

# 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: <b>8</b>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			
	Mr Jacob		W			
	NICKNAME	LAST	SUFFIX			
	Day					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE			
	832 Bessemer DR Wylie; TX; 75098					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 325 )	660-5469				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	Mrs Robin					
	NICKNAME	LAST	SUFFIX			
	Lington					
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE			
	329 Royal Oak Dr. Murphy; TX; 75094					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 214 )	500-2614				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit			
			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
			<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year			
	7	25	22			
	THROUGH		Month Day Year			
			9 / 29 / 22			
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
	11	8	22	<input checked="" type="checkbox"/> General	Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Wylie ISD Trustee, Place 6			Wylie ISD Trustee, Place 6		
14 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				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Jacob Day		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 610.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 246.27
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,293.64
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 382.26
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

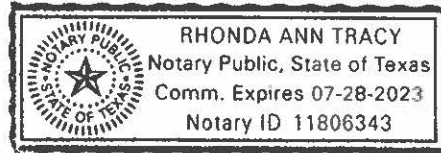
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jacob Day this the 7<sup>th</sup> day of October, 2022, to certify which, witness my hand and seal of office.

Rhonda Ann Tracy  
Signature of officer administering oath

Rhonda Ann Tracy  
Printed name of officer administering oath

Asst to the Supt.  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Jacob Day</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 610.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 227.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,275.59
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,171.20
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Jacob Day</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/11/2022</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Heidi PeCoy</b> 6 Contributor address; City; State; Zip Code <b>176 Vista Ln Stigler OK 74462</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>08/15/2022</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Matt Atkins</b> Contributor address; City; State; Zip Code <b>1100 Majestic Way; Wylie; TX; 75098</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/25/2022</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Jerry Sandifeer</b> Contributor address; City; State; Zip Code <b>3606 Parker Rd; Wylie; TX; 75098</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/25/2022</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Sherri Barton</b> Contributor address; City; State; Zip Code <b>5929 Vista Park Ln; Sachse; Tx; 75048</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Jacob Day</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/30/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Richard Parker, Inc.</b> 6 Contributor address; City; State; Zip Code <b>2555 FM 544; Wylie; TX; 75098</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/02/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Heather Leggett</b> Contributor address; City; State; Zip Code <b>92 Carriage Tr; Wylie; TX; 75098</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/06/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tonya Donaldson</b> Contributor address; City; State; Zip Code <b>1308 Summerdale Ln; Wylie; TX; 75098</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/13/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Grover Brillhart</b> Contributor address; City; State; Zip Code <b>622 Stoneybrook Dr; Wylie; TX; 75098</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Jacob Day</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/24/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Derek Gragert</b>	7 Amount of contribution (\$)  <b>25.00</b>
	6 Contributor address; City; State; Zip Code <b>2615 Sunset Bay Ln; Nevada; TX; 75173</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME Jacob Day	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 156.11
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<b>5</b> Date 08/23/2022	<b>6</b> Payee name First Graphic Services
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<b>7</b> Amount (\$) 1,059.74	<b>8</b> Payee address; 229 Garvon St;	City; Garland;	State; TX;	Zip Code 75040
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Road and Yard signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/25/2022	Payee name First Graphic Services
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Amount (\$) 1,059.74	Payee address; 229 Garvon St;	City; Garland;	State; TX;	Zip Code 75040
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Road and Yard signs
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

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 PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Jacob Day	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/26/2022	<b>5</b> Payee name Capital One	
<b>6</b> Amount (\$) 2,221.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 1680 Capital One Dr;	City; State; Zip Code McLean; VA; 22102
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description Signs, Event expenses
	<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 09/27/2022	Payee name Rxtar Studios	
Amount (\$) 826.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1711 Harvest Crossing Dr;	City; State; Zip Code Wylie; TX; 75098
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description t-shirts
	<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 (\$)  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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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