

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 / OFFICEHOLDER NAME | MS / MRS / MR <i>Mrs.</i> | FIRST <i>Timbra</i> | MI <i>B.</i> | OFFICE USE ONLY | | |
| | NICKNAME | LAST <i>Morris</i> | SUFFIX | Date Received FILED <i>JAN 15 2025</i> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: <i>PO Box 201</i> APT / SUITE #: <i>Channing</i> CITY: <i>TX 79018</i> | | | | | |
| <input type="checkbox"/> Change of Address | | 510 Pennsylvania Ave. | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <i>(806)</i> | PHONE NUMBER <i>662-3313</i> | EXTENSION | Date Hand-delivered or Date Postmarked <i>MELISSA MEAD</i> DISTRICT & COUNTY CLERK CHAMBERS COUNTY, TEXAS Receipt # <i>Plita Williamson</i> Amount \$ <i>0</i> BY <i>Plita Williamson</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Mrs.</i> | FIRST <i>Timbra</i> | MI <i>B.</i> | Date Processed | | |
| | NICKNAME | LAST <i>Morris</i> | SUFFIX | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: <i>510 Pennsylvania Ave. Channing</i> | | | STATE: <i>TX</i> ZIP CODE: <i>79018</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(806)</i> | PHONE NUMBER <i>662-3313</i> | EXTENSION | | | |
| 9 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) | | | | | |
| 10 PERIOD COVERED | Month <i>10</i> | Day <i>28</i> | Year <i>25</i> | Month <i>1</i> | Day <i>15</i> | Year <i>26</i> |
| 11 ELECTION | ELECTION DATE Month <i>3</i> | Day <i>3</i> | Year <i>26</i> | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) <i>County Treasurer</i> | | |
| 14 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"/> Additional Pages | | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | |
| | | <input type="checkbox"/> 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

| | | | |
|-------------------------|---|------------|--|
| 15 C/OH NAME | Timbra Morris | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1750.00 | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1750.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 1072.44 | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1072.44 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 677.56 | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 | |
| OUTSTANDING LOAN TOTALS | | | |

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.

Timbra Morris

Signature of Candidate or Officeholder



(1) Affidavit

Please complete either option below:

Sworn to and subscribed before me by Timbra Morris this the 15th day of January 2026, to certify which, witness my hand and seal of office.

Cindi Cates

Cindi Cates

Notary

Signature of officer administering oath

Printed name of officer administering oath

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)

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: |
| 2 FILER NAME <i>Timbra Morris</i> | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/25/25</i> | 5 Full name of contributor <i>Judy Sides</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | 7 Amount of contribution (\$) <i>200.00</i> |
| | 6 Contributor address; <i>2701 Roberts St. Vernon TX 79018</i> | City; State; Zip Code | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date <i>11/28/25</i> | Full name of contributor <i>Brad Overstreet</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) <i>750.00</i> |
| | Contributor address; <i>304 Riverside Dr. Byers, TX 76357</i> | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>11/7/26</i> | Full name of contributor <i>Chris Quirk</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) <i>100.00</i> |
| | Contributor address; <i>1310 Johnson St. Hartley TX 79044</i> | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>11/12/26</i> | Full name of contributor <i>Coleman Hays</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) <i>200.00</i> |
| | Contributor address; <i>901 Bennett Dr. Dumas TX 79029</i> | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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

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: |
| 2 FILER NAME <i>Timbra Morris</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1/14/26</i> | 5 Full name of contributor <i>Stephanie West</i> | 6 Contributor address; City; State; Zip Code <i>5085 SH-354 Channing TX 79018</i> |
| 8 Principal occupation / Job title (See Instructions) | | 7 Amount of contribution (\$) <i>\$500.00</i> |
| 9 Employer (See Instructions) | | |
| Date | Full name of contributor | □ out-of-state PAC (ID#:) |
| | Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor | □ out-of-state PAC (ID#:) |
| | Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor | □ out-of-state PAC (ID#:) |
| | Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

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

| | |
|--|---|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1750.00 |
| 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 | \$ 1072.44 |
| 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

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 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.

| | | | |
|--|---|---|-----------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address; | City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Fees | Filing 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 | | |
| 11/13/26 | Signs on the Cheap | | |
| Amount (\$) | Payee address; | City: | State: Zip Code |
| 270.96 | 11525A Stonehollow Dr. Ste. 120 | Austin | TX 78758 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Advertising Expense | Signs | |
| | <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 | | |
| 11/14/26 | Canva US Inc. | | |
| Amount (\$) | Payee address; | City: | State: Zip Code |
| 51.48 | 3212 E. Cesar Chavez St. Ste 1300 | Austin | TX 78702 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Advertising Expense | Postcards | |
| | <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 | | | |