

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 deputyjle13@yahoo.com	2 Total pages filed: HOLLY THOMAS, COUNTY CLERK JASPER COUNTY, TEXAS
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Scott	MI MI	OFFICE USE ONLY FILED JAN 12 2024 DEPUTY
NICKNAME LAST Jacks	SUFFIX By	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; Kirbyville, TX 75956		ZIP CODE
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Wesley	MI J	NICKNAME LAST Evans
NICKNAME LAST Evans	SUFFIX Jr.	STATE; ZIP CODE	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Kirbyville, TX 75956		
7 CAMPAIGN TREASURER PHONE	AREA CODE 409	PHONE NUMBER 423-9163	EXTENSION
8 REPORT TYPE	<input checked="" 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 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2023 THROUGH 12/31/2023		
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Jasper	12 OFFICE SOUGHT (if known) Constable Pct. 3	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 10

13 C / OH NAME Jacks, Scott 14 Filer ID deputyj613@yahoo.com

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages


This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,409.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,750.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 149.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 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.

 Signature of Candidate or Officeholder: S. Jacks

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billie Dorth, this the 12th day of January, 20 24, to certify which, witness my hand and seal of office.

Billie Dorth Signature of officer administering
Billie Dorth Printed name of officer administering
Deputy Clerk Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Jacks, Scott	19 Filer ID <i>deputyjle3@yahoo.com</i>
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	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,600.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,809.97
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,750.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/10
2 FILER NAME Jacks, Scott		3 Filer ID <i>deputyj613@yahoo.com</i>
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabricating Solutions, LLC 6 Contributor address; City; State; Zip Code 745 Jones St. Bridge City, TX 77611	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francois, Jeffery Contributor address; City; State; Zip Code [REDACTED] Kirbyville, TX 75956	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francois, Jordan Contributor address; City; State; Zip Code [REDACTED] Kirbyville, TX 75956	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sargent, Joanne Contributor address; City; State; Zip Code [REDACTED] Jasper, TX 75951	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomplait, Jace Contributor address; City; State; Zip Code [REDACTED] Kirbyville, TX 75956	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10
2 FILER NAME Jacks, Scott		3 Filer ID deputyj13@yahoo.com
4 Date 07/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomplait, Jamie 6 Contributor address; City; State; Zip Code [REDACTED] Kirbyville, TX 75956	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomplait, Paul Contributor address; City; State; Zip Code [REDACTED] Kirbyville, TX 75956	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 6/10	
2 FILER NAME Jacks, Scott		3 Filer ID deputyj13@yahoo.com	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabricating Solutions, LLC	8 Amount of contribution (\$) \$4,125.00	9 In-kind contribution description caps and shirts
	7 Contributor address; City; State; Zip Code 745 Jones St. Bridge City, TX 77611	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacks, Angela	Amount of contribution (\$) \$261.35	In-kind contribution description Tpost
	Contributor address; City; State; Zip Code [REDACTED] KIRBYVILLE, TX 75956	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacks, Angela	Amount of contribution (\$) \$223.83	In-kind contribution description tpost, cable ties wire
	Contributor address; City; State; Zip Code [REDACTED] Kirbyville, TX 75956	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 7/10	
2 FILER NAME Jacks, Scott		3 Filer ID deputyjle13@yahoo.com	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacks, Angela	8 Amount of contribution (\$) \$43.28	9 In-kind contribution description collared shirts
	7 Contributor address; City; State; Zip Code [REDACTED] Kirbyville, TX 75956	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacks, Angela	Amount of contribution (\$) \$64.50	In-kind contribution description shirts
	Contributor address; City; State; Zip Code [REDACTED] KIRBYVILLE, TX 75956	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacks, Angela	Amount of contribution (\$) \$92.01	In-kind contribution description screen prints for shirts
	Contributor address; City; State; Zip Code [REDACTED] KIRBYVILLE, TX 75956	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES 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: 1/3 Rpt: 8/10	2 FILER NAME Jacks, Scott	3 Filer ID deputyj13@yahoo.com
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4 Date 10/05/2023	5 Payee name 24 Hour Wristbands
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6 Amount (\$) \$108.25	7 Payee address; City; State; Zip Code 14550 Beechnut St Houston, TX 77083
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wristbands
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2023	Payee name Designer Graphics
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Amount (\$) \$3,297.11	Payee address; City; State; Zip Code 12404 Hwy 155 South Tyler, TX 75703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense purchased signs and magnets
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/14/2023	Payee name Designer Graphics
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Amount (\$) \$1,399.02	Payee address; City; State; Zip Code 12404 Hwy 155 South Tyler, TX 75703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense purchased signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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: 2/3 Rpt: 9/10	2 FILER NAME Jacks, Scott	3 Filer ID deputyj613@yahoo.com
4 Date 11/10/2023	5 Payee name Republican Party Chairman	
6 Amount (\$) \$375.00	7 Payee address; City; State; Zip Code PO Box 556 Evadale, TX 77615	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for Primary Ballot
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Sam's Club	
Amount (\$) \$204.09	Payee address; City; State; Zip Code 1615 I-10 S Beaumont, TX 77701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for parade
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 10/03/2023	Payee name Vista Print	
Amount (\$) \$242.46	Payee address; City; State; Zip Code 275 Wyman St Waltham, MD 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards and refrigerator magnets
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: 3/3 Rpt: 10/10	2 FILER NAME Jacks, Scott	3 Filer ID deputyj613@yahoo.com	
4 Date 10/05/2023	5 Payee name Vista Print		
6 Amount (\$) \$124.48	7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MD 02451		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held