

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Daphne</u> MI NICKNAME LAST <u>JACKSON</u> SUFFIX	OFFICE USE ONLY Date Received <u>APR 01 2021</u> By <u>Dawn Adams</u> Date Hand-delivered or Date Postmarked <u>4-01-2021</u> Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>POB 180004</u> <u>Arlington</u> <u>Tx</u> <u>76096</u> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (<u>817</u>) <u>714-9900</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Georgia</u> MI NICKNAME LAST <u>Brinkley-Road</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>804 Lynntfield Drive</u> <u>Arlington</u> <u>Tx</u> <u>76014</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (<u>817</u>) <u>454-6844</u>		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>02 / 22 / 2021</u> THROUGH <u>03 / 31 / 2021</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 01 / 2021</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>AIISD TRUSTEE Place 3</u>	
14 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER 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 Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 385.00

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

\$ 685.27

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 385.00

4. TOTAL POLITICAL EXPENDITURES

\$ 685.27

CONTRIBUTION
BALANCE

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

\$ 1070.27

OUTSTANDING
LOAN TOTALS

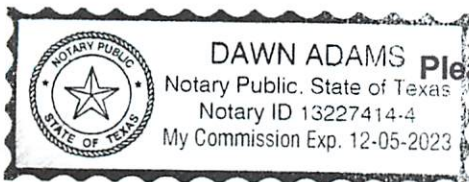
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

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.

Daphne Jackson
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daphne Jackson this the 1st day of April,

20 21, to certify which, witness my hand and seal of office.

Dawn Adams

Dawn Adams

clerk

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 385.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 42.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 685.27
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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 form.

1 Total pages Schedule A1:

2 FILER NAME

Daphne Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/21

5 Full name of contributor

Daphne Jackson

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$685.27

6 Contributor address;

City;

State;

Zip Code

Arlington TX 76096

8 Principal occupation / Job title (See Instructions)

Entrepreneur

9 Employer (See Instructions)

A Servant's Heart-Texas LLC.

Date

3/2/21

Full name of contributor

David C. Jackson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.-

Contributor address;

City;

State;

Zip Code

Arlington TX 76096

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/21

Full name of contributor

Bengi & Cici Brinkley

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50-

Contributor address;

City;

State;

Zip Code

Arlington TX 76014

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/21

Full name of contributor

Edward Carroll

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

60-

Contributor address;

City;

State;

Zip Code

Duncanville TX

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.

MONETARY POLITICAL CONTRIBUTIONS

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 form.		1 Total pages Schedule A1: 2
2 FILER NAME <i>Daphne Jackson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/20/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Murriell + Samana Stokes</i> 6 Contributor address; City; State; Zip Code <i>[Redacted] Arlington TX</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>
8 Principal occupation / Job title (See Instructions) <i>Store Manager</i>		9 Employer (See Instructions) <i>B.N.C.</i>
Date <i>3/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brenda Calhoun</i> Contributor address; City; State; Zip Code <i>[Redacted] Euless TX</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>Admin Assist</i>		Employer (See Instructions) <i>McDevlin Attorneys</i>
Date <i>3/26/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James Weatherall</i> Contributor address; City; State; Zip Code <i>[Redacted] Baytown TX 77523-0898</i>	Amount of contribution (\$) <i>9100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Daphne Jackson</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>42.00</i>	
5 Date <i>3/05/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rickey - Printing Managua</i>	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <i>4619 S Cooper St Arlington Tx 76017</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Printing Flyers</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>OFFICE DEPOT</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>MANAGER</i>	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/1		2 FILER NAME Daphne Jackson		3 Filer ID (Ethics Commission Filers)	
4 Date 3/21/2021		5 Payee name LAWSON RIVERS			
6 Amount (\$) 12.00		7 Payee address; City; State; Zip Code 207 Faircrest Drive Arlington TX 76018			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Place Flyers on Citizens Windshield. for 1 hour		
	(c) <input type="checkbox"/> Check 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 3/28/21		Payee name LAWSON RIVERS			
Amount (\$) 20.00		Payee address; City; State; Zip Code 207 Faircrest Drive Arlington TX 76018-4027			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Place Flyers on Citizen's Cars 2 (two hours).		
	<input type="checkbox"/> Check 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 3/5/2021		Payee name Ricky- Printing Manager			
Amount (\$) 12.00		Payee address; City; State; Zip Code 4619 S. Cooper St Arlington TX 76017-5827			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Printed 100 (3x4) Flyers @ No Cost.		
	<input type="checkbox"/> Check 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

<ul style="list-style-type: none"> *Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment 	<ul style="list-style-type: none"> *Event Expense Food Food/Beverage Expense *Gift/Awards/Memorials Expense Legal Services 	<ul style="list-style-type: none"> Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense *Reimbursement Salaries/Wages/Contract Labor 	<ul style="list-style-type: none"> Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>24-75 (124)</i>		2 FILER NAME <i>Daphne Jackson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/20/21</i>		5 Payee name <i>Party City</i>			
6 Amount (\$) <i>24.24</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>1520 W. Interstate 20</i> <i>Arlington</i> <i>TX</i> <i>76017</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>		(b) Description <i>Balloon Race</i>		
	(c) <input type="checkbox"/> Check 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 Office sought Office held					
Date <i>3/20/21</i>		Payee name <i>Costco Wholesale</i>			
Amount (\$) <i>19.99</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>600 West Arborea Blvd</i> <i>Arlington, TX</i> <i>76014</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Cake</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>3/11/21</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>14.35</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>4619 S. Cooper St</i> <i>Arlington</i> <i>TX</i> <i>76017</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Label (Am yard sign)</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 44 2/13 (2/14)		2 FILER NAME Daphne Jackson		3 Filer ID (Ethics Commission Filers)	
4 Date 3/09/21		5 Payee name Donna Tree			
6 Amount (\$) 20.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 915 W. Pioneer Pkwy Stone #7157 Arlington TX 76013-6363			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Table Coverings, Forks, Plates, etc		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(d) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 3/9/21		Payee name Party City			
Amount (\$) 38.06 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1520 W. Interstate 20 Arlington TX 76017			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description Decorations, Party treats.		
	<input type="checkbox"/> Check 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 2/24/21		Payee name Officer Depot / officer Max			
Amount (\$) 27.33 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4619 S. Cooper St. Arlington TX 76017			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Handout - Photos		
	<input type="checkbox"/> Check 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

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
☒ Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
☒ Polling Expense
☒ Signaling 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>44-3075 308</i>	2 FILER NAME <i>Daphne Jackson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/17/21</i>	5 Payee name <i>Walmart</i>
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6 Amount (\$) <i>26.70</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>4801 S. Cooper St.</i>	City: <i>Arlington</i>	State: <i>TX</i>	Zip Code <i>76017</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Table Decorations</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder bring expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/4/21</i>	Payee name <i>Walmart</i>
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Amount (\$) <i>16.10</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>4801 Cooper St.</i>	City: <i>Arlington</i>	State: <i>TX</i>	Zip Code <i>76017</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Decorations</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder bring expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/18/21</i>	Payee name <i>Goodwill</i>
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Amount (\$) <i>38.22</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>17351 South Cooper St.</i>	City: <i>Arlington</i>	State: <i>TX</i>	Zip Code <i>76001</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Vase for tables.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder bring expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Advertising Expense <input type="checkbox"/> Accounting/Banking <input type="checkbox"/> Consulting Expense <input type="checkbox"/> Contributions/Donations Made By <input type="checkbox"/> Candidate/Officeholder/Political Committee <input type="checkbox"/> Credit Card Payment 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Event Expense <input type="checkbox"/> Fees <input type="checkbox"/> Food/Beverage Expense <input checked="" type="checkbox"/> Gift/Awards/Memorials Expense <input type="checkbox"/> Legal Services 	<ul style="list-style-type: none"> <input type="checkbox"/> Loan Repayment/Reimbursement <input type="checkbox"/> Office Overhead/Rental Expense <input type="checkbox"/> Polling Expense <input checked="" type="checkbox"/> Printing Expense <input type="checkbox"/> Salaries/Wages/Contract Labor 	<ul style="list-style-type: none"> <input type="checkbox"/> Solicitation/Fundraising Expense <input type="checkbox"/> Transportation Equipment & Related Expense <input type="checkbox"/> Travel In District <input type="checkbox"/> Travel Out Of District <input type="checkbox"/> Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 of 4	2 FILER NAME DAPHNE JACKSON	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/21	5 Payee name Crazy Cheap Political Signs	
6 Amount (\$) 277.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11550 Stonehollow Dr. Ste. 1160 Austin TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs. 50 (18x24)
	(c) <input type="checkbox"/> Check 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 Office sought Office held Daphne Jackson AISD Trustee Place 3		
Date 3/2/21	Payee name 24 Hour Wristbands . Com	
Amount (\$) 74.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 24hour Wristbands. com 1-855-711-4467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Buttons
	<input type="checkbox"/> Check 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 3/22/21	Payee name THE Herne Depot	
Amount (\$) 28.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4611 South Cooper St Arlington TX 76017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description H-Bracket Sign Frame 20
	<input type="checkbox"/> Check 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