CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to comple	te this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER		bi bi	MI	OFFICE USE ONLY
NAME	NICKNAME Ja	ckson	SUFFIX	Pate Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; A 2/08 YOSEMIT First Win A	r-C+	7-3945	APR 28 2023 Board of Education
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE (817) 296 772	NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked 4-28-2023 Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST LEX 15	мі	Date Processed 4-28-2023
9		LCK50N	SUFFIX	Date Imaged 4-28-2023
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	ZIUS YUSEMINE FOUT WOOD TO	PLEASE): APT/SI	UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (817) 296	NUMBER 772/	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	Sycanded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 03 / 28	Year /23	Month	Day Year / 28 / 23
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 23	Primary General	ELECTION TYP Runoff Other Description Special	E
12 OFFICE	OFFICE HELD (if any) TRUSTEE		13 OFFICE SOUGHT (if known TRUSTEE	vn)
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONTROL DED. 1	niror Evnelinitiide	R WAY DAVE DEEN WANE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
,		EE NAME EE ADDRESS		
Additional Pages	GENERAL	EE CAMPAIGN TRE	EASURER NAME	
	SPECIFIC		EASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECTRICATION	AL CONTRIBUTIONS (OTHER TH ANTEES OF LOANS, OR TRONICALLY)	s \$	
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOAM	(S) \$ 8	500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 30,	047, 29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT	TONS MAINTAINED AS OF THE	LAST DAY \$ 25	, 984, 18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS G PERIOD	\$ of the \$ 25	000
CHRI	uired to be reported by me under Title 15, E STIAN ALVARADO DIMMISSION EXPIRES JULY 15, 2025	The state of the s	Candidate or Officehold	ler
(1) Affidavit	Please comp	lete either option bel	ow:	
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify	1. // 2	n Alvarada	the <u>48</u> day of <u>Conclinate</u>	Goril.
Signature of officer administe	ring oath Printed name of off	icer administering oath	Title of office	er administering oath
		OR		
(2) Unsworn Declaration	on			
My name is		, and my date of birt	h is	
	(street)	(city)	(state) (zip code)	(country)
Executed in	County, State of	, on the day of (m	onth) , 20 (year)	→
		Signature of Ca	andidate/Officeholder (Dec	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$25,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	- \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	TOBI JACKSON		3 Filer ID (Ethics Commission Filers
7 23	5 Full name of contributor out-of-state PA Pasker Millin and Instruct 6 Contributor address; City; 5532 Chimney Rock RL A Nich Ta Hill 2		7 Amount of contribution (\$) 250, 08
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruction Sain Huille	•
Date 4 7 2 3	Full name of contributor out-of-state PA		Amount of contribution (\$)
, , - 3	Contributor address; 400 William Ridge Rd First W. 2 Tx 70/03	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 9 23	Full name of contributor out-of-state PAC		Amount of contribution (\$)
	Contributor address: 12 / Pitry And Wonds To 74109	State; Zip Code	Zso. 00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Melinda lause Lickher		Amount of contribution (\$)
-11-23	Contributor address: 10720 Truvtt Dr Mckinney, 7x 7507	State; Zip Code	100.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
		d	
	ATTACH ADDITIONAL COPIES OF	TUIC COURTS	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Too: Janesa		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
4 17 23	6 Contributor address; City: 1880 Such Bisky Trail Sends TX 722	State; Zip Code	50. 68
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
· Ea	DU LD 76-	retire	1
Date	Bevery Powell	C (ID#:)	Amount of contribution (\$)
4 18 23	Contributor address; City; 4244 UAK Park Ct	State; Zip Code	250.00
	FIRE W. St Te 74109		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Former	The Senet	scL	·
Date	Full name of contributor out-of-state PA	C (ID#:	A
418 23	Contributor address; City:	s mo	Amount of contribution (\$)
	FILT WINTER TO JULY	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Ph	45/4/20	sell	,
Date 4 19 23	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)
	Contributor address; City; 4487 Normand Find Ward & ZUN3	State; Zip Code	100.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	*		1
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			* = = = = = = = = = = = = = = = = = = =
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	f contributor is out-of-state PAC, please see Instruc	tion guide for additional ren	EVEU

