CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 11**D** MS / MRS / MR 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** Joseph W NAME NICKNAME LAST SUFFIX REC'D JAN 17 2024 Joey **Jacobs** ADDRESS / PO BOX; 4 CANDIDATE / 10:02 am APT / SUITE #; ZIP CODE **OFFICEHOLDER** 730 HWY 1131 MAILING Vidor, TX 77662 **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (409)730-5968 PHONE Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Charles Mr. E Date Processed NAME NICKNAME SUFFIX Date Imaged Charlie Holder STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE TREASURER 5675 Westlake Dr. **ADDRESS** Vidor, TX 77662 (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 409 782-4460 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Year Day COVERED / 1 23 12 31 23 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Description Day Year General Special 24 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Constable Pct 4 Orange County Texas 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THIS BOX IS FOR NOTICE OF POLITICAL CONTINUED INVOLVED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		7.17.			
15 C/OH NAME Joseph W "Joey" Jac	obs		16 File	ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER THAN ARANTEES OF LOANS, OR LECTRONICALLY)	N .	\$	
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS OANS, OR GUARANTEES OF LOANS)		\$	6,702.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPE	NDITURES	0100	\$	3,320.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS AS O TING PERIOD	F THE	\$	78
18 SIGNATURE I s	wear, or affirm, under penalty of perjur quired to be reported by me under Title 1	y, that the accompanying report is tru	e and co	rrect and ir	ncludes all information
	, , , , , , , , , , , , , , , , , , , ,	0, 210011011 0000.			
		111			
		AM			
		Signature of Ca	ndidate	or Officeho	lder
	Diagon				
	Please con	nplete either option belov	v:		
(1) Affidavit					
(1) Amauric					
NOTABY STAMP/SEA					
NOTARY STAMP/SEA	ti i				
Sworn to and subscribed	hefore me hy	Also also			
	50.7 (5.76)			_ day of _	
20, to certify	which, witness my hand and seal of office).			
Signature of officer administe	ring oath Printed name of	offices administrative and		Title of off	
	Fillited hame of	officer administering oath	-	riue of offi	cer administering oath
		OR			
(2) Unsworn Declaration	on				
My name is Joseph W	Jacobs	, and my date of birth is	12/17	1973	
My address is 730 HWY					LICA.
wy address is		, <u>Vidor</u> , <u>T</u>	<u>^, </u>	77662	USA
•	(street)			(zip code)	(country)
Executed in Orange	County, State of Texas	, on the 15th day of Janua	7	_, 20 24	
	-	1 (nfonti		(year	<u> </u>
		And		244 - 11.2007	
		Signature of Candid	date/Offic	eholder (De	eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 Jo	riler NAME seph W "Joey" Jacobs	Filer ID (Ethics Comm	nissio	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,300.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,402.56
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS	\$	1,848.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			1,472.43
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	ISINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$	
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

- I wie reque	oted information is not applicab	ne, bo Nor II	ncidde this page in the	report.	
The	Instruction Guide explains how	to complete thi	is form.	1 Total pages Schedule A1: 1	
2 FILER NAME Joseph W.	"Joey" Jacobs			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor William R Smith	out-of-state PA	AC (ID#)	7 Amount of contribution (\$)	
11/09/2023	6 Contributor address;	City;	State; Zip Code	100.00	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor Jody Crump	out-of-state PA	AC (ID#)	Amount of contribution (\$)	
11/09/2023	Contributor address:	City;	State; Zip Code	100.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor Corey Berg	out-of-state PA	AC (ID#)	Amount of contribution (\$)	
11/09/2023	Contributor address;	City;	State; Zip Code	100.00	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor J W Dalton	out-of-state PA	AC (ID#)	Amount of contribution (\$)	
12/14/2023	Contributor address;	City:	State: Zip Code	2,000.00	
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITI	IONAL CODIES	OF THIS SCHEDULE AS N	IEEDED.	
	If contributor is out-of-state PAC	, please see Inst	ruction guide for additional	reporting requirements.	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 3
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Joseph V	V. "Joey" Jacobs		The Educa Commission (1993)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 4,402.56
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
09/06/2023	7 Contributor address; City; State;	Zip Code	500.00 Video Production
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution description
	Contributor address; City; State;	Zip Code	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED additional reporting requirements
1			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 3
2 FILER NAMI	E		3 511 15 (511)	
Joseph V	V. "Joey" Jacobs		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 4,402.5	6
5 Date	6 Full name of contributor ut-of-state PAC (ID#: 00088925) Restoring American Values)	8 Amount of Contribution \$	9 In-kind contribution description
10/26/2023	7 Contributor address; City; State;	Zip Code	2,665.66	Printing Signs I I de of Texas. Complete Schedule T.
10 0				
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		=	
_	Full name of contributor ut-of-state PAC (ID#:	1	Total	1
Date	Charlie Holder		Amount of Contribution \$	In-kind contribution description
11/01/2023	Contributor address; City; State;	Zip Code	440.00	Consulting Printing
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDI	ULE AS NEEDED	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAMI	E		2	
Joseph V	V. "Joey" Jacobs		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 4,402.56	
5 Date	6 Full name of contributor ut-of-state PAC (ID#		8 Amount of 9 In-kind contribution	
	Charlie Holder		Contribution \$ description	
11/05/2023			540.22 Printing Signs	
11/05/2023	7 Contributor address; City; State;	Zip Code	i mining orgino	
			Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
30.5	appearance of the control of the con	II Linploy	or (1 or Non-Jobiolac) (See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	and the state of t			
Date	Full name of contributor		Amount of In-kind contribution	
	Charlie Holder		Contribution \$ description	
11/08/2023	Chang Tiolog		256 68 Printing Pushcards	
11/00/2023	Contributor address; City; State;	Zip Code	256.68 Printing Pushcards	
Check if travel outside of Texas. Complete Schedule T.				
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		
2002	(Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
			and to job and the ort debrome, (see mandenons)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
5524 745566301 75656555	of a sind, law in the parent(s) (if any) (if on sobicine)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED	
S 1/2	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit 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 Expens 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:					3 Filer ID (Ethic	cs Commission Filers)	_
1	Joseph	W "Joey" Jacobs					
4 Date	5 Payee na						
12/18/2023	Designe	Designer Graphics					
1,848.42	7 Payee at 12404 H	lwy155 South Tyler T	X 7570:	City;	State;	Zip Code	
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			Ī
PURPOSE OF EXPENDITURE	Printing	Expense		Signs			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name	c	Office sought Constable Pct 4 Orange Con	unty Texas	Office held	
Date	Payee na	ame					
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					=
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	The second second
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED		-

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Loan Fees Office Food/Beverage Expense Pollir By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ig Expense ig Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
2	Joseph W "Joey" Jacobs		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
10/09/2023	Green Thumb Unlimited				
6 Amount (\$) 97.43 Reimbursement from	7 Payee address; 200 North Main	City;	State; Zip Code		
political contributions intended	Vidor, TX 77662				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Printing Expense	Signs	14.		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Joseph W "Joey" Jacobs	Constable Pct 4 Orange County	Texas		
Date	Payee name				
11/02/2023	Green Thumb Unlimited				
Amount (\$)	Payee address;	City;	State; Zip Code		
250.00 Reimbursement from	200 North Main				
political contributions intended	Vidor, TX 77662				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Printing Expense Signs				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	[⊳] Joseph W "Joey" Jacobs	Constable Pct 4 Orange County	Texas		
Date	Payee name				
11/09/2023	Benoit's Louis Hall				
Amount (\$)	Payee address;	City;	State; Zip Code		
750.00 Reimbursement from	3085 Hwy 12				
political contributions intended	Vidor, TX 77662				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Event Expense	Meet and Gree	et Space Rental		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Joseph W "Joey" Jacobs	Constable Pct 4 Orange County	Texas		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE	CATEGORIES FOR BOX 8(a)				
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Office Overhead/Rental Expense Polling Expense Cift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NAME	<u> </u>	3 Files ID (Fabine Commission Files)			
2	Joseph W "Joey" Jacob	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
11/11/2023	Orange County Republican Party of Texas					
6 Amount (\$) 375.00 Reimbursement from political contributions intended	7 Payee address; 260 Strickland Orange, TX 77630	City;	State; Zip Code			
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description				
OF EXPENDITURE	Fees	Election Filing	Fee			
	(c) Check if travel outside of Texas. Con	nplete Schedule T. Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH	Joseph W "Joey" Ja	ACOBS Constable Pct 4 Orange County	Texas			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule) Description				
	Check if travel outside of Texas. Con	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule) Description				
	Check if travel outside of Texas. Con	nplete Schedule T. Check if Austin	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEED	DED			