

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 16-A 1-E 4-F (23) |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Tobi L. NICKNAME LAST SUFFIX JACKSON | | OFFICE USE ONLY RECEIVED Date Received APR 9, 2015 Board of Education by Laura Ritten Date Hand-delivered or Postmarked 4-9-15 Receipt # Amount Date Processed 4-9-15 Date Imaged 4-9-15 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2108 YOSEMITE CT FORT WORTH TX 76112-3945 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 296.7721 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Betty J. NICKNAME LAST SUFFIX Rumbo | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2108 Yosemite Ct Fort Worth, TX 76112-3945 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 296.7721 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 1 / 16 / 2015 THROUGH 3 / 30 / 2015 | | |
| 11 ELECTION | ELECTION DATE Year Month Day Year 05 / 09 / 15 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) Fort Worth Independent School District Bond Trustee - District 2 | | |
| 13 OFFICE SOUGHT (if known) | FWISD Board Trustee District 2 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Tobi Jackson
15 ACCOUNT # (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
\$ 275.00
**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**
\$ 13980.00
**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED
\$ 0
4. TOTAL POLITICAL EXPENDITURES
\$ 12446.39
**CONTRIBUTION
BALANCE**
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
\$ 1808.61
**OUTSTANDING
LOAN TOTALS**
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD
\$ 1123.99
18 AFFIDAVIT


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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tobi L. Jackson, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Laura Litton
Printed name of officer administering oath

Board Asst.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

16 1/16

2 FILER NAME

TOBI JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-18-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Melissa Browning

6 Contributor address; City; State; Zip Code

2004 White Wing Ct.
Westlake, TX 76262 4826

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-21-15

Full name of contributor

☐ out-of-state PAC (ID#)

Lisa Wessels

Contributor address; City; State; Zip Code

504 Cholla Ct
FW TX 76112

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-21-15

Full name of contributor

☐ out-of-state PAC (ID#)

DANA AND Dr Scott Hutzmann

Contributor address; City; State; Zip Code

505 OAK Hollow Lane
Fort Worth TX 76112

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-21-15

Full name of contributor

☐ out-of-state PAC (ID#)

Linda AND Jim Baker

Contributor address; City; State; Zip Code

1119 Bel Air Dr
Allen, TX 75013

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-15

Full name of contributor

☐ out-of-state PAC (ID#)

Les Lee Matthews

Contributor address; City; State; Zip Code

7813 Hidden Gate Ct
Fort Worth TX 76120

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2/15

2 FILER NAME

TOBI JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-21-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Chris Garcia

7 Amount of contribution (\$)

101.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Fort Worth TX 76

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-22-15

Full name of contributor

☐ out-of-state PAC (ID#)

Elizabeth A. L. Isaac Manning

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2217 Windsor Place

Fort Worth TX 76110-1761

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-15

Full name of contributor

☐ out-of-state PAC (ID#)

Ellie and Edward Lester

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Fort Worth TX 761

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-15

Full name of contributor

☐ out-of-state PAC (ID#)

Courtney and Ray Dickerson

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3721 Monticello Dr

Fort Worth TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-15

Full name of contributor

☐ out-of-state PAC (ID#)

Trish & Bill Schwennsen

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

501 Green River Trail

Fort Worth TX 76103-0002

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3/16

2 FILER NAME

J.B. Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-23-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

VICKI RAY AND DAVID HENDRICKS

6 Contributor address; City; State; Zip Code

3640 Potomac
Fort Worth TX 761027 Amount of
contribution (\$)

1000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-29-15

Full name of contributor

☐ out-of-state PAC (ID#)

Julie & Gary Wilson

Contributor address; City; State; Zip Code

4190 Redwood St
Burleson, TX 76028Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-15

Full name of contributor

☐ out-of-state PAC (ID#)

Tony Browning

Contributor address; City; State; Zip Code

6121 Cholla Dr
Fort Worth TX 76112Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4-15

Full name of contributor

☐ out-of-state PAC (ID#)

LISA LAMKIN

Contributor address; City; State; Zip Code

9105 Cheekurst Dr
Dallas TX 75238Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor

☐ out-of-state PAC (ID#)

McH. Duffene

Contributor address; City; State; Zip Code

5628 Wedgmont Circle N
Fort Worth, TX 76133Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9/10

2 FILER NAME

1081 Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-15

5 Full name of contributor ☐ out-of-state PAC (ID#:

John Rouch

6 Contributor address; City; State; Zip Code

1451 Warrington Ct
Fort Worth TX 76112

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#:

Jose Romero

Contributor address; City; State; Zip Code

2501 Mitchell Blvd
Fort Worth TX 76105

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#:

Andy Crim

Contributor address; City; State; Zip Code

6833 Kirk Dr
Fort Worth TX 76

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#:

Smiley Russell

Contributor address; City; State; Zip Code

10336 Tamarow Trail
Fort Worth TX 76140

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#:

Becky L. Haskin

Contributor address; City; State; Zip Code

304 S. Havenwood Lane
Fort Worth TX 76112

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5/16

2 FILER NAME

108, Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Edward Z. Perkins

6 Contributor address; City; State; Zip Code

16524 Cowboy Trail
Fort Worth TX 762477 Amount of
contribution (\$)

25.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-5-15

Full name of contributor

☐ out-of-state PAC (ID#)

Marie & Joseph Webb

Contributor address; City; State; Zip Code

2405 Anglen
Fort Worth TX 76119-2214Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor

☐ out-of-state PAC (ID#)

Norma Garcia-Lopez

Contributor address; City; State; Zip Code

5350 Fossil Creek Blvd #215
Haltom City, TXAmount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor

☐ out-of-state PAC (ID#)

JANDRA M. Garcia

Contributor address; City; State; Zip Code

6200 Pershing Ave #119
Ft Worth TX 76116Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor

☐ out-of-state PAC (ID#)

Veronica P. Lopez

Contributor address; City; State; Zip Code

1330 W 6th Ave
Ft Worth TX 76104Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4/18

2 FILER NAME

Tobi Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-15

5 Full name of contributor ☐ out-of-state PAC (ID#)

Nancy Hewa

6 Contributor address; City; State; Zip Code

1025 Redding Ct
Saginaw, TX 761317 Amount of
contribution (\$)

30.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Wanda Conlin + Dan Birens

Contributor address; City; State; Zip Code

1755 Market Ave
Fort Worth TX 76103-1418Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Dr. Mary and Denise Powderly

Contributor address; City; State; Zip Code

8305 Arroyo Lane
Benbrook, TX 76126-1832Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

MICHAEL CAMPBELL

Contributor address; City; State; Zip Code

5932 Village Course Circle #925
Fort Worth TX 76119Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Alice and Victor Puente

Contributor address; City; State; Zip Code

3824 Bellaire Circle
Fort Worth TX 76105Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7/16

2 FILER NAME

1061 Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-15

5 Full name of contributor ☐ out-of-state PAC (ID#)

JENNETH BARR

6 Contributor address; City; State; Zip Code

3101 Arundale Ave
Fort Worth TX7 Amount of
contribution (\$)

150.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Sharon and Charles Hodge

Contributor address; City; State; Zip Code

7301 Monterey Dr
Fort Worth TX 76112-4311Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Conita Sellers Kimbrough

Contributor address; City; State; Zip Code

6501 Teboe St
Richardson Hills, TX 76180-8071Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Lynda Genheart

Contributor address; City; State; Zip Code

711 Quail Ridge Rd
Aledo, TX 76008Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Nancy M O'Shea

Contributor address; City; State; Zip Code

910 Houston St #403
Fort Worth TX 76102Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8/15

2 FILER NAME

1081 - JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-15

5 Full name of contributor ☐ out-of-state PAC (ID#)

Jeanne & Gray Ricks

6 Contributor address; City; State; Zip Code

720 Oakwood Trail
Fort Worth TX 761127 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Mollie L. and Garland Lesater

