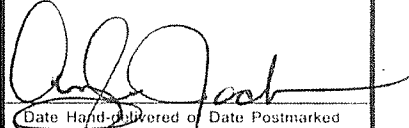


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 4																						
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:20%;">FIRST</td> <td style="width:20%;">MI</td> </tr> <tr> <td>MR</td> <td>JACOB</td> <td>E</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>POWELL</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR	JACOB	E	NICKNAME	LAST	SUFFIX		POWELL		<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="text-align: center;">JUL 15 2021 04:14</p> <p style="text-align: center;"></p> <p>Date Hand-Delivered or Date Postmarked</p>											
MS / MRS / MR	FIRST	MI																							
MR	JACOB	E																							
NICKNAME	LAST	SUFFIX																							
	POWELL																								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td>3703 DEL ORO STREET</td> <td></td> <td>BAYTOWN TX</td> <td></td> <td>77521</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3703 DEL ORO STREET		BAYTOWN TX		77521	<input type="checkbox"/> Change of Address													
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																					
3703 DEL ORO STREET		BAYTOWN TX		77521																					
5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:30%;">PHONE NUMBER</td> <td style="width:50%;">EXTENSION</td> </tr> <tr> <td>( 334 )</td> <td>558-5517</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	( 334 )	558-5517		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>July 15, 2021</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> <tr> <td>July 15, 2021</td> <td></td> </tr> </table>		Receipt #	Amount \$			Date Processed		July 15, 2021		Date Imaged		July 15, 2021					
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July 15, 2021																									
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:20%;">FIRST</td> <td style="width:20%;">MI</td> </tr> <tr> <td>MR</td> <td>JACOB</td> <td>E</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>POWELL</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR	JACOB	E	NICKNAME	LAST	SUFFIX		POWELL		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td>3703 DEL ORO STREET</td> <td></td> <td>BAYTOWN TX</td> <td></td> <td>77521</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3703 DEL ORO STREET		BAYTOWN TX		77521
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	POWELL																								
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3703 DEL ORO STREET		BAYTOWN TX		77521																					
7 CAMPAIGN TREASURER ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:30%;">PHONE NUMBER</td> <td style="width:50%;">EXTENSION</td> </tr> <tr> <td>( 334 )</td> <td>558-5517</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	( 334 )	558-5517		(Residence or Business)																	
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( 334 )	558-5517																								
8 CAMPAIGN TREASURER PHONE	(Residence or Business)																								
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)														
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:20%;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>01</td> <td>01</td> <td>2021</td> <td></td> <td>06</td> <td>30</td> <td>2021</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	01	01	2021		06	30	2021								
Month	Day	Year	THROUGH	Month	Day	Year																			
01	01	2021		06	30	2021																			
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">ELECTION DATE</td> </tr> <tr> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>/</td> <td>/</td> <td></td> </tr> </table>	ELECTION DATE			Month	Day	Year	/	/		<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special					
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																							
	BAYTOWN CITY COUNCIL, DISTRICT 5																								

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2  
2 OF 4

14 C/OH NAME **POWELL, JACOB E.** 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 24.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 794.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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.

*Jacob Powell*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jacob Powell, this the 15<sup>th</sup> day of July, 2021, to certify which, witness my hand and seal of office.

*Angela Jackson*  
Signature of officer administering oath

Angela Jackson  
Printed name of officer administering oath

Acting City Clerk  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3  
3 OF 4**

<b>19 FILER NAME</b> <p style="text-align: center;">POWELL, JACOB E.</p>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 24.00
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	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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: SCH: 1/1 RPT: 4/4	2 FILER NAME POWELL, JACOB E.	3 Filer ID (Ethics Commission Filers)
---	----------------------------------	---------------------------------------

4 Date 06/30/2021	5 Payee name TEXAS FIRST BANK
----------------------	----------------------------------

6 Amount (\$) \$24.00	7 Payee address; 819 ROLLINGBROOK DRIVE	City; BAYTOWN	State; TX	Zip Code 77521
--------------------------	--	------------------	--------------	-------------------

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	(b) Description ACCOUNT FEES
	(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
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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	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

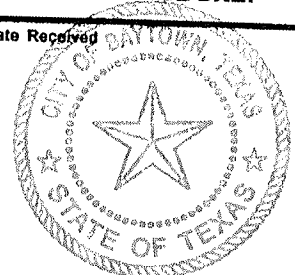
The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:  
15

**OFFICE USE ONLY**

Date Received



Date Hand-delivered or Date Postmarked

SEPT 26 2020 AM 11:17

Receipt #

Amount \$

Date Processed

10/26/20

Date Imaged

10/26/20

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR

JACOB

E

NICKNAME

LAST

SUFFIX

POWELL

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3703 DEL ORO STREET

BAYTOWN

TX

77521

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 334 )

558-5517

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR

JACOB

E

NICKNAME

LAST

SUFFIX

POWELL

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3703 DEL ORO STREET

BAYTOWN

TX

77521

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 334 )

558-5517

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

Month

Day

Year

07 / 23 / 2020

THROUGH

09 / 24 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2020

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

BAYTOWN CITY COUNCIL, DISTRICT 5

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2  
2 OF 15

14 C/OH NAME POWELL, JACOB E.

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$ 2,935.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ ~~3,762.30~~ 3841.22

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ ~~1,583.06~~ 1504.14

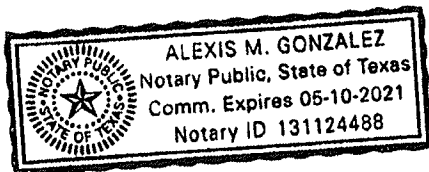
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Jacob Powell*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jacob Powell, this the 26<sup>th</sup> day of October, 20 20, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Alexis M Brinal

Printed name of officer administering oath

Notary

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**  
3 OF 15

<b>19 FILER NAME</b> POWELL, JACOB E.		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,935.00
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	\$ <del>1,351.94</del> 1430.86
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	\$ 2,410.36
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

The Instruction Guide explains how to complete this form.

<b>2 FILER NAME</b> POWELL, JACOB E.		<b>1 Total pages Schedule A1:</b> SCH: 1/5 RPT: 4/15
		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 07/25/2020	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) REBEKAH POWELL <b>6 Contributor address; City; State; Zip Code</b> 3703 DEL ORO STREET BAYTOWN TX 77521	<b>7 Amount of contribution (\$)</b> \$20.00
<b>8 Principal occupation / Job title (See Instructions)</b> HOMEMAKER		<b>9 Employer (See Instructions)</b> N/A
<b>Date</b> 07/26/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MADELINE MATTHEWS <b>Contributor address; City; State; Zip Code</b> 9810 OAK LEAF STREET BAYTOWN TX 77521	<b>Amount of contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> OPERATIONS ASSISTANT		<b>Employer (See Instructions)</b> HOUSTON PREGNANCY RESOURCE CENTER
<b>Date</b> 07/28/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDI MITCHELL <b>Contributor address; City; State; Zip Code</b> 3507 DEL SUR BAYTOWN TX 77521	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 07/28/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) KYLE CARRIER <b>Contributor address; City; State; Zip Code</b> 608 ROLLINGBROOK BAYTOWN TX 77521	<b>Amount of contribution (\$)</b> \$250.00
<b>Principal occupation / Job title (See Instructions)</b> INSURANCE AGENT		<b>Employer (See Instructions)</b> HARRIS COUNTY INSURANCE CENTER

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
SCH: 2/5 RPT: 5/15

2 FILER NAME

POWELL, JACOB E.

3 Filer ID (Ethics Commission Filers)

4 Date

07/31/2020

5 Full name of contributor

JULIE LEE

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

3205 E CEDAR BAYOU LYNCHBURG, BAYTOWN, TX 77521

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

LEE COLLEGE

Date

07/31/2020

Full name of contributor

MIKE BEARD

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

207 MORRELL STREET BAYTOWN TX 77520

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

TEXAS PROFESSIONAL IT SERVICES LLC

Date

08/05/2020

Full name of contributor

TIM AND SHEREE POWELL

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

11610 REDLAND ROAD TALLASSEE AL 36078

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

08/07/2020

Full name of contributor

NICK RICE

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

9903 PINEHURST STREET BAYTOWN TX 77521

Principal occupation / Job title (See Instructions)

CRUISE LINE MANAGEMENT

Employer (See Instructions)

MLS BC CRUISES

**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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
SCH: 3/5 RPT: 6/15

**2** FILER NAME

POWELL, JACOB E.

**3** Filer ID (Ethics Commission Filers)

**4** Date  
08/08/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MELISSA EITEL

**7** Amount of contribution (\$)  
\$100.00

**6** Contributor address; City; State; Zip Code  
4807 GULFWAY DRIVE BAYTOWN TX 77521

**8** Principal occupation / Job title (See Instructions)  
BUSINESS DEVELOPMENT

**9** Employer (See Instructions)  
S&B ENGINEERS AND CONSTRUCTORS

Date  
08/15/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
DAN AND VICKIE PINSON

Amount of contribution (\$)  
\$80.00

Contributor address; City; State; Zip Code  
3804 SUMMER LANE BAYTOWN TX 77521

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)  
RETIRED

Date  
08/17/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ANTHONY AND CAROLYN PUMBO

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
6 DEL ORO COURT BAYTOWN TX 77521

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)  
RETIRED

Date  
08/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
DAVE BARBER

Amount of contribution (\$)  
\$25.00

Contributor address; City; State; Zip Code  
3811 WINTER HAVEN BAYTOWN TX 77521

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)  
RETIRED

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
SCH: 4/5 RPT: 7/15

2 FILER NAME

POWELL, JACOB E.

3 Filer ID (Ethics Commission Filers)

4 Date

08/27/2020

5 Full name of contributor

JAMES GERNENTZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

2903 WILSHIRE LANE

City;

BAYTOWN

State;

TX

Zip Code

77521

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

08/28/2020

Full name of contributor

DAVID KADJAR

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$900.00

Contributor address;

4214 CARLISLE COURT

City;

BAYTOWN

State;

TX

Zip Code

77521

Principal occupation / Job title (See Instructions)

INVESTMENT MANAGEMENT

Employer (See Instructions)

SELF-EMPLOYED

Date

08/29/2020

Full name of contributor

PAUL LANDRY

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

3700 SUMMER LANE

City;

BAYTOWN

State;

TX

Zip Code

77521

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

TRIANGLE LOCKSMITH

Date

09/07/2020

Full name of contributor

AARON SMITH

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

1 DEL ORO COURT

City;

BAYTOWN

State;

TX

Zip Code

77521

Principal occupation / Job title (See Instructions)

ASSISTANT CHIEF

Employer (See Instructions)

BAYTOWN FIRE DEPARTMENT

**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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1: SCH: 5/5 RPT: 8/15</b>
<b>2 FILER NAME</b> POWELL, JACOB E.		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 09/08/2020	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE AND BRUCE NELSON	<b>7 Amount of contribution (\$)</b> \$50.00
	<b>6 Contributor address; City; State; Zip Code</b> 112 STAPLES DRIVE BAYTOWN TX 77523	
<b>8 Principal occupation / Job title (See Instructions)</b> RETIRED		<b>9 Employer (See Instructions)</b> RETIRED
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: SCH: 1/4 RPT: 9/15		<b>2</b> FILER NAME POWELL, JACOB E.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 08/10/2020		<b>5</b> Payee name CITY OF BAYTOWN			
<b>6</b> Amount (\$) \$10.00		<b>7</b> Payee address; 2401 MARKET STREET		City; BAYTOWN	State; TX
				Zip Code 77520	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES		<b>(b)</b> Description DISTRICT MAP PURCHASE		
	<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 08/10/2020		Payee name ANCHOR PRINTING & GRAPHICS			
Amount (\$) \$155.94		Payee address; 122 E TEXAS AVENUE		City; BAYTOWN	State; TX
				Zip Code 77520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description PUSH CARD 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 08/17/2020		Payee name ANCHOR PRINTING & GRAPHICS			
Amount (\$) 433.12		Payee address; 122 E TEXAS AVENUE		City; BAYTOWN	State; TX
				Zip Code 77520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description SIGNAGE		
	<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

### 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: SCH: 2/4 RPT: 10/15	<b>2</b> FILER NAME POWELL, JACOB E.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/26/2020	<b>5</b> Payee name NATIONBUILDER	
<b>6</b> Amount (\$) <del>\$72.89</del> \$67.11	<b>7</b> Payee address; P.O. BOX 811428	City: LOS ANGELES State: CA Zip Code: 90081
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL EXPENSE	<b>(b)</b> Description WEB SERVICES
	<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 08/31/2020	Payee name TEXAS FIRST BANK	
Amount (\$) \$8.00	Payee address; 819 ROLLINGBROOK DRIVE	City: BAYTOWN State: TX Zip Code: 77521
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description ACCOUNT FEES
	<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 09/03/2020	Payee name KONA PRINTING & PROMOTIONS	
Amount (\$) \$66.03	Payee address; 119 YMCA DRIVE	City: BAYTOWN State: TX Zip Code: 77521
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SHIRT EMBROIDERY
	<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

### 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: SCH: 3/4 RPT: 11/15	<b>2</b> FILER NAME POWELL, JACOB E.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/11/2020	<b>5</b> Payee name STRIPE	
<b>6</b> Amount (\$) \$84.70	<b>7</b> Payee address; 510 TOWNSEND STREET	City; State; Zip Code SAN FRANCISCO CA 94103
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	<b>(b)</b> Description CREDIT CARD PROCESSIONG FEES
	<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 09/14/2020	Payee name MAVERICK CAMPAIGNS, LLC	
Amount (\$) \$100.00	Payee address; 536 ARLINGTON	City; State; Zip Code HOUSTON TX 77007
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CAMPAIGN RESEARCH & CONSULTING
	<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 09/21/2020	Payee name ANCHOR PRINTING & GRAPHICS	
Amount (\$) \$463.31	Payee address; 133 E TEXAS AVENUE	City; State; Zip Code BAYTOWN TX 77520
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description T-SHIRT PURCHASE
	<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

### 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: SCH: 4/4 RPT: 12/15	<b>2</b> FILER NAME POWELL, JACOB E.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/23/2020	<b>5</b> Payee name FACEBOOK
<b>6</b> Amount (\$) \$42.65	<b>7</b> Payee address; 1 HACKER WAY City: MENLO PARK State: CA Zip Code: 94025

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description FACEBOOK ADVERTISEMENTS
	(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 ONLY 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
	<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	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
	<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 PERSONAL FUNDS

## SCHEDULE G

### 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: SCH: 1/3 RPT: 13/15	<b>2</b> FILER NAME POWELL, JACOB E.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/02/2020	<b>5</b> Payee name FACEBOOK
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<b>6</b> Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 1 HACKER WAY City: MENLO PARK State: CA Zip Code 94025
--	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description FACEBOOK ADVERTISEMENT
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 08/04/2020	Payee name FACEBOOK
--------------------	------------------------

Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 HACKER WAY City: MENLO PARK State: CA Zip Code 94025
---	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK ADVERTISEMENT
	<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 08/05/2020	Payee name FACEBOOK
--------------------	------------------------

Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 HACKER WAY City: MENLO PARK State: CA Zip Code 94025
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK ADVERTISEMENT
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

## 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | 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: SCH: 2/3 RPT: 14/15	<b>2</b> FILER NAME <b>POWELL, JACOB E.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/07/2020	<b>5</b> Payee name FACEBOOK	
<b>6</b> Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 1 HACKER WAY City: MENLO PARK State: CA Zip Code 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description FACEBOOK ADVERTISEMENT
	<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		
Date 08/10/2020	Candidate / Officeholder name Office sought Office held	
Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name FACEBOOK	
PURPOSE OF EXPENDITURE	Payee address: 1 HACKER WAY City: MENLO PARK State: CA Zip Code 94025	
	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK ADVERTISEMENT
<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		
Date 08/10/2020	Candidate / Officeholder name Office sought Office held	
Amount (\$) \$2,110.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name ANCHOR PRINTING & GRAPHICS	
PURPOSE OF EXPENDITURE	Payee address: 122 E TEXAS AVENUE City: BAYTOWN State: TX Zip Code 77520	
	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNAGE
<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		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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: SCH: 3/3 RPT: 15/15	<b>2</b> FILER NAME POWELL, JACOB E.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/23/2020	<b>5</b> Payee name FACEBOOK
<b>6</b> Amount (\$) \$64.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 1 HACKER WAY City: MENLO PARK State: CA Zip Code 94025

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description FACEBOOK ADVERTISEMENT
	<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	Office sought	Office held
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Date 09/09/2020	Payee name FACEBOOK
Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 HACKER WAY City: MENLO PARK State: CA Zip Code 94025

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK ADVERTISEMENT
	<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	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code

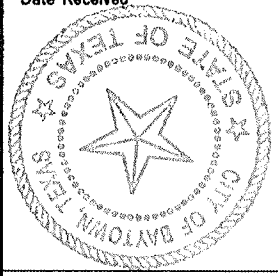
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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: 10
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <b>MR      JACOB      E</b> ..... NICKNAME      LAST      SUFFIX <b>POWELL</b>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>3703 DEL ORO STREET      BAYTOWN    TX      77521</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>( 334 )      558-5517</b>	Date Hand-delivered or Date Postmarked <b>NOV 26 2020 11:11</b>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <b>MR      JACOB      E</b> ..... NICKNAME      LAST      SUFFIX <b>POWELL</b>	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>3703 DEL ORO STREET      BAYTOWN      TX      77521</b>	Date Processed <b>10/26/20</b>	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>( 334 )      558-5517</b>	Date Imaged <b>10/26/20</b>	
<b>9 REPORT TYPE</b>	<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 PERIOD COVERED</b>	Month    Day    Year      Month    Day    Year <b>09 / 25 / 2020      THROUGH      10 / 24 / 2020</b>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>11 / 03 / 2020</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  <b>BAYTOWN CITY COUNCIL, DISTRICT 5</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2  
2 OF 10

14 C/OH NAME POWELL, JACOB E.

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

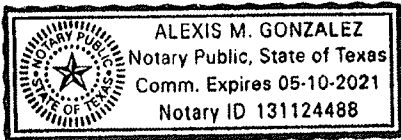
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,675.00
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 3,488.71
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 690.43
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

18 AFFIDAVIT



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.

*Jacob E. Powell*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jacob E Powell, this the 26<sup>th</sup> day of October, 2020, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Alexis M Bernal

Printed name of officer administering oath

notary

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3  
3 OF 10

<b>19 FILER NAME</b> POWELL, JACOB E.		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,675.00
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		\$ 3,488.71
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: SCH: 1/2 RPT: 4/10
<b>2</b> FILER NAME POWELL, JACOB E.		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/26/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYES MIDDLETON <b>6</b> Contributor address; City; State; Zip Code PO BOX 273 WALLISVILLE TX 77597	<b>7</b> Amount of contribution (\$) \$1000.00
<b>8</b> Principal occupation / Job title (See Instructions) OIL & GAS		<b>9</b> Employer (See Instructions) MIDDLETON OIL CO
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYTOWN PROFESSIONAL FIREFIGHTERS ASSOC PAC Contributor address; City; State; Zip Code 318 W TEXAS AVENUE BAYTOWN TX 77520	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES KINGSMILL Contributor address; City; State; Zip Code 17703 CRAFT CT CROSBY TX 77532	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) DAYTON ISD
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIE HUSBAND Contributor address; City; State; Zip Code 4431 BEARBERRY AVENUE BAYTOWN TX 77521	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) INSPECTIONS		Employer (See Instructions) MISTRAS GROUP
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: SCH: 2/2 RPT: 5/10
<b>2</b> FILER NAME POWELL, JACOB E.		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOB POWELL	<b>7</b> Amount of contribution (\$) \$600.00
<b>6</b> Contributor address; City; State; Zip Code 3703 DEL ORO ST BAYTOWN TX 77521		
<b>8</b> Principal occupation / Job title (See Instructions) ENGINEER		<b>9</b> Employer (See Instructions) COVESTRO
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:  
SCH: 1/5 RPT: 6/10

2 FILER NAME  
POWELL, JACOB E.

3 Filer ID (Ethics Commission Filers)

4 Date  
09/25/2020

5 Payee name  
NATIONBUILDER

6 Amount (\$)  
\$35.00

7 Payee address;  
P.O. BOX 811428  
City: LOS ANGELES State: CA Zip Code: 90081

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)  
OFFICE OVERHEAD / RENTAL EXPENSE

(b) Description  
WEB SERVICES

(c)  Check if travel outside of Texas. Complete Schedule T.  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  
09/25/2020

Payee name  
ANCHOR PRINTING & GRAPHICS

Amount (\$)  
\$511.05

Payee address;  
122 E TEXAS AVENUE  
City: BAYTOWN State: TX Zip Code: 77520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
ADVERTISING EXPENSE

Description  
SIGNAGE

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date  
09/28/2020

Payee name  
ANCHOR PRINTING & GRAPHICS

Amount (\$)  
26.95

Payee address;  
122 E TEXAS AVENUE  
City: BAYTOWN State: TX Zip Code: 77520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
PRINTING EXPENSE

Description  
PUSH CARD PRINTING

Check if travel outside of Texas. Complete Schedule T.  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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: SCH: 2/5 RPT: 7/10		<b>2</b> FILER NAME POWELL, JACOB E.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/30/2020		<b>5</b> Payee name TEXAS FIRST BANK			
<b>6</b> Amount (\$) \$4.00		<b>7</b> Payee address; 819 ROLLINGBROOK DRIVE		City; BAYTOWN	State; TX
				Zip Code 77521	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING		<b>(b)</b> Description ACCOUNT FEES		
	<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 10/02/2020		Payee name ANCHOR PRINTING & GRAPHICS			
Amount (\$) \$26.95		Payee address; 122 E TEXAS AVENUE		City; BAYTOWN	State; TX
				Zip Code 77520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description PUSH CARD 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 10/05/2020		Payee name ANCHOR PRINTING & GRAPHICS			
Amount (\$) \$26.95		Payee address; 122 E TEXAS AVENUE		City; BAYTOWN	State; TX
				Zip Code 77520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description PUSH CARD 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: SCH: 3/5 RPT: 8/10		<b>2</b> FILER NAME POWELL, JACOB E.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/08/2020		<b>5</b> Payee name FACEBOOK			
<b>6</b> Amount (\$) \$75.00		<b>7</b> Payee address; 1 HACKER WAY City: MENLO PARK State: CA Zip Code: 94025			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		<b>(b)</b> Description FACEBOOK ADVERTISEMENTS		
	<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					
Date 10/09/2020		Payee name ANCHOR PRINTING & GRAPHICS			
Amount (\$) \$113.18		Payee address; 122 E TEXAS AVE City: BAYTOWN State: TX Zip Code: 77520			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description PUSH CARD 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					
Date 10/13/2020		Payee name FACEBOOK			
Amount (\$) \$75.00		Payee address; 1 HACKER WAY City: MENLO PARK State: CA Zip Code: 94025			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description FACEBOOK ADVERTISEMENTS		
	<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					

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:  
SCH: 4/5 RPT: 9/10

2 FILER NAME  
POWELL, JACOB E.

3 Filer ID (Ethics Commission Filers)

4 Date  
10/13/2020

5 Payee name  
STRIPE

6 Amount (\$)  
\$52.05

7 Payee address;  
510 TOWNSEND STREET  
City: SAN FRANCISCO State: CA Zip Code: 94103

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)  
BANKING / ACCOUNTING

(b) Description  
CREDIT CARD PROCESSING FEES

(c)  Check if travel outside of Texas. Complete Schedule T.

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  
10/19/2020

Payee name  
FACEBOOK

Amount (\$)  
\$125.00

Payee address;  
1 HACKER WAY  
City: MENLO PARK State: CA Zip Code: 94025

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
ADVERTISING EXPENSE

Description  
FACEBOOK ADVERTISEMENTS

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date  
10/19/2020

Payee name  
ANCHOR PRINTING & GRAPHICS

Amount (\$)  
\$2,237.44

Payee address;  
122 E TEXAS AVENUE  
City: BAYTOWN State: TX Zip Code: 77520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
PRINTING EXPENSE

Description  
MAILER / PUSH CARD PRINTING

Check if travel outside of Texas. Complete Schedule T.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:  
SCH: 5/5 RPT: 10/10

2 FILER NAME  
POWELL, JACOB E.

3 Filer ID (Ethics Commission Filers)

4 Date  
10/23/2020

5 Payee name  
FACEBOOK

6 Amount (\$)  
\$5.14

7 Payee address;  
1 HACKER WAY

City: MENLO PARK State: CA Zip Code 94025

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)  
ADVERTISING EXPENSE

(b) Description  
FACEBOOK ADVERTISEMENTS

(c)  Check if travel outside of Texas. Complete Schedule T.

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  
10/23/2020

Payee name  
FACEBOOK

Amount (\$)  
\$175.00

Payee address;  
1 HACKER WAY

City: MENLO PARK State: CA Zip Code 94025

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
ADVERTISING EXPENSE

Description  
FACEBOOK ADVERTISEMENTS

Check if travel outside of Texas. Complete Schedule T.

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

Amount (\$)

Payee address;

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/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED