

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	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dareia	OFFICE USE ONLY Date Received 2025 JUL 15 PM 2:25 FILED JOHN P. HANSEN COUNTY CLERK DALLAS COUNTY RECEIVED Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Jacobs		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 2438 Desoto, TX 75123		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI DOMINIQUE NICKNAME LAST SUFFIX ALEXANDER		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1808 S. Good Latimer Expy DALLAS TX 75226		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 972 415-8003		
8 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)		
9 PERIOD COVERED	Month Day Year Month Day Year 02/10/2025 THROUGH 06/30/2025		
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Dallas County, Justice of the Peace, Place 4-2	

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SUBTOTALS - C/OH**FORM C/OH
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18 FILER NAME

Jacobs, Dareia

19 Filer ID**20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 271.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 138.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 4/6
2 FILER NAME Jacobs, Dareia		3 Filer ID
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLANA, ARON (CEO) 6 Contributor address; City; State; Zip Code 1121 E. PLEASANT RUN RD DESOTO, TX 75115	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) CAMBRIDGE ACADEMY OF DESOTO
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alagaban, Conrad Contributor address; City; State; Zip Code 1004 Glenbrook Grand Prairie, TX 75052	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) NOT PROVIDED		Employer (See Instructions) NOT PROVIDED
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alagaban, Conrad Contributor address; City; State; Zip Code 1004 Glenbrook Grand Prairie, TX 75052	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) NOT PROVIDED		Employer (See Instructions) NOT PROVIDED
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS, LARRY (Mr.) Contributor address; City; State; Zip Code 4515 VILLAGE FAIR DALLAS, TX 75224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) BIG T BAZAAR
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, SENSIRIA Contributor address; City; State; Zip Code 2625 Stonelake Dr APT. 514 GRAND PRAIRIE, TX 75050	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CREDIT ANALYST		Employer (See Instructions) CREDIT UNION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/6
2 FILER NAME Jacobs, Dareia		3 Filer ID
4 Date 03/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOBS, ADAM 6 Contributor address; City; State; Zip Code 2349 CEDAR CREST BLVD DALLAS, TX 75203	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) REFUSE COLLECTOR		9 Employer (See Instructions) REFUSE COLLECTOR
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIL V'S BBQ Contributor address; City; State; Zip Code 7620 GREAT TRINITY DALLAS, TX 75217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resurrection Body of Christ Contributor address; City; State; Zip Code 200 E. CARR LANE DUNCANVILLE, TX 75115	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITAKER, CW Contributor address; City; State; Zip Code 2130 OAK VALLEY LANE DALLAS, TX 75232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT PROVIDED		Employer (See Instructions) NOT PROVIDED

POLITICAL EXPENDITURES 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: Sch: 1/1 Rpt: 6/6		2 FILER NAME Jacobs, Dareia		3 Filer ID
4 Date 04/04/2025		5 Payee name BANKEM PRINTING		
6 Amount (\$) \$108.25		7 Payee address; City; State; Zip Code 2357 S Collins St ARLINGTON, TX 76014		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN FLYERS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/31/2025		Payee name FROST BANK		
Amount (\$) \$30.00		Payee address; City; State; Zip Code 213 N Highway 67 STE 100A TX 75104		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE CHARGE FEE FROM BANK	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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13 C / OH NAME Jacobs, Dareia	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

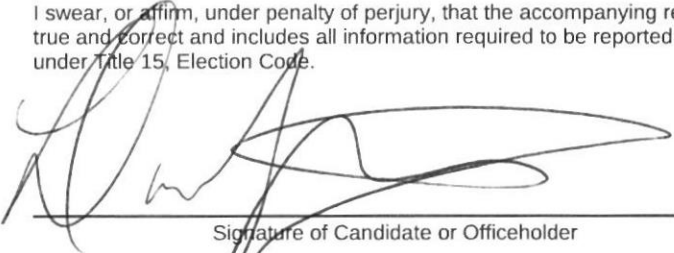
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 271.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 138.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



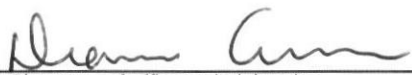
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Dareia Jacobs, this the 15 day of July, 2025, to certify which, witness my hand and seal of office.



Signature of officer administering

Dianna Cannonier

Printed name of officer administering

Payment Coordinator

Title of officer administering oath