

# 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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **Mr.** FIRST: **Jacob** MI: **P**

NICKNAME: LAST: **Holt** SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

**PO Box 85, Peaster, TX 76485**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

**( 817 ) 239-5776**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **Mrs.** FIRST: **Rebekah** MI:

NICKNAME: LAST: **Dugger** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

**4600 Old Brock Road, Weatherford, TX 76087**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

**( 817 ) 992-9463**

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)

July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year

**2 / 20 / 22    THROUGH    5 / 14 / 22**

11 ELECTION

ELECTION DATE: Month Day Year    ELECTION TYPE

**5 / 24 / 22**     Primary     Runoff     Other Description

General     Special

12 OFFICE: OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): **County Commissioner, Precinct 2**

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:  GENERAL     SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received

**RECEIVED**

**MAY 16 2022**

BY: \_\_\_\_\_

Date Hand-delivered or Date Postmarked

Receipt #    Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Jacob Holt

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) | \$           |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 13,600.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$           |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 12,037.25 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 12,641.20 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$           |

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

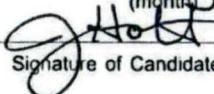
OR

(2) Unsworn Declaration

My name is Jacob Holt, and my date of birth is 8/16/84

My address is PO Box 85 (street), Peaster (city), Tx (state), 76485 (zip code), USA (country)

Executed in Parker County, State of Tx, on the 16 day of May, 2022 (month) (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br>Jacob Holl               |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 13,600.00                           |
| 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   | \$ 11,959.10                           |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 78.15                               |
| 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:<br><b>3</b>         |
| 2 FILER NAME<br><b>Jacob Holt</b>  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>2/23/22</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Marcus Povero</b>               | 7 Amount of contribution (\$)<br><b>500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>900 Cinema Drive, #6120, Hudson Oaks, Tx 76087</b>  |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                  |
| Date<br><b>3/7/22</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Star E. Land &amp; Cattle Co.</b> | Amount of contribution (\$)<br><b>500.00</b>   |
| Contributor address; City; State; Zip Code<br><b>102 Houston Avenue, Weatherford, TX 76086</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| Date<br><b>3/18/22</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Frontier Strategy</b>             | Amount of contribution (\$)<br><b>200.00</b>   |
| Contributor address; City; State; Zip Code<br><b>1111 Johnson Bend Road, Weatherford, Tx 76088</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| Date<br><b>4/7/22</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Tim Clark</b>                     | Amount of contribution (\$)<br><b>1,000.00</b> |
| Contributor address; City; State; Zip Code<br><b>2125 Woodland Hills Ln, Weatherford, Tx 76087</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

# 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:<br><b>3</b>  |
| 2 FILER NAME<br>Jacob Holt  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>4/20/22   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Eggleston King | 7 Amount of contribution (\$)<br>500.00 |
| 6 Contributor address; City; State; Zip Code<br>102 Houston Avenue, 3rd Floor, Weatherford, TX 76086  |  |   |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)           |
| Date<br>4/20/22   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Robert Beall     | Amount of contribution (\$)<br>2,500.00 |
| Contributor address; City; State; Zip Code<br>5300 Miramar Ln, Colleyville, TX 76034  |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)             |
| Date<br>4/20/22   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Lin Bearden      | Amount of contribution (\$)<br>500.00   |
| Contributor address; City; State; Zip Code<br>901 Santa Fe Drive, Weatherford, TX 76086   |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)             |
| Date<br>4/20/22   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Zach Pettigrew   | Amount of contribution (\$)<br>100.00   |
| Contributor address; City; State; Zip Code<br>311 Bay Hill Ct, Willow Park, TX 76008  |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)             |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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<br><b>3</b>          |
| 2 FILER NAME<br><b>Jacob Holt</b>  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>4/20/22</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Stacy Lynch</b>    | 7 Amount of contribution (\$)<br><b>300.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>5177 I-20 Frontage N, Willow Park, TX 76087</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                  |
| Date<br><b>4/20/22</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Tim Fleet</b>        | Amount of contribution (\$)<br><b>2,500.00</b> |
| Contributor address; City; State; Zip Code<br><b>3500 Lackland Road, Fort Worth, TX 76116</b>      |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |
| Date<br><b>4/20/22</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Charlie O'Daniel</b> | Amount of contribution (\$)<br><b>5,000.00</b> |
| Contributor address; City; State; Zip Code<br><b>851 W I-20 Exit 406, Weatherford, TX 76087</b>    |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |
| Date   | Full name of contributor <input type="checkbox"/> 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**  
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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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officerholder/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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>3</b>                | <b>2</b> FILER NAME<br>Jacob Holt   | <b>3</b> Filer ID (Ethics Commission Filers)           |
| <b>4</b> Date<br>3/7/22                                      | <b>5</b> Payee name<br>Redright Strategies  |  |
| <b>6</b> Amount (\$)<br>9,283.11                             | <b>7</b> Payee address; City: State: Zip Code<br>PO Box 600254, Dallas, TX 75360  |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br>Mailers                      |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officerholder name  | Office sought Office held                              |
| Date<br>3/7/22   | Payee name<br>Redright Strategies   |  |
| Amount (\$)<br>375.12  | Payee address; City: State: Zip Code<br>PO Box 600254, Dallas, TX 75360   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Text Campaign                           |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense            |  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officerholder name  | Office sought Office held                              |
| Date<br>3/7/22   | Payee name<br>Jacob Holt  |  |
| Amount (\$)<br>1,500.00                                      | Payee address; City: State: Zip Code<br>PO Box 85, Peaster, TX 76485  |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Reimbursement   | Description<br>Partial reimbursement of prior expenses |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense            |  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officerholder 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/Room Reservation | Solicitation/Fundraising Expense           |
| Accounting/Bookkeeping   | Fees                          | Office Overhead/Rental Expense  | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor   | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                 | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>3</b>                       | <b>2</b> FILER NAME<br><b>Jacob Holt</b>   | <b>3</b> Filer ID (Ethics Commission Filers)              |
| <b>4</b> Date<br><b>3/23/22</b>                                     | <b>5</b> Payee name<br><b>Drakes Yoke</b>  |   |
| <b>6</b> Amount (\$)<br><b>70.00</b>                                | <b>7</b> Payee address;<br><b>225 Shops Blvd 101, Willow Park, TX 76008</b>  | City: State: Zip Code                                     |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Food Beverage Expense</b>  | <b>(b)</b> Description<br><b>Strategy Session / Meal</b>  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                                 |
| Date<br><b>4/6/22</b>   | Payee name<br><b>Tractor Supply</b>  |   |
| Amount (\$)<br><b>114.74</b>  | Payee address;<br><b>1817 S Main, Weatherford, TX 76086</b>  | City: State: Zip Code                                     |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | Description<br><b>Sign Materials (Wire &amp; T Posts)</b> |
|   | <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<br><b>5/2/22</b>   | Payee name<br><b>Railhead Smokehouse</b>   |   |
| Amount (\$)<br><b>30.71</b>   | Payee address;<br><b>2900 Montgomery St., Fort Worth, TX 76107</b>   | City: State: Zip Code                                     |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Food Beverage Expense</b>   | Description<br><b>Strategy Session / Meal</b>             |
|   | <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  
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.

|   |                                   |  |
|---|-----------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br><b>3</b> | <b>2</b> FILER NAME<br>Jacob Holl | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|-----------------------------------|--|

|                         |                               |
|-------------------------|-------------------------------|
| <b>4</b> Date<br>4/7/22 | <b>5</b> Payee name<br>WinRed |
|-------------------------|-------------------------------|

|                               |  |       |        |          |
|-------------------------------|--|-------|--------|----------|
| <b>6</b> Amount (\$)<br>59.10 | <b>7</b> Payee address;<br>PO Box 9891 Arlington, VA 22219 | City; | State; | Zip Code |
|-------------------------------|--|-------|--------|----------|

|   |  |   |
|---|--|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br>Fees for Donation Website                              |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                 |                       |
|-----------------|-----------------------|
| Date<br>4/29/22 | Payee name<br>GoDaddy |
|-----------------|-----------------------|

|                       |   |       |        |          |
|-----------------------|---|-------|--------|----------|
| Amount (\$)<br>245.89 | Payee address;<br>14455 North Hayden Road, Suite 219, Scottsdale, Arizona 85260 | City; | State; | Zip Code |
|-----------------------|---|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description<br>Website Expense  |
|                               | <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<br>5/10/22 | Payee name<br>Facebook |
|-----------------|------------------------|

|                       |  |       |        |          |
|-----------------------|--|-------|--------|----------|
| Amount (\$)<br>279.43 | Payee address;<br>1 Hacker Way, Menlo Park, CA 94025 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description<br>Facebook ads   |
|                               | <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 PERSONAL FUNDS

**SCHEDULE G**

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 G:<br>1  | <b>2</b> FILER NAME<br>Jacob Holt  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>3/16/22   | <b>5</b> Payee name<br>Tractor Supply  |  |
| <b>6</b> Amount (\$)<br>28.15<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1817 S. Main St. Weatherford, TX 76086  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Wire & Wire Cutter |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>Jacob Holt  | Office sought<br>County Commissioner         |
|  |  | Office held<br>_____                         |
| Date<br>3/31/22  | Payee name<br>USPS   |  |
| Amount (\$)<br>50.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>8616 FM 920, Peaster, TX 76485   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | Description<br>PO Box for Campaign           |
|  | <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<br>Jacob Holt  | Office sought<br>County Commissioner         |
|  |  | Office held<br>_____                         |
| Date   | Payee name   |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                              | Payee address; City; State; Zip Code   |  |
| <b>8</b> 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 ONLY 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**

Jacob Holt

**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