Contributor address; City; State; Zip Code

3815 Lisbon St Ste 203
Fort Worth TX 76107Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Lynn W and Jason Kelly

Contributor address; City; State; Zip Code

3108 Sweetbriar Lane
Fort Worth TX 76119Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Leann and Barry King

Contributor address; City; State; Zip Code

2617 Museum Way
Fort Worth TX 76107Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#)

Anne Alderfer

Contributor address; City; State; Zip Code

2218 Mediterranean Ave
Arlington, TX 76013Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9/15

2 FILER NAME

Tobi J. Janssen

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-15

5 Full name of contributor ☐ out-of-state PAC (ID#:

Gloria and James Austin

6 Contributor address; City; State; Zip Code

2401 Scott Ave
Fort Worth TX 761037 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#:

Charles Hoffman

Contributor address; City; State; Zip Code

2306 Park Place Ave #115
Fort Worth TX 76110Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#:

Shannon Fletcher

Contributor address; City; State; Zip Code

5811 Lovellard Rd
Fort Worth TX 76102-7603Amount of
contribution (\$)

75.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#:

Nancy Rick

Contributor address; City; State; Zip Code

6429 Locke Ave
Fort Worth TX 76116Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor ☐ out-of-state PAC (ID#:

Julie Johnson Sigling

Contributor address; City; State; Zip Code

6421 Farrow PL
Fort Worth TX 76116Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10/16

2 FILER NAME

108 JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-5-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Donna Powell

6 Contributor address; City; State; Zip Code

2016 Diamond Rim Pass Rd
Keller TX 76248

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-5-15

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Fernandez & Larry Wilson

Contributor address; City; State; Zip Code

2305 Colonial Pkwy
Fort Worth TX 76109 - 1030

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-15

Full name of contributor

☐ out-of-state PAC (ID#)

Lisa M. J. Aaron & Jennifer

Contributor address; City; State; Zip Code

1209 Whisper Willow Dr
Hurst, TX 76112 - 3555

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-15

Full name of contributor

☐ out-of-state PAC (ID#)

Eva Bonilla

Contributor address; City; State; Zip Code

3700 W 7th St #1B
Fort Worth TX 76102

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-14-15

Full name of contributor

☐ out-of-state PAC (ID#)

Sara J. Darnold

Contributor address; City; State; Zip Code

5733 Monterey Dr
Fort Worth TX 76112-3901

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11/16

2 FILER NAME

1081 JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-13-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

JUDITH SIMPSON

6 Contributor address; City; State; Zip Code

6312 Saint Andrew Drive
N. RICHLAND HILLS TX 76180-0840

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2-23-15

Full name of contributor

☐ out-of-state PAC (ID#)

SEAN FEILLE

Contributor address; City; State; Zip Code

6424 Woodstream Trail
Fort Worth TX 76183

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-28-15

Full name of contributor

☐ out-of-state PAC (ID#)

TOM PURVIS

Contributor address; City; State; Zip Code

5301 Byer Ave
Fort Worth TX 76107

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-10-15

Full name of contributor

☐ out-of-state PAC (ID#)

MARLENE & JIM BECKMAN

Contributor address; City; State; Zip Code

2300 Medford Ct East
Fort Worth TX 76105-1131

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-15

Full name of contributor

☐ out-of-state PAC (ID#)

William Davis

Contributor address; City; State; Zip Code

P.O. Box 122265
Fort Worth TX 76116

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

12/16

2 FILER NAME

1031 Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-15-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Verne Schiav

6 Contributor address; City; State; Zip Code

612 Broadway TX 76211
Fort Worth TX 761127 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-15-15

Full name of contributor

☐ out-of-state PAC (ID#)

Jack Steven

Contributor address; City; State; Zip Code

16 N Broadway Rd
Arlene TX 76020Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-15

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. James V. Burnett

Contributor address; City; State; Zip Code

1600 Texas St Ste 2804
Fort Worth TX 76102-7500Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-15

Full name of contributor

☐ out-of-state PAC (ID#)

Elizabeth R. Ray

Contributor address; City; State; Zip Code

5914 El Campo
Fort Worth TX 76102Amount of
contribution (\$)

5.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-15

Full name of contributor

☐ out-of-state PAC (ID#)

