

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:
3 (three)

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST **1001** MI **L**
NICKNAME LAST SUFFIX
JACKSON

OFFICE USE ONLY

Date Received **RECEIVED**
JAN 15
3:15 pm by **Laura**
ALTON
Date Hand-delivered or Postmarked
1-15-15
Receipt # Amount
Date Processed
1-15-15
Date Imaged
1-15-15

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2108 Yosemite Ct
Ft Worth TX 76112-594Y

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 296 7721

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST **Betty** MI **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
Ft Worth TX 76112-3945

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 296 7721

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07/16/2014 THROUGH **01/15/2015**

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
/ / Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
FWISD Board Trustee
District 2 (Two)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2/3

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

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

\$ *0*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

CONTRIBUTION BALANCE

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

\$ *0*

OUTSTANDING LOAN TOTALS

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

\$ *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.



Tobi Jackson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Laura Litton
Signature of officer administering oath

Laura Litton
Printed name of officer administering oath

Board Asst.
Title of officer administering oath

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Tobi Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ *1123.99*

5 Date of loan
07.15.2011

7 Name of lender out-of-state PAC (ID#: _____)
Tobi Jackson

9 Loan Amount (\$)
1123.99

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
*2108 Yosemite Ct
Ft 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)
SELF

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

Is lender a financial institution?
Y N

Name of lender out-of-state PAC (ID#: _____)
.....
Lender address; City; State; Zip Code

Loan Amount (\$)

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.