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
2 2	Elicale & Isane Menning		contribution (\$)	description (if applicable)
3.30-15	Contributor address; City; State; Zip Code		1000 -	
	2212 Windsor Plece		1000.00	
	For Winds Tx 76110		/If tennel contain-	of Toyon, complete Sahadula To
Principal occu	Dation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	1061 Busa		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#: 6 Contributor address; City; State; Zip Code 2.5.2.7		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	fort West 72 .			 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 3-2-15	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Dave The		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor) 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ages Schedule E:
2 FILER NAME	31 JACKSON		3 ACCOU	INT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	→ ↔ ↔ ↔ ;	₽	\$ 1/23.99
5 Date of loan 7 - 15 - 2011	TOBI JACKSON	out-of-state PAC (ID#:)	9 Loan Amount (\$) // 23. 99
6 Is lender a financial Institution?	8 Lender address; City; State; 2 2103 Yosemile Cf fiel Weeth Tx Fell2-3	Zip Code		10 Interest rate
Y N	feet Walter 1x +6116-3			11 Maturity date
	ion / Job title (See Instructions)	13 Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
14 Description of Coll	ateral	15 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code				
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Z	Zip Code	94 94 94 94 949	Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	68888	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
if lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	ES OF THIS SCHEDULE AS NEE		juirements.

SCHEDULE F

1/4 F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	contract Labor Loa aising Expense Tra Co strict Rental Expense OT	an Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guide explains how to 2 FILER NAME	complete this form.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-2-/	5 Payee name PACK N M21		
6 Amount (\$) 46.40	7 Payee address; City; State; Zip Code	x 76112	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	OTHER - STAMPS		n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Le Tusotrose
Date Z - 5 - 15	Payee name Capital Grille		
Amount (\$)	Payee address; City; State; Zip Code		
952.90	Feet West Ty 7611	2	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
EXPENDITURE	EVENTEXPENSE	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Waster Miso druster
3-03-15	Payee name Nasica Tacticae		
Amount (\$) 1675.17	Payee address; City; State; Zip Code 815 A Britos 54 84c3 64 ANSTIN TX 78 701		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXDENSE ROSO SIGNS	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH / 18 / DE/O	Office sought	Ske ANSOCKUS La
Date 3-03-15	Payee name NAS ICA TACTICAL		
Amount (\$)	Payee address; City; State; Zip Code	10	
250.00	815 A BrAZOS S+ Ste 304 AUSTID, Tx 78781		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
EXPENDITURE	Consultry experse Mord 2015		, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidaté / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED
	ATTACTADDITIONAL COLIEGO TITIO	OO. ILDOLL AO NEE	

P.O. Box 12070

SCHEDULE F

2/4F

Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officehölder name DH	Office sought Office held
OF EXPENDITURE	OTHER THANK you netes	Check if Austin, TX, officeholder living expense
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
72.27	ENSCHMSE FORT DIA TA FEIIZ	
2-9-15 Amount (\$)	Payee address; City; State; Zip Code	
Date	Payee name	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
EXPENDITURE	Advertising Part Sig 1	Check if Austin, TX, officeholder living expense
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
1317.48	815 & BrAZOS SL SLE3CY Freshy Tx 78701	
Amount (\$)	Payee address; City; State; Zip Code	
Date 3 - 25 - 15	NASICA TACACO	
expenditure to benefit C/0	OH TIE. JACKSIN	fuiso driste touse drister
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
OF EXPENDITURE	Penso Hone Bressonte Con pras.	Check if Austin, TX, officeholder living expense
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
4020.63	075# 6	712 -0 10)
Amount (\$)	Payee address; City; State; Zip Code	BrAZOS Sk Sk304 Kisdon, 7 7870)
3.03-15	Payee name ASTCA TACTICAL	
expenditure to benefit C/G	Ober: IC	Forso broken forso truster
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
OF EXPENDITURE	fanting Expense mailer	Check if Austin, TX, officeholder living expense
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
3920. 2v	815 A Grazus St Ste 364	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
4 Date	5 Payee name	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Fees	Printing Expense Office Overhead/F The Instruction Guide explains how to	,
Event Expense	Polling Expense Travel Out Of Dis	
Advertising Expense Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	aising Expense Transportation Equipment & Related Expense
	Gift/Awards/Memorials Expense Salaries/Wages/C	

P.O. Box 12070

SCHEDULE F

314 E

		2/17	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries Legal Services Solicita Food/Beverage Expense Travel (Polling Expense Travel (GORIES FOR BOX 8(a) s/Wages/Contract Labor tion/Fundraising Expense In District Cout Of District Overhead/Rental Expense In by Candidate/Officeholder/Political Committee Community Community Candidate/Officeholder/Political Committee Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Community Candidate/Officeholder/Political Communi	
1 Total pages Schedule F:	2 FILER NAME JACKSW	3 ACCOUNT # (Ethics Commission File	ers)
4 Date 3-30-15	5 Payee name Ane do t		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held Auro Auro Auro Auro Office held	
Date 3-34-15	Payee name Pack N Mell		
Amount (\$) 92.80	Payee address; City; State; Zip		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school	edule) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH / OS / The Note	Office sought Office held	
Date 3-21-15	Payee name Apport		
Amount (\$) 484.55	Payee address; City; State; Zip		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	edule) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school	edule) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held Fullo hove	
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEEDED	

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOY 8(a)	
A documentation of the control of				
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		an Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense Tra	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Co	ntributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist	trict	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	Rental Expense 01	HER (enter a category not listed above)
				There (officer a category flot floted above)
	The Instruction Guide	explains now to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	lobi Jacks-	.)		(2
	1001 Cacio	~		
4 Date	5 Payee name			
12 31 -15	Pole Position			
3-30-15				
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750 000	07.4			
350.00	List Warm TX 7	1112-3545		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tr	avel outside of Texas, complete Schedule T)
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EXPENDITURE	and Inter	SIGNS		
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9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C			oeo ooag	Office field
expenditure to belieff of				
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (if tr	avel outside of Texas, complete Schedule T)
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Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	PH .			
Date	Payee name			
Date	1 dyco name			
Amount (ft)	Davies address: City Ct-			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
	Category (See categories listed at the top	of this schodulo)	Description (Ifte	avel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top	or triis scriedule)	Description (in the	avel outside of rexas, complete schedule 1)
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EXPENDITURE			Check if Austi	n, TX, officeholder living expense
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· · · · · · · · · · · · · · · · · · ·	rayoo addroso, Oity, Oid	ic, zip code		
	Category (See categories listed at the top	of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
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OF			_	
EXPENDITURE			Check if Austin	n, TX, officeholder living expense
0	Candidate / Officeholder name			
Complete ONLY if direct			Office sought	Office held
expenditure to benefit C/C	ЭН			
	ATTACH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS NE	EDED