Jack Laboritz

Contributor address; City; State; Zip Code

6659 Camp Bowie Blvd
Fort Worth TX 76116Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13 / 15

2 FILER NAME

Tobi Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-20-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Vance Martin

6 Contributor address; City; State; Zip Code

1310 W Magnolia Ave

Fort Worth TX 76104

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-20-15

Full name of contributor

☐ out-of-state PAC (ID#)

Elizabeth "Betty" Heinbach

Contributor address; City; State; Zip Code

1909 Oak Hill Rd

Fort Worth TX 76112-4021

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-20-15

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Monte

Contributor address; City; State; Zip Code

111 Crooked Stick Lane

Arlington, TX 76010

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-21-15

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Estrada & Family

Contributor address; City; State; Zip Code

4512 Marco Lane

Fort Worth TX 76112

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-23-15

Full name of contributor

☐ out-of-state PAC (ID#)

Rakela Andra

Contributor address; City; State; Zip Code

117 Small Wood Drive

Fort Worth TX 76114-4225

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

14/15

2 FILER NAME

1061 Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-24-15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Judy Vanderslice

6 Contributor address; City; State; Zip Code

600 Green River Trail
Fort Worth TX 76112

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-24-15

Full name of contributor

☐ out-of-state PAC (ID#)

Tim Moore

Contributor address; City; State; Zip Code

600 Green River Trail
Fort Worth TX 76112

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-25-15

Full name of contributor

☐ out-of-state PAC (ID#)

Karen Killman

Contributor address; City; State; Zip Code

1705 Prairie
Fort Worth TX 76103

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-24-15

Full name of contributor

☐ out-of-state PAC (ID#)

Tami Rusik

Contributor address; City; State; Zip Code

5771 Cedar Creek Dr
Burbrook TX 76109

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-25-15

Full name of contributor

☐ out-of-state PAC (ID#)

Betsy Price

Contributor address; City; State; Zip Code

3968 Summercrest Drive
Fort Worth TX 76109-3421

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15/16

2 FILER NAME

1081 JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-25-15

5 Full name of contributor ☐ out-of-state PAC (ID#)

Wes Turner

6 Contributor address; City; State; Zip Code

506 W 7th St 1761

East Wichita Tx 76102-4200

7 Amount of contribution (\$)

510.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-25-15

Full name of contributor ☐ out-of-state PAC (ID#)

Robert W Brown, MD

Contributor address; City; State; Zip Code

4100 Clarke Ave

Fort Worth TX 76107-2407

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-25-15

Full name of contributor ☐ out-of-state PAC (ID#)

Jim Beale

Contributor address; City; State; Zip Code

2031 Wood PKWY

Fort Worth, TX

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-25-15

Full name of contributor ☐ out-of-state PAC (ID#)

Georgia & Jim Pitts

Contributor address; City; State; Zip Code

6412 Woodstock Rd

Fort Worth TX 76116-7340

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-15

Full name of contributor ☐ out-of-state PAC (ID#)

Elizabeth & Isaac Manning

Contributor address; City; State; Zip Code

2212 Windsor Place

Fort Worth TX 76110

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12/16

2 FILER NAME 1061 J. J. J. J.

3 ACCOUNT # (Ethics Commission Filers)

4 Date 3-30-15

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
7579 Surfside
Fort Worth TX

250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 3-2-15

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1411 Shady Oaks Lane
Fort Worth TX 76104

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

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 E

2 FILER NAME

Tobi JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 1123.99

5 Date of loan

7-15-2011

7 Name of lender

Tobi JACKSON

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

1123.99

6 Is lender
a financial
Institution?Y ☒ N

8 Lender address; City; State; Zip Code

2108 Yosemite Ct
Fort Worth TX 76112-3945

10 Interest rate

0

11 Maturity date

-OPEN-

12 Principal occupation / Job title (See Instructions)

Education Consultant

13 Employer (See Instructions)

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account

☐16 GUARANTOR
INFORMATION☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

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

☐GUARANTOR
INFORMATION☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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**SCHEDULE F**

1/4 F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: | | 2 FILER NAME <i>Tobi Jackson</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>2-2-15</i> | | 5 Payee name <i>PACK N MAIL</i> | | | |
| 6 Amount (\$) <i>46.40</i> | | 7 Payee address; City; State; Zip Code <i>6731 Bridge Rd Tx 76112</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>OTHER - STAMPS</i> | | (b) Description (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 <i>Tobi Jackson</i> | | Office sought <i>FWD Trustee</i> | |
| Date <i>2-5-15</i> | | Payee name <i>The Capital Grille</i> | | | |
| Amount (\$) <i>952.90</i> | | Payee address; City; State; Zip Code <i>800 Main St Frick Wickett Tx 76112</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i> | | Description (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 <i>Tobi Jackson</i> | | Office sought <i>FWD trustee</i> | |
| Date <i>3-03-15</i> | | Payee name <i>NASICA TACTICAL</i> | | | |
| Amount (\$) <i>1675.17</i> | | Payee address; City; State; Zip Code <i>815 A Brazos St Ste 304 Austin Tx 78701</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising expense Radio Sign</i> | | Description (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 <i>Tobi Jackson</i> | | Office sought <i>FWD trustee</i> | |
| Date <i>3-03-15</i> | | Payee name <i>NASICA TACTICAL</i> | | | |
| Amount (\$) <i>250.00</i> | | Payee address; City; State; Zip Code <i>815 A Brazos St Ste 304 Austin, Tx 78701</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Consulting expense March 2015</i> | | Description (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 <i>Tobi Jackson</i> | | Office sought <i>FWD trustee</i> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

214 F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F: | | 2 FILER NAME TOBI JACKSON | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 2-25-15 | | 5 Payee name NASICA Tactical | | | |
| 6 Amount (\$) 2920.20 | | 7 Payee address; City; State; Zip Code 815 A Brazos St Ste 304 Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Printing Expense mailer | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Tobi Jackson | | Office sought FUNDRAISER Office held FUNDRAISER | |
| Date 3-03-15 | | Payee name NASICA TACTICAL | | | |
| Amount (\$) 4020.43 | | Payee address; City; State; Zip Code 815 A Brazos St Ste 304 Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Consulting/Grassroots Campaign | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Tobi Jackson | | Office sought FUNDRAISER Office held FUNDRAISER | |
| Date 3-25-15 | | Payee name NASICA Tactical | | | |
| Amount (\$) 1367.48 | | Payee address; City; State; Zip Code 815 A Brazos St Ste 304 Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising / Yard Sign | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 2-9-15 | | Payee name Target | | | |
| Amount (\$) 72.27 | | Payee address; City; State; Zip Code EASTCHASE Fort Worth TX 76112 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) OTHER Thank you notes | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES**SCHEDULE F**

3/4 F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME TOBI JACKSON | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 3-30-15 | 5 Payee name Anecdot | |
| 6 Amount (\$) 113.99 | 7 Payee address; City; State; Zip Code www.anecdot.com | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Accounting/Banking | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name TOBI JACKSON | Office sought ANISD trustee Office held ANISD trustee |
| Date 3-30-15 | Payee name PACK N MAIL | |
| Amount (\$) 92.80 | Payee address; City; State; Zip Code 6731 Bridge Creek Way TX 76112 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other - Stamp | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name TOBI JACKSON | Office sought ANISD trustee Office held ANISD trustee |
| Date 3-21-15 | Payee name Home Depot | |
| Amount (\$) 484.55 | Payee address; City; State; Zip Code 1151 Bridgewood Lake Worth TX 76112 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense Signage | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 3-30-15 | Payee name Cesar Chavez Ponder | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 2203 W Greentown CT Arlington TX 76001 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name TOBI JACKSON | Office sought ANISD trustee Office held ANISD trustee |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

4/4 F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME <i>1081 Jackson</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>3-30-15</i> | 5 Payee name <i>Pole Position</i> | |
| 6 Amount (\$) <i>350.00</i> | 7 Payee address; City; State; Zip Code <i>2113 Yosemite Dr Fort Worth TX 76112-3945</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Contract Labor/Signs</i> | (b) Description (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 (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 (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 (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 (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 _____ | |

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