

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9712

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:

13

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
		Marilyn		Date Received	FILED FOR RECORD 2020 JUL 15 PM 5:04 DANA DEBEAUVOL COUNTY CLERK TRAVIS COUNTY TEXAS	
		Jackson				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
<input type="checkbox"/> Change of Address	PO Box 142253		Austin, TX		78714	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-Delivered	Date Postmarked	
	( 512 )	627-2020				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	Mrs	Nathalene				
	NICKNAME	LAST	SUFFIX	Date Processed		
		Matthews-Lee		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	1615 Redwood Rd #14A		San Marcos,	TX	78666	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512 )	757-2711				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" 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
	1	1	2020	6	30	2020
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	11	3	2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)				
		Travis County Tax Assessor Collector				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Marilyn D. Jackson** 15 Filer ID (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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1940.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1966.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 178.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

*Marilyn D. Jackson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marilyn D. Jackson this the 15<sup>th</sup> day of July, 2020, to certify which, witness my hand and seal of office.

*Keegan Workman*      *Keegan Workman*      *Notary Public*  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Marilyn D. Jackson</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1940.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 1966.36
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Marilyn D Jackson

3 Filer ID (Ethics Commission Filers)

4 Date

1/29/2020

5 Full name of contributor

Joseph Swanson

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

6101 Balcones Dr #102 Austin TX 78731

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Chiropractor

9 Employer (See Instructions)

Self

Date

6/16/2020

Full name of contributor

Patrick McGuinness

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

9310 Old Lampasas Trail Austin, TX, 78750

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Project Leader

Employer (See Instructions)

Dell Computers

Date

6/19/2020

Full name of contributor

David Whitehead

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$10.00

Contributor address;

PO BOX 141873 Austin, TX 78714

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Freelance Editor

Employer (See Instructions)

Self

Date

6/22/2020

Full name of contributor

Donald Johnson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$5.00

Contributor address;

403A West Bowman Austin, TX, 78663

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Painter

Employer (See Instructions)

Self

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

**Marilyn D Jackson**

3 Filer ID (Ethics Commission Filers)

4 Date

**5/29/2020**

5 Full name of contributor

**Cornelia Foster**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$1000.00**

6 Contributor address; City; State; Zip Code

**4511 Island Cove Austin, TX 78731**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

**Retired**

Date

**6/27/2020**

Full name of contributor

**Joseph Howell Burton**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$25.00**

Contributor address; City; State; Zip Code

**2113 Zach Scott Street Austin, TX 78723**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**Retired**

Date

**3/2/2020**

Full name of contributor

**Marilyn Jackson**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$600.00**

Contributor address; City; State; Zip Code

**10127 Middle Fiskville Road, Ausitn, TX 78753**

Principal occupation / Job title (See Instructions)

**Insurance Agent**

Employer (See Instructions)

**Farmers Insurance**

Date

Full name of contributor

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Marilyn D. Jackson</b>	<b>3</b> Filer ID. (Ethics Commission Filers)
<b>4</b> Date <b>1/1/2020</b>	<b>5</b> Payee name <b>Bank of America</b>	
<b>6</b> Amount (\$) <b>\$16.00</b>	<b>7</b> Payee address; <b>100 North Tryon Street, Charlotte, NC 28255.</b>	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b) Description</b> <b>Bank Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>2/1/2020</b>	Payee name <b>Bank of America</b>	
Amount (\$) <b>\$16.00</b>	Payee address; <b>100 North Tryon Street, Charlotte, NC 28255.</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Bank Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>3/2/2020</b>	Payee name <b>Bank of America</b>	
Amount (\$) <b>\$16.00</b>	Payee address; <b>100 North Tryon Street, Charlotte, NC 28255.</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Bank Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> 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

