

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <b>9</b>			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received  FEB 2 2026 PM 3:47 <i>AK</i>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged		
	Mr.	Jacob	P			
NICKNAME	LAST	SUFFIX				
	Holt					
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE					
	2008 Perkins Ln <i>Weatherford, TX 76088</i>					
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 817 )	239-5776				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	Mrs.	Rebekah				
NICKNAME	LAST	SUFFIX				
	Dugger					
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE					
4600 Old Brock Road, Weatherford, Texas 76087						
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 817 )	992-9463				
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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)		
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1	/	1	/	26	THROUGH
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3	/	3	/	26	<input type="checkbox"/> General <input type="checkbox"/> Special
<b>12</b> OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if known)		
	County Commissioner			County Commissioner		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Jacob Holt		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 4,166.28
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,169.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,997.07
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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 Jacob Holt, and my date of birth is August 16, 1984.

My address is 2008 Perkins Ln, Weatherford, Tx, 76088, USA.

Executed in Parker County, State of Texas, on the 2nd day of February, 2026.

Jacob Holt  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Jacob Holt

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,166.28
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 CONTRIBUTIONS	\$ 1,169.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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:

5

2 FILER NAME  
Jacob Holt

3 Filer ID (Ethics Commission Filers)

4 Date  
01/08/2026

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Brenda McClurkin

7 Amount of contribution (\$)

520.51

6 Contributor address; City; State; Zip Code  
PO Box 638, Weatherford, Tx 76086

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Date  
01/11/2026

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Traci Hamlin

Amount of contribution (\$)

26.03

Contributor address; City; State; Zip Code  
PO Box 2274, Weatherford, Texas 76086

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self Employed

Date  
01/11/2026

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Courtney Butler

Amount of contribution (\$)

26.03

Contributor address; City; State; Zip Code  
127 Aycock Court East Weatherford, TX 76088

Principal occupation / Job title (See Instructions)  
Librarian

Employer (See Instructions)  
Fort Worth

Date  
01/11/2026

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Hannah Morton

Amount of contribution (\$)

104.10

Contributor address; City; State; Zip Code  
200 Rawhide Trail, Weatherford, Texas 76088

Principal occupation / Job title (See Instructions)  
Operations Manager

Employer (See Instructions)  
Weatherford Aerospace

**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

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: <b>5</b>
2 FILER NAME <b>Jacob Holt</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/11/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Karissa Bell</b> 6 Contributor address; City; State; Zip Code <b>2545 Harwell Lake Road, Weatherford, Texas 76088</b>	7 Amount of contribution (\$) <b>52.05</b>
8 Principal occupation / Job title (See Instructions) <b>Office Manager</b>		9 Employer (See Instructions) <b>Parker County</b>
Date <b>01/11/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Phil King</b> Contributor address; City; State; Zip Code <b>2158 Fort Worth Highway, Weatherford, Texas 76088</b>	Amount of contribution (\$) <b>1,041.02</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Eggleston King Davis</b>
Date <b>01/12/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Russ Authier</b> Contributor address; City; State; Zip Code <b>112 Bent Oak Road, Weatherford, Texas 76086</b>	Amount of contribution (\$) <b>104.10</b>
Principal occupation / Job title (See Instructions) <b>Sheriff</b>		Employer (See Instructions) <b>Parker County</b>
Date <b>01/12/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Missy Neff</b> Contributor address; City; State; Zip Code <b>102 Houston Avenue, Suite 300, Weatherford, Texas 76086</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Law Office</b>		Employer (See Instructions) <b>Eggleston King Davis</b>
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME  
Jacob Holt

3 Filer ID (Ethics Commission Filers)

4 Date  
01/12/2026

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Randi Daniel

6 Contributor address; City; State; Zip Code  
311 Constitution Court, Weatherford, Texas 76088

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)  
Recruiting

9 Employer (See Instructions)  
Financial Additions

Date  
01/12/2026

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Jeni Tatum

Contributor address; City; State; Zip Code  
1001 Sandy Lane, Weatherford, Texas 76088

Amount of contribution (\$)

104.10

Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)  
Kimley-Horn

Date  
01/12/2026

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Gale Binder

Contributor address; City; State; Zip Code  
1001 Sandy Lane, Weatherford, Texas 76088

Amount of contribution (\$)

26.03

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
01/12/2026

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Kara Thomas

Contributor address; City; State; Zip Code  
1846 McClendon Road, Weatherford, Texas 76088

Amount of contribution (\$)

26.03

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Jacob Holt</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/13/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Laura Scoville</b> 6 Contributor address; City; State; Zip Code <b>2154 Fort Worth Hwy, Weatherford, Texas 76086</b>	7 Amount of contribution (\$)  <b>26.03</b>
8 Principal occupation / Job title (See Instructions) <b>none</b>		9 Employer (See Instructions) <b>none</b>
Date <b>01/14/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jake Posey</b> Contributor address; City; State; Zip Code <b>216 Vista Lane, Georgetown, Tx 78633</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>The Posey Law Firm</b>
Date <b>01/14/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tom Hackleman</b> Contributor address; City; State; Zip Code <b>PO Box 158, Hunt, Texas 78024</b>	Amount of contribution (\$)  <b>52.05</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>01/14/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve Hitt</b> Contributor address; City; State; Zip Code <b>2169 Zion Hill Loop, Weatherford, Texas 76088</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Jacob Holt</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/16/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Don Holt, Jr.</b> 6 Contributor address; City; State; Zip Code <b>13 Arcadius Drive, Clayton, NC 27520</b>	7 Amount of contribution (\$) <b>208.20</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>01/16/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dedra Vick</b> Contributor address; City; State; Zip Code <b>3614 Beech St, Weatherford, Texas 76088</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>Executive Assistant</b>		Employer (See Instructions) <b>Parker County</b>
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)
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)

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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	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: 1	<b>2</b> FILER NAME Jacob Holt	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/22/2026	<b>5</b> Payee name AlphaGraphics Weatherford
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<b>6</b> Amount (\$) 1,169.39	<b>7</b> Payee address; City; State; Zip Code 608 S. Main St., Weatherford, Texas, 76086
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Yard Signs, Badges, etc.
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> 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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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