

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Texas Commission Filers)

2 Total pages filed:

8

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	Ms	Payton			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	<p>CSO REC'D APR 28 '25 PM 12:58</p>	
		Jackson			
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
	1411 Wesleyan Fort Worth tx 76105				
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Received	
	(682)	213-6416		Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
		Self		Date Processed	
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE				
	Same				
10 PERIOD COVERED	AREA CODE PHONE NUMBER EXTENSION				
	() Same				
11 ELECTION	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)				
	Month Day Year 3 / 24 / 25 THROUGH Month Day Year 4 / 25 / 25				
12 OFFICE	ELECTION DATE Month Day Year 5 / 3 / 25 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
	OFFICE HELD (if any) OFFICE BOUGHT (if known) Fort Worth city council district 8				
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.				
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Jackson Campaign COMMITTEE ADDRESS 1411 Wesleyan Fort Worth tx 76105 COMMITTEE CAMPAIGN TREASURER NAME Payton Jackson COMMITTEE CAMPAIGN TREASURER ADDRESS 1411 Wesleyan Fort Worth tx 76105			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Payton Jackson		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)	\$	320
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	320
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	320
	4. TOTAL POLITICAL EXPENDITURES	\$	320
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Payton Jackson, and my date of birth is

My address is 1411 Wesleyan, Fort Worth, Tx, 76105, US
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 25th day of April, 2025
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Payton Jackson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 320
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 320
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 Payton Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/25	5 Full name of contributor out-of-state PAC (ID#) Glenn Nolley 6 Contributor address; City; State; Zip Code 6918 Snowy Owl Arlington Tx 76002	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) REI		9 Employer (See Instructions) Self
Date 4/4/25	Full name of contributor out-of-state PAC (ID#) David McKee Contributor address; City; State; Zip Code 9704 Dovers View Trail fort worth tx 76131	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 4/4/25	Full name of contributor out-of-state PAC (ID#) Marcella Howard Contributor address; City; State; Zip Code 1439 s route 183 Schuylkill Haven, PA 17972	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 4/4/25	Full name of contributor out-of-state PAC (ID#) Dave Guisti Contributor address; City; State; Zip Code 9 Concord st Wilmington, MA	Amount of contribution (\$) \$10
Principal occupation / Job title (See Instructions) Musician CCD		Employer (See Instructions) Archdiocese
<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>		

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	2 FILER NAME Payton Jackson	3 Filer ID (Ethics Commission Filers)
4 Date 4/8/25	5 Payee name Walmart	
6 Amount (\$) 35.93	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Signage
	(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 Payton Jackson Office sought FWCC D8 Office held	
Date 4/8/25	Payee name Walmart	
Amount (\$) 21.96	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Signage
	<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 Payton Jackson Office sought FWCC D8 Office held	
Date 4/11/25	Payee name Walmart	
Amount (\$) 244.13	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Signage
	<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 Payton Jackson Office sought FWCC D8 Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Payton Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/25	5 Full name of contributor out-of-state PAC (ID#: _____) Dwight Davis 6 Contributor address; City; State; Zip Code 7813 West st Houston tx 77093	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) Self
Date 4/5/25	Full name of contributor out-of-state PAC (ID#: _____) Richard Stevens Contributor address; City; State; Zip Code 1229 12th st 3 Santa Monica, CA 90401	Amount of contribution (\$) \$10
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 4/6/25	Full name of contributor out-of-state PAC (ID#: _____) Kelly Ramos Contributor address; City; State; Zip Code 9104 West 500 south Fowler, IN 47944	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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
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		3 Filer ID (Ethics Commission Filers)	
2	Payton Jackson			
4 Date	5 Payee name			
April 2025	Donor Box			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
17.98				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Fees		Fees	
	(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/OH	Candidate / Officeholder name		Office sought	Office held
	Payton Jackson		FWCC D8	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Check if travel outside of Texas. Complete Schedule T.		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	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Check if travel outside of Texas. Complete Schedule T.		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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

Payton Jackson

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

☒

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder