CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MR JACOB	MI E	OFFICE USE ONLY
NAME			Date Received
	NICKNAME LAST	SUFFIX	THE WAS ALREADY
	POWELL		AGENTE REPORTED TO THE PROPERTY OF THE PROPERT
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	3703 DEL ORO STREET	BAYTOWN TX 77521	DL 15 2021 m#114
Change of Address			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	la look
OFFICEHOLDER PHONE	(334) 558-5517		Date Ha/id-oblivered of Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
TREASURER NAME	MR JACOB	E	Date Procesped
I VAIVIL	NICKNAME LAST	SUFFIX	July 10, 2021
	POWELL		Date Images 4 15, 2021
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): AF	PT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	3703 DEL ORO STREET	BAYTOWN	TX 77521
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (334) 558-5517	EXTENSION	
9 REPORT TYPE	January 15 30th day be	efore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 8th day befo	pre election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	01 / 01 / 2021	THROUGH 06	30 / 2021
11 ELECTION	ELECTION DATE	ELECTION TYPE	:
	Month Day Year Pri	mary Runoff Other	
	/ / Go	Description oneral Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
	BAYTOWN CITY COUNCIL, DISTRI	ICT 5	
	GO '	TO PAGE 2	
1			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2 2 OF 4

14 C/OH NAME POV	VELL, JACOB E.	1	5 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				
	CEREBYI					
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
47 CONTRIDUTION	1 TOTAL	LIMITEM TED DOLLTICAL CONTRIBUTIONS (OTHER THAN				
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 24.00			
CONTRIBUTION BALANCE	l .	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 794.47			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
-			erjury, that the accompanying report is ormation required to be reported by me			
CONTRACTOR OF THE PARTY OF THE	ANGELA MARIE JACKS					
§ (· (~~)·)	Notary Public, State Of Te Notary ID # 13060976-9					
	My Commission Expire: June 12, 2024	Signature or Carr	didate or Officeholder			
AFFIX NOTARY STAM	ିବିବିଟିକିକିକିକିକିକିକିକି IP/SEALABOVE	ss:				
Sworn to and subsc	ribed before me, l	by the said Jacob Powell	, this the <u>15+6</u>			
day of July	enta .	to certify which, witness my hand and seal of office.	•••••			
	\ .		γ , α , α , β			
Ungle.	Jack	- Hugela Jackson	leting City Clark			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 OF 4

19	19 FILER NAME POWELL, JACOB E. 20 Filer 1D (Ethics Con		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 24.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$
I			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manael/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
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; Zip Code TX 77521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	(b) Description ACCOUNT FE	ES
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, 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
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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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/	L Ma Albania		15
OFFICEHOLDER NAME	MS / MRS / MR FIRST MR JACOB	мі Е	OFFICE USE ONLY
	NICKNAME LAST POWELL	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3702 DEL ODO 0775	TOWN TX 77521	A. S.
Change of Address			OF THE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (334) 558-5517	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST		CT 26 2020 HM11:17
TREASURER	MR JACOB	Mi	Receipt # Amount \$
NAME	NICKNAME LAST	E	Date Processed 10126120
	POWELL		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	E#; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	3703 DEL ORO STREET	BAYTOWN	TX 77521
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (334) 558-5517	EXTENSION	
REPORT TYPE	January 15 X 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (Officeholder Only)
	land the state of	Reporting Limit	Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year 07 / 23 / 2020	THROUGH Month 09	Day Year 24 / 2020
ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primery 11 / 03 / 2020 X General	Runoff Other Description	
OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	
		BAYTOWN CITY COUNC	IL, DISTRICT 5
	GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2 2 OF 15

14 C/OH NAME POV	VELL, JACOB E.	15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IRES MADE BY POLITICAL COMMITTEES TO HOUT THE CANDIDATE'S OR OFFICEHOLDER'S INFORMATION ONLY IF THEY RECEIVE NOTICE			
	COMMITTEE TYPE	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$		
<u></u>		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,935.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.				
CONTRIBUTION	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,762.30 3841.22 DAY \$ 1,588.06 /504.14		
BALANCE	OF REP	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD			
LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	1E \$		
18 AFFIDAVIT	LEXIS M. GONZALE	I swear, or affirm, under penalty of per true and correct and includes all information under Title 15, Election Code.			
Nota Con	ry Public, State of Tonn. Expires 05-10-2 lotary ID 13112448	021 (know A-	date or Officeholder		
AFFIX NOTARY STAM Sworn to and subsc		by the said Jacob Powell	, this the Quh		
day of OC+ Obc	1, 20 20.	to certify which, witness my hand and seal of office.	-		
	edeministration	Aluxis M Bringl	Title of officer administering oath		
Signature of officer a	បោយមេខាយាភិបាល	Printed name of officer administering oath	into or omeor againmistering cath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 OF 15

19	FILER NAME POWELL, JACOB E.	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,935.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$.1.351:94 ស្រុទ្ធ _្ កូ
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 2,410.36
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$
			-

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME SCH: 1/5 RPT: 4/15 POWELL, JACOB E. 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor Out-of-state PAC (ID#:_ 07/25/2020 7 Amount of contribution (\$) REBEKAH POWELL \$20.00 6 Contributor address; City: State; Zip Code 3703 DEL ORO STREET BAYTOWN TX 77521 Principal occupation / Job title (See Instructions) Employer (See Instructions) **HOMEMAKER** N/A Date Full name of contributor Out-of-state PAC (ID#:_ Amount of contribution (\$) 07/26/2020 MADELINE MATTHEWS \$10.00 Contributor address; City; State; Zip Code 9810 OAK LEAF STREET BAYTOWN TX 77521 Principal occupation / Job title (See Instructions) Employer (See Instructions) **OPERATIONS ASSISTANT** HOUSTON PREGNANCY RESOURCE CENTER Date Full name of contributor Out-of-state PAC (ID#:_ Amount of contribution (\$) 07/28/2020 JUDI MITCHELL \$100.00 Contributor address; City; State; Zip Code **3507 DEL SUR BAYTOWN** TX 77521 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 07/28/2020 **KYLE CARRIER** \$250.00 Contributor address; City; State; Zip Code 608 ROLLINGBROOK BAYTOWN TX 77521 Principal occupation / Job title (See Instructions) Employer (See Instructions) **INSURANCE AGENT** 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.

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 out-of-state PAC JULIE LEE 6 Contributor address; City; 3205 E CEDAR BAYOU LYNCHBURG, BAYTOW	State; Zip Code /N, TX 77521	7 Amount of contribution (\$) \$50.00
8 Principal occu CPA	pation / Job title (See Instructions)	9 Employer (See Instruct LEE COLLEGE	ions)
Date 07/31/2020	Full name of contributor out-of-state PAC MIKE BEARD Contributor address; City; 207 MORRELL STREET BAYTOWN	State; Zip Code	Amount of contribution (\$) \$200.00
Principal occup CEO	pation / Job title (See Instructions)	Employer (See Instructi TEXAS PROFESSION	ions) NAL IT SERVICES LLC
Date 08/05/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup RETIRED	pation / Job title (See Instructions)	Employer (See Instructi RETIRED	ons)
Date 08/07/2020	Full name of contributor	(ID#:) State; Zip Code TX 77521	Amount of contribution (\$) \$250.00
•	pation / Job title (See Instructions) MANAGEMENT	Employer (See Instruction MLS BC CRUISES	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	s instruction Guide explains how to complete this	s 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 MELISSA EITEL	C (ID#:)	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City;	State; Zip Code	Ψ100.00
	4807 GULFWAY DRIVE BAYTOWN	State; Zip Code TX 77521	
	upation / Job title (See Instructions) DEVELOPMENT	9 Employer (See Instruc S&B ENGINEERS A	tions) ND CONSTRUCTORS
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/15/2020	DAN AND VICKIE PINSON		\$80.00
	Contributor address; City;	State; Zip Code	
	3804 SUMMER LANE BAYTOWN	TX 77521	
Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instruct RETIRED	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/17/2020	ANTHONY AND CAROLYN POLUMBO		\$100.00
	Contributor address; City;	State; Zip Code	
	6 DEL ORO COURT BAYTOWN	TX 77521	
Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instruct RETIRED	iions)
Date 08/21/2020	Full name of contributor	(ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; City;	State; Zip Code	
	3811 WINTER HAVEN BAYTOWN	TX 77521	
		Employer (See Instruct	ione)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to	complete this	s 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	C (ID#:		7 Amount of contribution (\$) \$500.00
	6 Contributor address;	City;	State;	Zip Code	
	2903 WILSHIRE LANE	BAYTOWN	TX	77521	
8 Principal occu RETIRED	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruc	tions)
Date 08/28/2020	Full name of contributor	out-of-state PAC) (ID#:)	Amount of contribution (\$) \$900.00
	Contributor address;	City;	State;	Zip Code	
	4214 CARLISLE COURT	BAYTOWN		77521	
•	eation / Job title (See Instructions) MANAGEMENT		1	byer (See Instruct	lions)
Date 08/29/2020	Full name of contributor] out-of-state PAC	; (ID#:		Amount of contribution (\$) \$100.00
	Contributor address;	City;	State;	Zip Code	
	3700 SUMMER LANE	BAYTOWN	TX	77521	
Principal occup	nation / Job title (See Instructions)		i .	oyer (See Instruct NGLE LOCKSM	
Date 09/07/2020	Full name of contributor	out-of-state PAC	: (ID#:		Amount of contribution (\$) \$100.00
	Contributor address;	City;	State:	Zip Code	
	1 DEL ORO COURT	BAYTOWN		77521	
Principal occup	ation / Job title (See Instructions) HIEF			oyer (See Instruct OWN FIRE DEF	-
	ATTACH ADDITION	IAL COPIES C	OF THIS S	CHEDULE AS N	EEDED

Forms provided by Texas Ethics Commission

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

xas Ethics Commission www.ethics.state.tx.us

Revised 1/1/2020

SCHEDULE A1

The	Instruction Guide explains how to complete this	3 form.	1 Total pages Schedule A1: SCH: 5/5 RPT: 8/15
2 FILER NAME	POWELL, JACOB E.		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2020	5 Full name of contributor Out-of-state PACE DEBBIE AND BRUCE NELSON 6 Contributor address; City; 112 STAPLES DRIVE BAYTOWN	State; Zip Code TX 77523	7 Amount of contribution (\$) \$50.00
8 Principal occu RETIRED	upation / Job title (See Instructions)	9 Employer (See Instruc RETIRED	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; Clty;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES (

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Credit Card Payment	The instruction Guide explains how to	complete this form.	ourse (orner a outage	ory not listed above)		
1 Total pages Schedule F1: SCH: 1/4 RPT: 9/15	1 Total pages Schedule F1: 2 FILER NAME SCH: 1/4 RPT: 9/15 POWELL, JACOB E.					
4 Date 08/10/2020	5 Payee name CITY OF BAYTOWN	•	L			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$10.00	2401 MARKET STREET	BAYTOWN		77520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	FEES	DISTRICT MAR	P PURCHASE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	in, 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					
08/10/2020	ANCHOR PRINTING & GRAPHICS					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$155.94	122 E TEXAS AVENUE	BAYTOWN	•	77520		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PUSH CARD PI	RINTING			
	Candidate / Officeholder name Office sought		n, TX, officeholder flying e	expense		
Complete ONLY if direct expenditure to benefit C/OH			Office held			
Date	Payee name					
08/17/2020	ANCHOR PRINTING & GRAPHICS					
Amount (\$)	Payee address;	City;	State;	Zip Code		
433.12	122 E TEXAS AVENUE	BAYTOWN	TX	77520		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNAGE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		

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 Git/Awards/Memortals Expense Legal Services Loen 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)

Credit Card Payment	The instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1: SCH: 2/4 RPT: 10/15	2 FILER NAME POWELL, JACOB E.	3	Filer ID (Ethic	s Commission Filers)
4 Date 08/26/2020	5 Payee name NATIONBUILDER			
6 Amount (\$) \$72.89 \$ 67.11	7 Payee address; P.O. BOX 811428	City; LOS ANGELE	Zip Code 90081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL EXPENSE			
	(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 08/31/2020	Payee name TEXAS FIRST BANK			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$8.00	819 ROLLINGBROOK DRIVE	BAYTOWN	TX	77521
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ACCOUNTING / BANKING	ACCOUNT FEES	.	
	Check if travel outside of Taxas, Complete Schedule T.	Check if Austin, 1	TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/03/2020	KONA PRINTING & PROMOTIONS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$66.03	119 YMCA DRIVE	BAYTOWN	TX	77521
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SHIRT EMBROID	DERY	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	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 NEED	ED.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consutting 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 Politing Expense Printing Expense Satarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (en	ter a catego	ory not listed above)
1 Total pages Schedule F1: SCH: 3/4 RPT: 11/15	2 FILER NAME POWELL, JACOB E.		3 Filer	ID (Ethics	3 Commission Filers)
4 Date 09/11/2020	5 Payee name STRIPE				
6 Amount (\$) \$84.70	7 Payee address; 510 TOWNSEND STREET	City: SAN FRANC		State; CA	Zip Code 94103
8 PURPOSE OF EXPENDITURE	(e) Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	(b) Description CREDIT CARD PROCESSIGN FEES			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officet	rolder living	expanse
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought			Office held
Date 09/14/2020	Payee name MAVERICK CAMPAIGNS, LLC				
Amount (\$)	Payee address;	City;		State;	Zip Code
\$100.00	536 ARLINGTON	HOUSTON	•	TX	77007
***************************************	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	CAMPAIGN RE	SEARCH	1 & CON	SULTING
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeh	older flying	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		:	Office held
Date	Payee name				
09/21/2020	ANCHOR PRINTING & GRAPHICS				
Amount (\$)	Payee address;	City;	5	State;	Zip Code
\$463.31	133 E TEXAS AVENUE	BAYTOWN	1	ΓX	77520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description T-SHIRT PURCI	HASE	***************************************	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeh	older living	expense
Complete QNLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought			Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

SCH: 4/4 RPT: 12/15 4 Date	ADVERTI	POWELL, JACOB E. DK ress;	City; MENLO P/	3 Filer		gory not listed above) cs Commission Filers Zip Code 94025
SCH: 4/4 RPT: 12/15 4 Date 09/23/2020 6 Amount (\$) \$42.65 7 PURPOSE OF EXPENDITURE 6 Complete ONLY if direct	Payee nam FACEBOO Payee add 1 HACKE	POWELL, JACOB E. THE COMMITTEE STATE OF THE SET OF THE	MENLO PA	ARK	State;	Zip Code
09/23/2020 6 Amount (\$) 7 \$42.65 8 (a PURPOSE OF EXPENDITURE (c) Complete ONLY if direct	Payee addi 1 HACKEI Category (ADVERTI	ne OK ress; R WAY See Categories listed at the top of this act	MENLO PA	ARK	State;	Zip Code
6 Amount (\$) 7 \$42.65 8 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee addi 1 HACKEI Category (ADVERTI	OK ress; R WAY See Categories listed at the top of this act	MENLO PA		•	
\$42.65 B PURPOSE OF EXPENDITURE (c)	1 HACKE	R WAY See Categories listed at the top of this act	MENLO PA		•	
\$42.65 B PURPOSE OF EXPENDITURE (c)	1 HACKE	R WAY See Categories listed at the top of this act	MENLO PA		•	
PURPOSE OF EXPENDITURE (c)	ADVERTI	See Categories listed at the top of this sci	nedule) (b) Description		•	
PURPOSE OF EXPENDITURE (c)	ADVERTI			DVFRTIG		
PURPOSE OF EXPENDITURE (c) Complete ONLY if direct	ADVERTI			DVFRTIG		
EXPENDITURE (c)) [] Ch	- CAT LINGE	FACEBOOK A	DVFRTIC		
Complete ONLY if direct			1		SEMENT	S
Complete ONLY if direct	Candidate	eck if travel outside of Texas. Complete Sche	dute T. Check if Aust	o TV office		
AXDADDINING to been all over.	wiwale	/ Officeholder name	Office sought	··· rA, UIICEI	wider living	expense
expenditure to benefit C/OH			Omes sought			Office held
Date	Payee name					
Amount (\$)	Payee addre	SS:				
	•	- - ,	City;	S	tate;	Zip Code
	Category (Se	e Categories listed at the top of this sched	ule) Description			
PURPOSE			Description			
OF EXPENDITURE						
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Complete ONLY if direct	Candidate /	Officeholder name	Office sought	Check If Austin, TX, officeholder living expense		
expenditure to benefit C/OH					·	Office held
Date F	Payee name					
Amount (\$) P	ayee addres	s;	City;	Sh		Zip Code
			-			ap code
- c	ategory (See	Categories listed at the top of this schedul	h) Dec-2-12			***************************************
PURPOSE		Garage and any top of this schedul	(e) Description			
OF						
EXPENDITURE						
	Check	if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officehold	ler living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate /	Officeholder name	Office sought		o	Office held
	ATTACE	ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Gitt/Awards/Memorials Expense Legal Services Loan Repeyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Weges/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) SCH: 1/3 RPT: 13/15 POWELL, JACOB E. 4 Date 5 Pavee name 08/02/2020 **FACEBOOK** 6 Amount (\$) 7 Payee address; City: Zip Code State: \$25.00 1 HACKER WAY **MENLO PARK** CA 94025 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** ADVERTISING EXPENSE FACEBOOK ADVERTISEMENT OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/04/2020 **FACEBOOK** Payee address; Amount (\$) State; Zip Code City; 1 HACKER WAY **MENLO PARK** \$25.00 CA 94025 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE ADVERTISING EXPENSE FACEBOOK ADVERTISEMENT** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete **ONLY** if direct expenditure to benefit C/OH Date Payee name 08/05/2020 **FACEBOOK** Payee address; Amount (\$) City: State; Zip Code \$25.00 1 HACKER WAY MENLO PARK CA 94025 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE ADVERTISING EXPENSE FACEBOOK ADVERTISEMENT** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Credit Card Payment	Sat	nting Expense aries/Wages/Contract Labor	Travel Out Of Distr Other (enter a cate	ict gory not listed above)
1 Total pages Schedule G	The Instruction Guide explains how	v to complete this form.		(or y not listed above)
SCH: 2/3 RPT: 14/15	. 1			
4 Date	, OHELL, JACOB E.		3 Filer ID (Ethic	s Commission Filers
08/07/2020	5 Payee name			
	FACEBOOK			
6 Amount (\$)	7 Payee address;			
\$35.00	1 HACKER WAY	City;		
Reimbursement from	THORER WAY	MENLO P	State;	Zip Code
X political contributions intended		MILITAL P	ARK CA	94025
}	(p) Coton			
PURPO8E	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	ADVERTISING EXPENSE	1		
- " FINDITURE	Parties.	FACEBOOK ADV	ERTISEMENT	
	(C) Check if travel outside of Texas. Complete Schedule T.	Chock if A		
omplete ONLY if direct	Candidate / Officeholder name	Cffeck if Austin, T.	X, officeholder living ex	pense
xpenditure to benefit C/OH		Office sought		Office held
Date	Payee name			
08/10/2020	FACEBOOK			
Amount (\$)				
\$50.00	Payee address;			
	1 HACKER WAY	City; MENLO PA	State;	Zip Code
X Reimbursement from political contributions		MENLUPA	RK CA	94025
intended				
DUDBOOK	Category (See Categories listed at the top of this schedule)	T		
PURPOSE OF	ADVERTISING EXPENSE	Description		
EXPENDITURE	- TENNISHO EXPENSE	FACEBOOK ADVE	ERTISEMENT	
	Check if travel outside of Texas. Complete Schedule T.			
	Candidate / Officeholder name		officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH		Office sought	0	ffice held
Date	Payee name			
08/10/2020				
	ANCHOR PRINTING & GRAPHICS			
Amount (\$)	Payee address;	<u> </u>		
\$2,110.88	122 E TEXAS AVENUE	City; BAYTOWN	State;	Zip Code
X Political contributions	**	DATIONN	TX	77520
intended				
	Category (See Categories listed at the top of this schedule)	Donoriot'		
PURPOSE OF	ADVERTISING EXPENSE	Description		
EXPENDITURE		SIGNAGE		
	Check if travel outside of Texas. Complete Schedule T.	<u></u>		
valete ONII V IS	Candidata / Office Late		officeholder living exper	130
plete <u>ONLY</u> if direct enditure to benefit C/OH	emano / Oniconduct name	Office sought	Off	ice held
	ATTACH ADDITIONAL COPIES OF THIS SO	LEDINE VE MELDE		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Foot/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a cotonomy and lines at the

Candidate/Officeholder/Poli Credit Card Payment	tical Committee	Legal Services		Salarie	ig Expense Bs/Wages/Contract La	abor	Travel (Out Of Distric	t ory not listed above)
		The Instruction	n Guide explain		to complete this fo		00.0. (0	illes a valege	ary not listed above)
1 Total pages Schedule G: SCH: 3/3 RPT: 15/1	2 FILER NA						3 Filer	ID (Ethics	Commission Filers
4 Date 08/23/2020	5 Payee nan	me					····		
6 Amount (\$)	7 Payee add								
\$64.48 Reimbursement from political contributions intended	1 HACKE				Cit MI	ly; ENLO P	ARK	State; CA	Zip Code 94025
8 PURPOSE	(a) Category	(See Categories listed	at the top of this sch	:hedule)	(b) Description	n		···	
OF EXPENDITURE		ISING EXPENSI			FACEBOO		ERTISI	EMENT	
		≯neck if trevel outside of Te		edule T.	Check	if Austin, T	X. officeho	older living ex	manea.
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	name	***************************************	Office sought				Office held
Date 09/09/2020	Payee name								
Amount (\$) \$75.00 Reimbursement from political contributions intended	Payee addr 1 HACKER				City M E	'; NLO PA	NRK	State; CA	Zip Code 94025
PURPOSE OF EXPENDITURE		(See Categories listed at ISING EXPENSE		edule)	Description FACEBOO		ERTISE	MENT	
EAFENDITURE	c+	neck if travel outside of Tex	xas. Complete Sched	dule T.			· · · · · · · · · · · · · · · · · · ·	der living exp	
Complete ONLY if direct expenditure to benefit C/O	Candidat	te / Officeholder n			Office sought	Trudui, 17	C. Unicence		oense Office held
Date	Payee name)							
Amount (\$) Relimbursement from political contributions intended	Payee addre)88;			City;	on on the second	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (Se	ee Calegories listed at ti	he top of this schedu	(elut	Description				
		ck if travel outside of Texas		ıle T.	Check If A	Austin, TX,	officeholde	or living expe	
complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	o / Officeholder na	≱me	-	Office sought		onius		fice held
	ATTACE	1 ADDITIONAL C	OPIES OF TH	HIS SC	HEDULE AS NE	EDED			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MR JACOB	E	Date Received
	NICKNAME LAST	SUFFIX	
	POWELL		10 10 10 10 10 10 10 10 10 10 10 10 10 1
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	3703 DEL ORO STREET	BAYTOWN TX 77521	
Change of Address			White was a second
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Marita Services
OFFICEHOLDER PHONE	(334) 558-5517		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MR9 / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	MR JACOB	E 	Date Processed (D) 01 16 0
	NICKNAME LAST	SUFFIX	Date Imaged DIO 1 10
	POWELL		10/26/20
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	3703 DEL ORO STREET	BAYTOWN	TX 77521
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (334) 558-5517	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before	re 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	Month Day Year	Month	Day Year
COVERED	09 / 25 / 2020	THROUGH 10 /	24 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Prima	ry Runoff Other Description	
	11 / 03 / 2020 X Gene	******	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known	1)
		BAYTOWN CITY COU	NCIL, DISTRICT 5
	GO T	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

PI C/OH NAME	OWELL, JACOB E		COVER SHEET PG 2
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI-	15 Filer ID (Ethics Commission Filers)
	COMMITTEE TYPE	COMMITTEE NAME	THEY RECEIVE NOTICE
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	, ,,,,,,,,,,	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL I	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,675.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL F	OLITICAL EXPENDITURES	\$ 3,488.71
CONTRIBUTION BALANCE	5. TOTAL PO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DI	AY \$ 690.43
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
Note Con	LEXIS M. GONZALI ary Public, State of T mm. Expires 05-10-2 Notary ID 13112448	exes under Title 15, Election Code.	nation required to be reported by me
AFFIX NOTARY STAMP		Track F Parvell	264
Sworn to and subscri		the said Jacob E Powell of certify which, witness my hand and seal of office.	, this the
	>	Dlexx M Bornal	notory
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

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

3 OF 10

19	FILER NAME POWELL, JACOB E.	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,675.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 3,488.71
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

SCHEDULE A1

The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: SCH: 1/2 RPT: 4/10
2 FILER NAME	POWELL, JACOB E.		3 Filer ID (Ethics Commission Filers)
4 Date 09/26/2020	5 Full name of contributor	(ID#:	7 Amount of contribution (\$) \$1000.00
	6 Contributor address; City;	State; Zip Code	
	PO BOX 273 WALLISVIL	LE TX 77597	
8 Principal occu OIL & GAS	ipation / Job title (See Instructions)	9 Employer (See Instru MIDDLETON OIL C	
Date 10/02/2020	Full name of contributor	S ASSOC PAC	Amount of contribution (\$) \$1000.00
	Contributor address; City; 318 W TEXAS AVENUE BAYTOWN	State; Zip Code TX 77520	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru N/A	actions)
Date 10/09/2020	Full name of contributor	: (ID#:	Amount of contribution (\$) \$25.00
	Contributor address; City;	State; Zip Code	
	17703 CRAFT CT CROSBY	TX 77532	
Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Instru DAYTON ISD	uctions)
Date 10/13/2020	Full name of contributor	(ID#:	Amount of contribution (\$) \$50.00
	Contributor address; City;	State; Zip Code	<u>'</u>
	4431 BEARBERRY AVENUE BAYTOWN	TX 77521	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru MISTRAS GROUP	uctions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: SCH: 2/2 RPT: 5/10
2 FILER NAME	POWELL, JACOB E.		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2020	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$600.00
8 Principal occu ENGINEER	ipation / Job title (See Instructions) 9	9 Employer (See Instruct	dons)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
***************************************	ATTACH ADDITIONAL COPIES OF		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Citl/Awards/Memortals Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Satarles/Wapes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a ceteropy coefficient of the ceteropy)

Godi Cald Paymont	The instruction Guide explains how to	complete this form.	Other (enter a car	ategory not listed above)
1 Total pages Schedule F1 SCH: 1/5 RPT: 6/10	1: 2 FILER NAME POWELL, JACOB E.		3 Filer ID (Et	thics Commission Filers)
4 Date 09/25/2020	5 Payee name NATIONBUILDER			
6 Amount (\$)	7 Payee address;	City;		
\$35.00	P.O. BOX 811428	LOS ANGELE	State; ES CA	Zlp Code 90081
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD / RENTAL EXPENSE	WEB SERVICES	š	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livi	ina avnanca
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/25/2020	ANCHOR PRINTING & GRAPHICS			
Amount (\$)	Payee address;	City;	State;	7-0-4-
\$511.05	122 E TEXAS AVENUE	BAYTOWN	State; TX	Zip Code 77520
Dippoor	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNAGE		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, T)	X, officeholder living	a synense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/28/2020	ANCHOR PRINTING & GRAPHICS			
Amount (\$)	Payee address;	City;	State;	Zip Code
26.95	122 E TEXAS AVENUE	BAYTOWN	TX	77520
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PUSH CARD PRIN	ITING	
	Check if travel outside of Texas. Complete Schedule T.	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 SO	CHEDULE AS NEEDE	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Citt/Awarda/Memorials Expense Legal Services Loen Repayment/Retimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	Legal Services Sataries/V The Instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1: SCH: 2/5 RPT: 7/10	2 FILER NAME POWELL, JACOB E.		3 Filer ID (Ethic	s Commission Filers)	
4 Date 09/30/2020	5 Payee name TEXAS FIRST BANK				
6 Amount (\$) \$4.00	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 achedule) ACCOUNTING / BANKING	(b) Description ACCOUNT FE	ES		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	j expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date 10/02/2020	Payee name ANCHOR PRINTING & GRAPHICS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$26.95	122 E TEXAS AVENUE	BAYTOWN	TX	77520	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PUSH CARD F	CARD PRINTING		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	l expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/05/2020	ANCHOR PRINTING & GRAPHICS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$26.95	122 E TEXAS AVENUE	BAYTOWN	TX	77520	
	Category (See Categories listed at the top of this achedule)	Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PUSH CARD F	PRINTING		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	***************************************	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Potitical Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memortals Expense
Lead Services

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

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category and live and a

Legal Services Travel Out Of District Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME SCH: 3/5 RPT: 8/10 3 Filer ID (Ethics Commission Filers) POWELL, JACOB E. 4 Date 5 Payee name 10/08/2020 **FACEBOOK** 6 Amount (\$) 7 Payee address: City: State; \$75.00 Zip Code 1 HACKER WAY **MENLO PARK** CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **ADVERTISING EXPENSE** OF FACEBOOK ADVERTISEMENTS **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 10/09/2020 **ANCHOR PRINTING & GRAPHICS** Amount (\$) Payee address: City; State: Zip Code \$113.18 122 E TEXAS AVE **BAYTOWN** TX 77520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** PRINTING EXPENSE PUSH CARD PRINTING OF EXPENDITURE 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 expenditure to benefit C/OH Office held Date Payee name 10/13/2020 **FACEBOOK** Amount (\$) Payee address: City; State; Zip Code \$75.00 1 HACKER WAY **MENLO PARK** CA 94025 Category (See Categories listed at the top of this achedule) Description PURPOSE **ADVERTISING EXPENSE FACEBOOK ADVERTISEMENTS** EXPENDITURE 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/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memoriats Expense Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of Estract
Other (enter a category set listed to be seen.)

Cledia Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a car	tegory not listed above)
1 Total pages Schedule F SCH: 4/5 RPT: 9/10	1: 2 FILER NAME POWELL, JACOB E.		3 Filer ID (Et	nics Commission Filers)
4 Date 10/13/2020	5 Payee name STRIPE			
6 Amount (\$) \$52.05	7 Payee address; 510 TOWNSEND STREET	City; SAN FRANC	State; DISCO 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 livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date 10/19/2020	Payee name FACEBOOK			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$125.00	1 HACKER WAY	MENLO PARK	CA	94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK ADVERTISEMENTS		
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought	Office held	
Date 10/19/2020	Payee name ANCHOR PRINTING & GRAPHICS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2,237.44	122 E TEXAS AVENUE	BAYTOWN	TX	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 S	CHEDULE AS NEEDE	D	

SCHEDULE F1

Advertising Expense Accounting/Banking	Everil Expense	GORIES FOR BOX 8(a)			
Consutting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Awards/Memorials Expense cal Committee Legal Services	Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundratsing Expense Transportation Equipment & Related Expe Travel Out Of District Other (enters a creater		
1 Total pages Schedule F1	The Instruction Guide explains	how to complete this form.	Other (enter a category not listed above)		
SCH: 5/5 RPT: 10/10 4 Date	POWELL, JACOB E.		3 Filer ID (Ethics Commission Filers		
10/23/2020	5 Payee name FACEBOOK				
6 Amount (\$)	7 Payee address;				
\$5.14	1 HACKER WAY	City; MENLO PAF	State; Zip Code RK CA 94025		
8	(a) Category (See Categories listed at the top of this ach		54025		
PURPOSE OF EXPENDITURE	ADVEDTICING SYSTEM at the top of this sch	edule) (b) Description			
	ADVERTISING EXPENSE	FACEBOOK ADV	FACEBOOK ADVERTISEMENTS		
Complete ONLY II	(c) Check if travel outside of Texas. Complete Sched	hule T. Check If Augustin	TV -B		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	in, TX, officeholder living expense		
		a mod sought	Office held		
Date	Payee name				
10/23/2020	FACEBOOK				
Amount (\$)	Payee address;	City;			
\$175.00	1 HACKER WAY	MENLO PARK	State; Zip Code CA 94025		
	Category (See Categories listed at the top of this schedul				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		Description FACEBOOK ADVERTISEMENTS		
	Check if travel outside of Texas. Complete Schedule				
Complete ONLY if direct	Candidate / Officeholder name	Oncor ii Adabii, IX	ck if Austin, TX, officeholder living expense		
expenditure to benefit C/OH		Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zlp Code		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense		
mplete <u>ONLY</u> if direct Candidate / Officeholder name penditure to benefit C/OH		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TH				