

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:

Six (6)

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs
NICKNAME: Mrs
FIRST: TOBI
LAST: JACKSON
MI: L
SUFFIX: L

OFFICE USE ONLY

Date Received: 7/16/13
[Signature]

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2108 YOSEMITE CT FORT WORTH TX 76112

Date Hand-delivered or Postmarked

Receipt # Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (817)
PHONE NUMBER: 457 7816
EXTENSION:

Date Processed: 7/16/13

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs
NICKNAME: Mrs
FIRST: Betty
LAST: RUMBO
MI: J
SUFFIX: J

Date Imaged: 7/16/13

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 76112-3545

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817)
PHONE NUMBER: 457 7816
EXTENSION:

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: 1 / 16 / 2013 THROUGH Month Day Year: 07 / 15 / 2013

11 ELECTION

ELECTION DATE: / /
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): FWISD BOARD TRUSTEE DISTRICT 2

13 OFFICE SOUGHT (if known)

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

\$ *0*

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

\$ *2550.00*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *2828.81*

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

\$ *1773.99*

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 Jackson, this the 15th day of July, 20 13, to certify which, witness my hand and seal of office.

Faye Daniels
Signature of officer administering oath

Faye Daniels
Printed name of officer administering oath

Executive Secretary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
two (2) (page 3/6)

2 FILER NAME
Iubi Jackson

3 ACCOUNT # (Ethics Commission Filers)

4 Date
7-10-13

5 Full name of contributor out-of-state PAC (ID#: _____)
VICKI RAY AND DAVID HENDERICKS, MD

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
*3646 Potomac Ave
FORT WORTH TX 76107*

500⁰⁰

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7-10-13

Full name of contributor out-of-state PAC (ID#: _____)
Julie Wilson

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*100 Energy Way
Fort Worth TX 76102*

100⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7-10-13

Full name of contributor out-of-state PAC (ID#: _____)
Bob and Margie Menzies

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*910 Houston St
Fort Worth TX 76102*

200⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7-10-13

Full name of contributor out-of-state PAC (ID#: _____)
Lineberger, Goggin, Blair, Sampson

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*100 Throckmorton St
Fort Worth, TX 76102*

1000⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7-10-13

Full name of contributor out-of-state PAC (ID#: _____)
Steven Poole

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*3612 W 5th St
Fort Worth TX 76107*

250⁰⁰

(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:

Two (2) p. 4/6

2 FILER NAME

1081 JACKSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7-10-13

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

Elizabeth and Isaac Manning

6 Contributor address; City; State; Zip Code

*2217 Windsor Place
Fort Worth TX 76110*

7 Amount of contribution (\$)

500.00

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

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

(1) one p 5/6

2 FILER NAME

Tobi Jackson

3 ACCOUNT # (Ethics Commission Filers)

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

\$ *1773.99*

5 Date of loan

7-15-2011

7 Name of lender

Tobi Jackson

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

9 Loan Amount (\$)

\$1773.99

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

*2106 Yosemite Ct
Fort Worth, TX 76112-3945*

10 Interest rate

0

11 Maturity date

- OPEN -

12 Principal occupation / Job title (See Instructions)

Brand trustee

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

pg 6

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | 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>TUBI JACKSON</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7-10-13</i>	5 Payee name <i>TOTAL WINE</i>
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6 Amount (\$) <i>71.01</i>	7 Payee address; City; State; Zip Code <i>5200 S Hulen St Fort Worth TX 76132</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>beverages for 7-10-13 event @ Veritas</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-2-13</i>	Payee name <i>Albertsons</i>
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Amount (\$) <i>82.80</i>	Payee address; City; State; Zip Code <i>Store #04272 820/ John T. White Rd</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OTHER - Postage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stamps for 7-10-13 invites</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-2-13</i>	Payee name <i>Kwik Kopy</i>
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Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code <i>1850 Handley Drive Fort Worth TX 76112</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Printing for 7-10-13 event</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-15-13</i>	Payee name <i>TUBI JACKSON</i>
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Amount (\$) <i>2550.00</i>	Payee address; City; State; Zip Code <i>2100 Yosemite Ct Fort Worth TX 76112-3945</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment</i>	Description (If travel outside of Texas, complete Schedule T) <i>\$2550 repaid of \$4645.18</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED