

FORM C/OH  
COVER SHEET PG 1

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

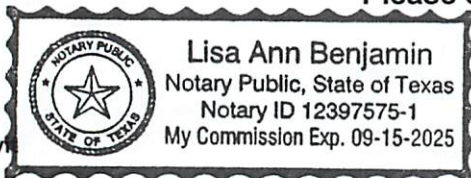
FORM C/OH  
COVER SHEET PG 2

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)	\$ 144.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9703.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 144.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9559.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9559.92
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 29th day of April, 2022, to certify which, witness my hand and seal of office.  
Lisa Ann Benjamin Lisa Ann Benjamin Admin Asst to Supt  
 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 <i>Daphne Jackson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1075.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>25.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>850.35</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# 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: <b>2</b>
2 FILER NAME <b>Daphne Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/14/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Wade</b> 6 Contributor address; City; State; Zip Code <b>4140 W. Pioneer Runway Aub. TX 76013</b>	7 Amount of contribution (\$) <b>375.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roger DeTrang</b> Contributor address; City; State; Zip Code [REDACTED] <b>TX 76013</b>	Amount of contribution (\$) <b>375.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jang + Ingrid Corley</b> Contributor address; City; State; Zip Code [REDACTED] <b>Arlington 76016</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Celicia Smith</b> Contributor address; City; State; Zip Code [REDACTED] <b>Cedar Hill 75104</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <u>3</u>
2 FILER NAME <i>Daphne Jackson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Don Tucker</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>TN 376120</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Melinda Stone</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Arkington 76012</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.		

# 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: <u>1</u>	
2 FILER NAME <u>Daphne Jackson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roger DePrang</u>	8 Amount of Contribution \$ <u>\$24.74</u>	9 In-kind contribution description <u>Lunches</u>
7 Contributor address; City; State; Zip Code [REDACTED] <u>Arlington 76013</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Campaign Manager</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
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.



## SCHEDULE B

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date		6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; State; Zip Code			
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date		Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Code			
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Code			
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Code			
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Code			
				<input type="checkbox"/> Check 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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>Daphne Jackson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/15</b>	5 Payee name <b>Daphne Jackson</b>	
6 Amount (\$) <b>25.00</b>	7 Payee address; City; State; Zip Code <b>POB 180004 Arlington TX 76096</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Travel in District</b>	(b) Description <b>Delivery Yard Signs</b>
	(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 <b>Daphne Jackson Trustee 4</b>	
Date <b>4/4/22</b>	Payee name <b>Daphne Jackson</b>	
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>POB 180004 Arlington TX 76096</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Transportation/Travel in District</b>	Description <b>Delivery Yard Signs</b>
	<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 <b>Daphne Jackson Trustee 4</b>	
Date <b>4/4/22</b>	Payee name <b>dup Vista Print</b>	
Amount (\$) <b>61.80</b>	Payee address; City; State; Zip Code <b>Internet</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Business Cards</b>
	<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 <b>Daphne Jackson Trustee 4</b>	

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Daphne Jackson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/25/22</i>		5 Payee name <i>Lani Taylor</i>			
6 Amount (\$) <i>25.00</i>		7 Payee address; City; State; Zip Code <i>2029 E Illinois Ave Dallas TX 75216</i>			
8 9 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries/wages/contract labor</i>		(b) Description <i>Poll Worker.</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>4/26</i>		Payee name <i>Lani Taylor</i>			
Amount (\$) <i>\$25.00</i>		Payee address; City; State; Zip Code <i>2029 E. Illinois Ave Dallas TX 75216</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/wages/contract labor</i>		Description <i>Poll Worker.</i>		
	<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 <i>4/23/22</i>		Payee name <i>Rush Order Ties</i>			
Amount (\$)		Payee address; City; State; Zip Code <i>800-620-1233 - Internet</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>		Description <i>Campaign T- Shirts.</i>		
	<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 <i>Daphne Jackson</i>		Office sought <i>Trustee 4</i> Office held	

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>		2 FILER NAME <b>Daphne Jackson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/22/22</b>		5 Payee name <b>Ladies Who Lunch Luncheon / Rose Garden Tea Room</b>			
6 Amount (\$) <b>*20.00</b>		7 Payee address; City; State; Zip Code <b>4720 S. Cooper St. Arlington TX 76017</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description <b>Ladies Luncheon</b>		
	(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 <b>Daphne Jackson</b> Office sought Office held			
Date <b>4/14/22</b>		Payee name <b>Daphne Murphy Express</b>			
Amount (\$)		Payee address; City; State; Zip Code <b>5375 S. Cooper St. ARL TX 76017</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Travel in district</b>		Description <b>Gas/delivery of yard signs</b>		
	<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 <b>Daphne Jackson</b> Office sought <b>Trustee 4</b> Office held			
Date <b>4/08/22</b>		Payee name <b>Murphy Express</b>			
Amount (\$)		Payee address; City; State; Zip Code <b>5375 S. Cooper St. Arlington 76017</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Travel in district</b>		Description <b>gas</b>		
	<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 <b>Daphne Jackson</b> Office sought <b>Trustee 4</b> Office held			

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>Daphne Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/22</b>	5 Payee name <b>Murphy Express</b>		
6 Amount (\$) <b>30.00</b>	7 Payee address; City; State; Zip Code <b>5375 S. Cooper St. Arlington TX 76017</b>		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Travel in district</b>		(b) Description <b>gas.</b>
	(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 <b>Daphne Jackson Trustee 4</b>			
Date <b>4/23</b>	Payee name <b>Murphy Express</b>		
Amount (\$)	Payee address; City; State; Zip Code <b>5375 S. Cooper St. ARL TX 76017</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Travel in district</b>		Description <b>gasoline</b>
	<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 <b>Daphne Jackson Trustee 4</b>			
Date <b>4/27</b>	Payee name <b>David Jackson</b>		
Amount (\$)	Payee address; City; State; Zip Code <b>POB 180004 ARL TX 76096</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Wages/Contract labor</b>		Description <b>poll worker</b>
	<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 <b>Daphne Jackson Trustee 4</b>			

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)

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: <b>5</b>	2 FILER NAME <b>Daphne Jackson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/27/22</b>	5 Payee name <b>GO 2. Graphics</b>		
6 Amount (\$) <b>165.62</b>	7 Payee address; City; State; Zip Code <b>224. N. Story Road Irving TX 75061</b>		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>30 yard signs + brackets.</b>
	(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			
<b>Daphne Jackson Trustee 4</b>			
Date <b>4/18/22</b>	Payee name <b>Vista Print</b>		
Amount (\$) <b>461.80</b>	Payee address; City; State; Zip Code <b>Internet</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Business Cards/Election</b>
	<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			
<b>Daphne Jackson Trustee 4</b>			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<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