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Marilyn D. Jackson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/1/2020	<b>5</b> Payee name Bank of America	
<b>6</b> Amount (\$) \$16.00	<b>7</b> Payee address; 100 North Tryon Street, Charlotte, NC 28255.	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Bank Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/1/2020	Payee name Bank of America	
Amount (\$) \$16.00	Payee address; 100 North Tryon Street, Charlotte, NC 28255.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Fees
	<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 6/1/2020	Payee name Bank of America	
Amount (\$) \$16.00	Payee address; 100 North Tryon Street, Charlotte, NC 28255.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Fees
	<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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <b>Marilyn D. Jackson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6/16/2020</b>		5 Payee name <b>Anedot Inc</b>			
6 Amount (\$) <b>\$2.30</b>		7 Payee address: <b>1340 Poydras St Suite 1770,</b>		City: <b>New Orleans</b>	State: <b>LA</b>
				Zip Code <b>70122</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expenses</b>		(b) Description <b>Donation Processing Fees</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>6/15/2020</b>		Payee name <b>Anedot Inc</b>			
Amount (\$) <b>\$0.50</b>		Payee address: <b>1340 Poydras St Suite 1770,</b>		City: <b>New Orleans</b>	State: <b>LA</b>
				Zip Code <b>70122</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expenses</b>		Description <b>Donation Processing Fees</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>1/29/2020</b>		Payee name <b>Anedot Inc</b>			
Amount (\$) <b>\$10.30</b>		Payee address: <b>1340 Poydras St Suite 1770,</b>		City: <b>New Orleans</b>	State: <b>LA</b>
				Zip Code <b>70122</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expenses</b>		Description <b>Donation Processing Fees</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> 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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Marilyn D. Jackson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/27/2020</b>	5 Payee name <b>Anedot Inc</b>	
6 Amount (\$) <b>\$1.30</b>	7 Payee address; <b>1340 Poydras St Suite 1770,</b>	City: <b>New Orleans</b> State: <b>LA</b> Zip Code: <b>70122</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expenses</b>	(b) Description <b>Donation Processing Fees</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
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Date <b>6/22/2020</b>	Payee name <b>Anedot Inc</b>		
Amount (\$) <b>\$0.50</b>	Payee address; <b>1340 Poydras St Suite 1770,</b>	City: <b>New Orleans</b> State: <b>LA</b> Zip Code: <b>70122</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expenses</b>	Description <b>Donation Processing Fees</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
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Date <b>6/19/2020</b>	Payee name <b>Anedot Inc</b>		
Amount (\$) <b>\$0.70</b>	Payee address; <b>1340 Poydras St Suite 1770,</b>	City: <b>New Orleans</b> State: <b>LA</b> Zip Code: <b>70122</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expenses</b>	Description <b>Donation Processing Fees</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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <b>Marilyn D. Jackson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6/22/2020</b>		5 Payee name <b>David Whitehead</b>			
6 Amount (\$) <b>\$100.00</b>		7 Payee address: <b>PO Box 141873</b>		City: <b>Austin,</b>	State: <b>TX</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		(b) Description <b>Campaign Manager Payment</b>		
	<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 <b>6/15/2020</b>		Payee name <b>Cricket Wireless</b>			
Amount (\$) <b>\$89.93</b>		Payee address: <b>1025 Lenox Park Blvd. NE, Atlanta, GA 30319.</b>		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Office Overhead/Rental Expense</b>		Description <b>Campaign Phone Payment</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
Date <b>6/29/2020</b>		Payee name <b>Ramos Restaurant</b>			
Amount (\$) <b>\$55.07</b>		Payee address: <b>116 E Parsons St, Manor, TX 78653</b>		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Event Expense</b>		Description <b>Meet and Greet event</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <b>Marilyn D. Jackson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6/29/2020</b>		5 Payee name <b>VistaPrint</b>			
6 Amount (\$) <b>\$35.71</b>		7 Payee address: <b>95 Hayden Ave, Lexington, MA, 02421-7942.</b>		City:	State:
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Campaign 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>1/6/2020</b>		Payee name <b>David Whitehead</b>			
Amount (\$) <b>\$180.00</b>		Payee address: <b>PO Box 141873</b>		City: <b>Austin, TX</b>	State: <b>78714</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salary/Wages/Contract Labor</b>		Description <b>Campaign Manager Payment</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
Date <b>1/13/2020</b>		Payee name <b>Casa Garcias</b>			
Amount (\$) <b>\$24.46</b>		Payee address: <b>5401 Farm to Market 1626 #300, Kyle, TX 78640.</b>		City:	State:
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food and Beverage Expense</b>		Description <b>Campaign Team Meeting</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Marilyn D. Jackson		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 1/27/2020		<b>5</b> Payee name New Braunfels Coffee			
<b>6</b> Amount (\$) \$50.23		<b>7</b> Payee address: 489 Main Plaza, New Braunfels, TX 78130		City:	State:
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/ Beverage Expense		<b>(b)</b> Description Campaign Team Meeting		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1/27/2020		Payee name BUC-EEs #22			
Amount (\$) \$27.49		Payee address: 327 FM 2004, Lake Jackson, TX 77566		City:	State:
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel out of District		Description Gas for Campaign Team Meeting		
	<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 1/27/2020		Payee name Walmart			
Amount (\$) \$26.10		Payee address: 702 S.W. 8th St., Bentonville, AK 72716		City:	State:
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Printing Supplies		
	<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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 <b>Marilyn D. Jackson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1/31/2020</b>	5 Payee name <b>City of Austin Parking Enterprise Division</b>
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6 Amount (\$) <b>\$16.00</b>	7 Payee address; <b>1111 Rio Grande Street Austin, 78701</b>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Travel in District</b>	(b) Description <b>Parking for Event</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
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Date <b>1/7/2020</b>	Payee name <b>Roxie Ferguson-Garza de Haro</b>
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Amount (\$) <b>\$1250.00</b>	Payee address; <b>7905 Osborne Dr, Austin TX 78729</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>	Description <b>Loan Repayment (See Schedule E from Dec 31, 2019 Year-End Report for reference )</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
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Date	Payee name
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Amount (\$)	Payee address;	City:	State:	Zip Code:
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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