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	•		
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Tobi JACKSON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor)#:)	7 Amount of contribution (\$)
41923	Eddie Sakerka	State; Zip Code	100.00
	6 Contributor address; City: 4451 Normer of Dr Tx Hulv 3	State, Zip Code	700.03
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Ret o	Sig	griprieta	
Date	Full name of contributor Out-of-state PAC (ID	D#:)	Amount of contribution (\$)
42123	Contributor address:// 1 City:	State; Zip Code	100.00
	Rempress to 76132		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	attorner	COLC	
Date	Full name of contributor	D#:	Amount of contribution (\$)
42123	Alex Nasin		
7 67 63	Contributor address; Winbeiry Or 6 325 Winbeiry Or Ford Wind Ty 713	State; Zip Code	50.0)
Dringing occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
-	C+T	redirel	
Date	1 1	D#:)	Amount of contribution (\$)
42113	Contributor address; City; ZUZ3 Alma Ct Keller 7x 74278	State; Zip Code	25.00
	Keller 7x 76278		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
	Edward -	resin	
	- su ce-	*	
	(a)		
	5		3 ₈ g
			ICENCE.
	ATTACH ADDITIONAL COPIES OF		

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

SCHEDULE A1

		т	A Table School A4.
The Instructio	n Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Thekon		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full no	ame of contributor	(ID#:)	7 Amount of contribution (\$)
	DOVID NETSIN ibutor address; City; ig Men Soubrook Dr in The Thins	State; Zip Code	25.00
8 Principal occupation / Jo	b title (See Instructions)	9 Employer (See Instructi	ons)
Date	ame of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
4-2523 KANS	ributor address: City;	State; Zip Code	100.00
100	et Wings Tx 76/02		
Principal occupation / John Affirmen		Brown Prost, Wamb	igans, Dean, Limes
	name of contributor	***	Amount of contribution (\$)
	ibutor address; St. City; St. Livis Tre 11.22 7 76/04		6000.00
Principal occupation / Jo		Employer (See Instruct	tions)
	name of contributor	C (ID#:)	Amount of contribution (\$)
4-25-23 Cont	en Dixus ributor address; & City; 4 E Lendo 8 + Wiell Tx 76/04	State; Zip Code	500.00
Principal occupation / Jo		Employer (See Instruc	tions)
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	ě.		
			* × 8
		(6)	
If contr	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see Insti	OF THIS SCHEDULE AS N ruction guide for additional	NEEDED reporting requirements.

LOANS

SCHEDULE E

ii dio roqueend iii-emmani ie mer approximati				
The	1 Total pages Schedule E:			
2 FILER NAME	Bi JAINSU		3 Filer ID (Ethics Commission Filers)	
	ITEMIZED LOANS		\$	
5 Date of loan /2/31/22	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$) 25,000	
6 Is lender a financial Institution?	8 Lender address; City; ZIUS Y LEMIKE (City; FW Tx 74/12-794	State; Zip Code	10 Interest rate 11 Maturity date	
	on / Job title (See Instructions)	13 Employer (See Instructions) Fing Lind Sparc		
14 Description of Colla		15	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor SEF AS LIS 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)	
not applicable	SERF			
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code	*	
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)	Set .	
lf le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME /151 JACKS ON	3 Filer ID (Ethics Commission Filers)	
4 Date 4-19-73	5 Payee name MURPHY WASICA		
6 Amount (\$)	7 Payee address; P & Bex / 64 8	City; State; Zip Code	
18, 735.81	Arstin Tx 78767	T. V. 2	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Meilers, grassrouls assassand. 4-6 then 4-19-2023	
OF EXPENDITURE	COASULTING EXPENSES	4-6 then 4-19-2023	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4-28-23	MUIPHY WASICA	7.0.4	
Amount (\$) 10,428.90	Payee address; PU Bux 1648	City; State; Zip Code	
er	Austin Tx 78767	Titole and expensive control	
PURPOSE	Category (See Categories listed at the top of this schedule)	2 mailers, chur push cards,	
OF EXPENDITURE	Consulting expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4-28-73	Inedit		
Amount (\$)	Payee address; 1340 Payers St NEW Orleans (A	Ste City; State; Zip Code	
10120	NEW Orleans, CA	70112	
	Category (See Categories listed at the top of this schedule)		
PURPOSE OF EXPENDITURE	FUNDRAISING Expense	on line & collection transpeties feed	
	Check if travel outside of Texas. Complete Schedule T.	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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Event Expense Transportation Equipment & Related Expense Office Overnead/Rental Expense Accounting/Banking Fees Food/Beverage Expense Giff/Awards/Memorials Expense Travel In District Polling Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 4-26-23 Poydras St Ste 1770 Zip Code 7 Payee address; 6 Amount (\$) 567.82 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 4-26-23 Amount (\$) Payee address; 1151 Bridgewood Drive Zip Code City; State; 218.56 Feet WINDE TA ZE112 Category (See Categories listed at the top of this schedule) Description Sign ties, pokes, +-ban **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zip Code State; City; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED