

# 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 (Ethics Commission Filers)	2 Total pages filed: 21				
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mrs.	FIRST Dareia	MI V.	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX	Date Received <i>BY JOHN DOMINIQUE, JR. - DALLAS COUNTY, TEXAS</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			P.O. Box 2438 Desoto, TX 75123			
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked <i>2026 JUN 15</i>			
		( )	903.522.1143		Receipt # <i>2026 JUN 15</i> Amount \$ <i>55</i>			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr. Dominique	FIRST	MI	Date Processed			
		NICKNAME	LAST	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;			STATE; ZIP CODE			
		1808 S. Good Latimer Expwy. Dallas, Texas 75226						
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
		( )	469-734-7580					
9 REPORT TYPE		<input checked="" 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 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 7	Day 1	Year / 2025	Month 1	Day 14	Year / 2026	
		/ 2025 THROUGH						
11 ELECTION		ELECTION DATE Month 3 Day / 2026 Year		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Justice of the Peace, 4-2</i>			
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.						
		Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
			COMMITTEE ADDRESS					
			COMMITTEE CAMPAIGN TREASURER NAME					
			COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2								

**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 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 12 (page 8 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2025	5 Payee name Nick Bini	
6 Amount (\$) \$1,000.00	7 Payee address; 354 Main Street Hackensack NJ 07601	City:      State:      Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Texas Messaging
	(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
Date 12/1/2025	Payee name Wal-Mart	
Amount (\$) \$1,001.00	Payee address;	City:      State:      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Other	Description  Supplies
	<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 12/1/2025	Payee name Al Green	
Amount (\$) \$900.00	Payee address;	City:      State:      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Political Booklet
	<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**

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME Dariea Jacobs	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,886.00
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	\$ 17,948.38
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

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: 6 (page 1 of 6)
2 FILER NAME Dareia Jacobs		3 Filer ID (Ethics Commission Filers)
4 Date 7/22/2025	5 Full name of contributor Chris Hamilton ..... 6 Contributor address; City; State; Zip Code 325 N. Saint Paul St., Suite 3600, Dallas, TX 75201	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hamilton Wingo, LLP
Date 7/23/2025	Full name of contributor Raul M. Hamilton ..... Contributor address; City; State; Zip Code 325 N. Saint Paul St., Suite 3600, Dallas, TX 75201	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/23/2025	Full name of contributor Felicia Nash ..... Contributor address; City; State; Zip Code Dallas, TX	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/1/2025	Full name of contributor Destiny Tolbert ..... Contributor address; City; State; Zip Code 6248 Assembly Park Blvd., Plano, TX 75074	Amount of contribution (\$) \$115.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 6 (page 2 of 6)</p>
<p>2 FILER NAME Dareia Jacobs</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
4 Date 8/1/2025	<p>5 Full name of contributor Robert Nichols, Jr.</p> <p>6 Contributor address; 335 S. Parks Dr. DeSoto, TX 75154</p>	<p>7 Amount of contribution (\$) \$250.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>
8/4/2025	<p>Full name of contributor Dareia Jacobs</p> <p>Contributor address; P.O. Box 2438 , DeSoto, Texas 75123</p>	<p>Amount of contribution (\$) \$1,100.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
8/19/2025	<p>Full name of contributor Douglas Hunt</p> <p>Contributor address; 561 E. Ovilla Rd., Red Oak, TX 75154</p>	<p>Amount of contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
9/8/2025	<p>Full name of contributor Destined for Greatness</p> <p>Contributor address; Dallas, Texas</p>	<p>Amount of contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

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

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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 6 (page 3 of 6)</p>
<p>2 FILER NAME Dareia Jacobs</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 9/13/2025</p>	<p>5 Full name of contributor David Morgan</p> <p>6 Contributor address; 301 California Court      City:      State:      Zip Code Ellenwood, GA 30294</p>	<p>7 Amount of contribution (\$) \$150.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>
<p>Date 9/19/2025</p>	<p>Full name of contributor Corey Masters</p> <p>Contributor address; 4160 La Valse St., #3113      City:      State:      Zip Code Grand Prairie, TX 75052</p>	<p>Amount of contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 9/29/2025</p>	<p>Full name of contributor Chris Hamilton</p> <p>Contributor address; 325 N. Saint Paul St., Suite 3600, Dallas, TX 75201</p>	<p>Amount of contribution (\$) \$2,500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Attorney</p>		<p>Hamilton Wingo, LLP</p>
<p>Date 10/3/2025</p>	<p>Full name of contributor Dareia Jacobs</p> <p>Contributor address; P.O. Box 2438, DeSoto, Texas 75123</p>	<p>Amount of contribution (\$) \$1,200.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>2 FILER NAME Dareia Jacobs</p>		<p>3 Filer ID (Ethics Commission Filers)</p>	
<p>4 Date 10/7/2025</p>	<p>5 Full name of contributor Dareia Jacobs</p> <p>6 Contributor address; P.O. Box 2438 , DeSoto, Texas 75123</p>	<p>7 Amount of contribution (\$) \$250.00</p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date Contributor address;</p>		<p>Amount of contribution (\$)</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/8/2025</p>	<p>Full name of contributor Evergreen Memorial</p> <p>Contributor address; 6449 University Hills Blvd., Dallas, TX</p>	<p>Amount of contribution (\$) \$500.00</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 12/1/2025</p>		<p>Full name of contributor Raul M. Hamilton</p> <p>Contributor address; 325 N. Saint Paul St., Suite 3600, Dallas, TX 75201</p>	<p>Amount of contribution (\$) \$5,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><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.</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule A1: 6 (page 5 of 6)</p>
<p><b>2</b> FILER NAME Dareia Jacobs</p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> Date 12/3/2025</p>	<p><b>5</b> Full name of contributor Lil V BBQ</p> <p><b>6</b> Contributor address; City; State; Zip Code 7620 Great Trinity Forest Way, Dallas, TX 75217</p>	<p><b>7</b> Amount of contribution (\$) \$110.00</p>
<p><b>8</b> Principal occupation / Job title (See Instructions)</p>		<p><b>9</b> Employer (See Instructions)</p>
<p>Date 12/5/2025</p>	<p>Full name of contributor Lil V BBQ</p> <p>Contributor address; City; State; Zip Code 7620 Great Trinity Forest Way, Dallas, TX 75217</p>	<p>Amount of contribution (\$) \$511.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 12/7/2025</p>	<p>Full name of contributor Jay Tolbert</p> <p>Contributor address; City; State; Zip Code 102 West Glenn Dr., Longview, TX</p>	<p>Amount of contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 12/11/2025</p>	<p>Full name of contributor Chris Hamilton</p> <p>Contributor address; City; State; Zip Code 325 N. Saint Paul St., Suite 3600, Dallas, TX 75201</p>	<p>Amount of contribution (\$) \$2,500.00</p>
<p>Principal occupation / Job title (See Instructions) Attorney</p>		<p>Employer (See Instructions) Hamilton Wingo, LLP</p>
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 6 (page 6 of 6)</p>
<p>2 FILER NAME Dareia Jacobs</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 1/1/2026</p>	<p>5 Full name of contributor Hollie Mayes</p> <p>6 Contributor address; City; State; Zip Code 6508 J.J. Lemmon Rd., Dallas, TX 75241</p>	<p>7 Amount of contribution (\$) \$200.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>
<p>Date</p>	<p>Full name of contributor .....</p> <p>Contributor address; City; State; Zip Code .....</p>	<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date</p>	<p>Full name of contributor .....</p> <p>Contributor address; City; State; Zip Code .....</p>	<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date</p>	<p>Full name of contributor .....</p> <p>Contributor address; City; State; Zip Code .....</p>	<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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  
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: 12 (page 1 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)	
4 Date 7/24/2025	5 Payee name Sam's Club		
6 Amount (\$) \$119.68	7 Payee address;  	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Food	(b) Description  meet & greet	
	(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
Date 8/1/2025	Payee name William Murphy		
Amount (\$) \$500.00	Payee address;  312 DOEHAVEN RD, NEW BRAUNFELS, TX 78130	City; State; Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising	Description  Campaign Bus	
	<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 8/4/2025	Payee name William Murphy		
Amount (\$) \$500.00	Payee address;  312 DOEHAVEN RD, NEW BRAUNFELS, TX 78130	City; State; Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising	Description  Campaign Bus	
	<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

