# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER	Ms / Mrs / Mr First Mrs. Dareia	MI	OFFICE USE ONLY
NAME	NICKNAME LAST  Jacobs	SUFFIX	REC ELEC:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; OR 317 Royal Crest Drive, Desoto,	CITY: STATE; ZIP CODE TX 75115	RECEIVED FOR DALLAS CO DALLAS CO ELECTIONS DEF
Change of Address	AREA CODE PHONE NUMBER	EVIENCION	PM PM
5 CANDIDATE/ OFFICEHOLDER PHONE	(903 ) 522-1143	EXTENSION	Date Hand-delivered or Date Posimarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Adaint \$
TREASURER NAME	Mr. Isreal		Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	Henry		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	street address (NO PO BOX PLEASE); APT / St 2517 Val Verde Way, Mesquite		STATE; ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	( 972 ) 896-0600	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	election	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	7 / 30 / 21	THROUGH 12	/ 31 / 21
11 ELECTION	Month Day Year Primary  3 / 1 / 22 General	ELECTION TYPE  Runoff Other Description  Special	
	3 / 1 / 22   General		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Justice Of The Pea	ace, Precinct 4, Place 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.	MAY HAVE BEEN MADE WITHOUT THE CAND	VIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
001/11/17/22(0)	COMMITTEE TYPE   COMMITTEE NAME		
	GENERAL COMMITTEE ADDRESS		
Additional Pages			
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	20.72	DAGEO	
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Darei Jacobs	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 155.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,386.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 342.76
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,161.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 36.41
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.  Signature of Candid.	
	Signature of January	are of Officeriolder
	Please complete either option below:	
NOTARY STAMP/SEA  Sworn to and subscribed  20	before me by this the 19 which, witness my land and seal of office.  Printed name of officer administering oath  OR	day of <b>January</b> ,  Manual Laboratory  Title of officer administering oath
My address is	(street) (city) (state	e) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candidate/	Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	
	100000000000000000000000000000000000000	<ul> <li>Complete only if "Report Type" on page 1 is marked "Final</li> </ul>	al Report" ••
ו	с/он и	a Jacobs	2 Filer ID (Ethics Commission Filers)
_		od to 7 I inches production and registration and registra	
3		expect any further political contributions or political expenditures in connection with my string a report as a final report terminates my campaign treasurer appointment. I also up	
	_	gn contributions or make any campaign expenditures without a campaign treasurer app	
1		WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Check	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.
		I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended
	B.	ASSETS	
	Check	k only one:	
	~	I do not retain assets purchased with political contributions or interest or other income	e from political contributions.
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to
		S	Signature of Candidate
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as
		Siç	gnature of Officeholder

		Atta	Attachment C Schedule G		
Date	Payee Name	Payee Address	Category	Description	Amount
3/24/2021	Tremain Arnold	1205 Golden Trophy Drive Dallas, TX 75232	Consulting Expense	Consulting Expense   Campaign Consulting Fee Paid To Run For Justise Of The Peace   \$1,000.00	\$ 1,000.00
1/15/2021	Texas Metro News	320 S RL Thornton Fwy, # 220, Dallas, TX, 75203 Advertsing Expense	Advertsing Expense	For Political Campaign Advertising in Newspaper	\$ 1,000.00
Total					\$ 2,000.00

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

See Attachment C

#### **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 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: 2	<sup>2</sup> FILER NAME Dareia Jacobs		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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 e	xpense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	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 ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED	

		Attachment B Schedule F1	ient B le F1		
Date	Payee Name	Payee Address	Category	Description	Amount
11/15/2021	RamWeb Design	PO Box 171752, Dallas, TX 75217	Advertising Expense	Print Job - Campaign Yard Signs	\$ 688.68
12/3/2021	Bankem Flyers	2357 South Collins Street, Arlington, TX 76014	Advertising Expense	Push Cards and Flyers	\$ 238.15
12/21/2021	ActBlue/NGAN HTTPSecure	N/A	Other	Entry Fee for SOC High School Parade	\$ 200.00
12/20/2021	Stonewall Democrats of Dallas	12/20/2021 Stonewall Democrats of Dallas P.O. Box 192305, Dallas, Texas 75219-2305	Other	Membership Fees	\$ 35.00
Total					\$ 1,161.83

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

See Attachment B

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Dareia Jacobs		3 Filer ID (Ethics (	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	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 Austi	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	С	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	n, TX, officeholder living ex	Dense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEF	DED	

		Attachment A			
		Schedule A1			
Date Received	Date Received Contributer Full Name	Contributer Address	Amount	Amount Occupation/Job Title	Name Of Employer
11/5/2021	Rebecca Walker	1514 Develon Drive, Mesquite, TX 75149	\$ 306.00	Package Handler	Amazon
11/7/2021	Andrew White	3019 meseta, Grand Praire, TX 75054	\$ 250.00	Not Employed	Not Employed
11/7/2021	Janice Tolbert	23 Fairmont Street, Cambridge, MA 2139	\$ 100.00	Not Employed	Not Employed
11/8/2021	Jaqueline Tolbert	102 WestGlenn, Longview Texas 75602	\$ 500.00	Teacher	Title Independent School Disrict
11/21/2021	Alecia Francis	1703 Lake Eden Dr, Euless, TX 76039	\$ 100.00	State Farm	CEO
11/21/2021	Nichole Lambert	6910 Nava, Grand Praire, TX 75054	\$ 200.00	HR Training	FDIC
11/22/2021	Shelia Ingram	2517 Val Verde Way, Mesquite, TX 75181	\$ 100.00	Non-Employed	Non-Employed
11/23/2021	Mamie Washington	2517 Val Verde Way, Mesquite, TX 75181	\$ 100.00	Home Health Nurse Aid	Agape
11/22/2021	Destiny Tolbert	4639 Penelope Lane, Plano, TX 75024	\$ 530.00	Director	UTD
12/13/2021	Ever Green Funeral Home	6449 University Hills Blvd, Dallas, TX 75241	\$ 500.00	N/A	N/A
12/28/2021	Adam Butler	1131 bristol trail, Desoto, TX 75115	\$ 100.00	NFL	NFL
12/28/2021	Noah Floyd	5713 Del Rey, Dallas, TX 76208	\$ 100.00	Pastor	Church
12/28/2021	Montreal Diggs	2200 Duluth Hwy, Duluth, GA 30097	\$ 100.00	Actor	SAG
12/29/2021	Armard Anderson	PO Box 16112, Fort Wortth, TX 76126	\$ 100.00	Education	RMA
12/30/2021	Chericia Curtis	3111 Creek Haven Dr., Highland Village, TX 75077	\$ 100.00	Sales	Juniper
12/30/2021	Jerry Ernst	5012 Bryn Mawr Drive, Mckinney, TX 75070	\$ 100.00	Manager	Clay Cooley Kia
12/30/2021	Kenneth Frazier	907 Hines Drive, Cedar Hill, TX 75104	\$ 100.00	Self-employed	Winners Smokehouse BBQ
Total	THE REAL PROPERTY.		\$ 3,386.00		

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report. See Attachment A 1 Total pages Schedule A1: 2 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dareia Jacobs 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_\_ 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) State; Zip Code City; Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) 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.

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILE Darei	ia Jacobs	20 Filer ID (Ethics Con	nmiss	ion Filers)
	IEDULE SUBTOTALS IE OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,491.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1,161.83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	2,000.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	