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### 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 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: 12 (page 2 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)	
4 Date 8/4/2025	5 Payee name Wal-Mart		
6 Amount (\$) \$1,455.25	7 Payee address;  	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food & Supplies	(b) Description  Meet & Greet	
	(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 8/4/2025	Payee name  Teller Withdrawal		
Amount (\$) \$1,000.00	Payee address;  	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Political Booklet	
	<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 8/11/2025	Payee name  Chris Nguyen		
Amount (\$) \$150.00	Payee address;  7105 Sable Ln., Sachse TX 75048	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consultings Expense	Description  Campagin Data	
	<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 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: 12 (page 3 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)	
4 Date 8/13/2025	5 Payee name Raazoom aka Bankim Printing		
6 Amount (\$) \$280.00	7 Payee address; 2357 S Collins St., Arlington, TX	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description  Printing	
	(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
Date 8/20/2025	Payee name Dallas County Democratic Party		
Amount (\$) \$200.00	Payee address; 1414 N. Washington Ave. Dallas, Texas 75204	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description  Table at Event	
	<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 8/25/2025	Payee name Whole		
Amount (\$) \$150.00	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage	Description  Door Knockers	
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 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: 12 (page 4 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)	
4 Date 9/15/2023	5 Payee name Chris Nguyen		
6 Amount (\$) \$200.00	7 Payee address; 7105 Sable Ln., Sachse TX 75048	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Consultings Expense	(b) Description  Campagin Data	
	(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
Date 9/3/2025	Payee name Kingdom Building		
Amount (\$) \$279.00	Payee address; 8517 Scyene Rd., Dallas TX	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Description  Toys for Tots	
	<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 9/4/2025	Payee name M & M Advertising Company		
Amount (\$) \$700.00	Payee address; 1105 S Hampton Rd, DeSoto, TX 75115	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Billboard	
	<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

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 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 12 (page 5 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)
4 Date 9/8/2025	5 Payee name Campuzano - Cedar Hill	
6 Amount (\$) 206.97	7 Payee address;  Food/Beverage	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage	(b) Description  Meet & Greet
	(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  Chris Nguyen	Office sought  Office held
Date 9/9/2025	Payee name  Chris Nguyen	
Amount (\$) \$1,350.00	Payee address;  7105 Sable Ln., Sachse TX 75048	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consultings Expense	Description  Campagin Data
	<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  Elite News	Office sought  Office held
Date 9/29/2025	Payee name  Elite News	
Amount (\$) \$350.00	Payee address;  Elite News	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  News Paper Ad
	<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  News Paper Ad	Office sought  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 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: 12 (page 6 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)	
4 Date 9/29/2025	5 Payee name Texas Metro News		
6 Amount (\$) \$350.00	7 Payee address;  	City;      State;      Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Newspaper Ad	
	(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
Date 10/6/2025	Payee name Bankim Printing		
Amount (\$) \$1,125.00	Payee address;  2357 S Collins St., Arlington, TX	City;	State;      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  Printing	
	<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 10/6/2025	Payee name Mona Flowers		
Amount (\$) \$360.00	Payee address;	City;	State;      Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Salary/Wages/Contract Labor	Description  Door Knocking	
	<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

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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 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: 12 (page 7 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/2025	5 Payee name ATM Withdrawal		
6 Amount (\$) \$300.00	7 Payee address;	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salary/Wages/Contract Labor	(b) Description  Door Knockers	
	(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
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
Date 11/10/2025	Payee name Wal-Mart		
Amount (\$) \$126.08	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Other	Description  Supplies	
	<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

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### 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 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	3 Filer ID (Ethics Commission Filers)	
12 (page 9 of 12)	Dareia Jacobs		
4 Date	5 Payee name		
12/2/2025	William Murphy		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$200.00	312 DOEHAVEN RD, NEW BRAUNFELS, TX 78130		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Campaign Bus	
(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	Payee name		
12/2/2025	DFW Custom Prints		
Amount (\$)	Payee address;	City;	State; Zip Code
\$427.51			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Printing	
<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	Payee name		
12/5/2025	Nick Bini		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,000.00	354 Main Street Hackensack NJ 07601		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Text Messaging Service	
<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 12 (page 10 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)
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4 Date 12/12/2025	5 Payee name Nick Bini	
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6 Amount (\$) \$200.00	7 Payee address; 354 Main Street Hackensack NJ 07601	City;	State;	Zip Code
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Texas Messaging
	(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 12/16/2025	Payee name  William Murphy		
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Amount (\$) \$900.00	Payee address; 312 DOEHAVEN RD, NEW BRAUNFELS, TX 78130	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Campaign Bus
	<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 12/30/2025	Payee name  William Murphy		
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Amount (\$) \$300.00	Payee address; 312 DOEHAVEN RD, NEW BRAUNFELS, TX 78130	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Campaign Bus
	<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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# 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 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: 12 (page 11 of 12)	2 FILER NAME Dareia Jacobs	3 Filer ID (Ethics Commission Filers)	
4 Date 1/02/2026	5 Payee name William Murphy		
6 Amount (\$) \$300.00	7 Payee address; 312 DOEHAVEN RD, NEW BRAUNFELS, TX 78130	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Campaign Bus	
	(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
Date 1/5/2026	Payee name Bankim Printing		
Amount (\$) \$140.00	Payee address; 2357 S Collins St., Arlington, TX	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  Printing	
	<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 1/6/2025	Payee name Chase Campbell Centre		
Amount (\$) \$110.00	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Salary/Wages/Contract Labor	Description  Door Knocking	
	<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

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 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	3 Filer ID (Ethics Commission Filers)
12 (page 12 of 12)	Dareia Jacobs	

4 Date	5 Payee name
1/6/2025	DFW Custom Prints

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$200.00				

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	Printing

(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name      Office sought      Office held

Date	Payee name
1/9/2026	Signage Systems

Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,160.44	7900 Ferguson Rd, Dallas, TX 75228			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Posters/Flyers

(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name      Office sought      Office held

Date	Payee name
1/9/2026	Signage Systems

Amount (\$)	Payee address;	City;	State;	Zip Code
\$407.45	7900 Ferguson Rd, Dallas, TX 75228			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Posters/Flyers

(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name      Office sought      Office held

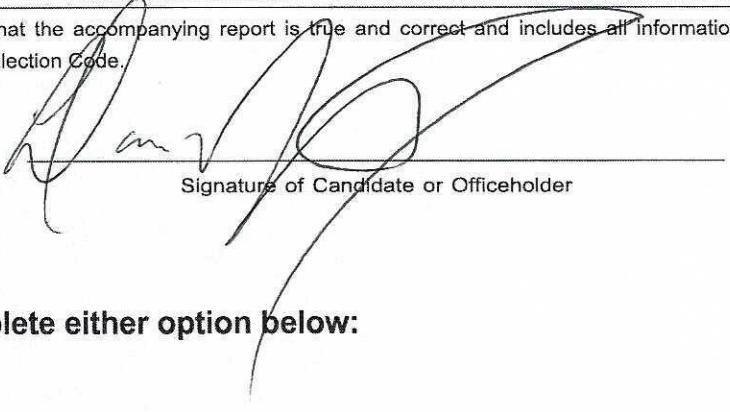
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	Dariea Jacobs	
	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)	\$ 3,200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$25,086.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,780.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,729.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,541.08
	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 Dariea V. Jacobs this the 14 day of January, 20 26, to certify which, witness my hand and seal of office.

Dianna Cannonier  
Signature of officer administering oath

Dianna Cannonier  
Printed name of officer administering oath

Lead Cashier  
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)

