

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 MR.	FIRST TODD	MI C	OFFICE USE ONLY Date Received HOLLY THOMAS COUNTY CLERK JASPER COUNTY, TEXAS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			JASPER TX 75951 FILED JAN 14 2026 <i>Hollie Thomas</i> DEPUTY		
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE (409)	PHONE NUMBER 381-9098	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST ZACHARY	MI A	Date Hand-delivered or Date Postmarked		
	NICKNAME COLVIN	LAST	SUFFIX	Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;			STATE; ZIP CODE JASPER TX 75951		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 501-9903	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 10	Day /14/2025	Year	Month 01	Day /13/2026	Year
11 ELECTION	ELECTION DATE Month Day Year / / /	ELECTION TYPE <input 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) Jasper County Commissioner Pct. 2		
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.					
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		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

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,800.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,423.26

CONTRIBUTION
BALANCE

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

\$ 376.74

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 SIGNATURE

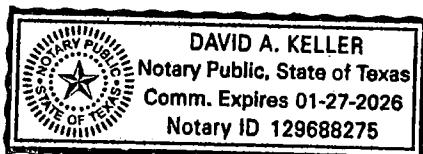
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



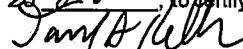
NOTARY STAMP/SEAL

Sworn to and subscribed before me by

1000 STOTT

this the 14th day of January,

2026, to certify which, witness my hand and seal of office.



DAVID A. KELLER

Notary Public #129688275, TxDPS

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)

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	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
\$ 4,800.00	
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	
\$ 4,423.26	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
\$ 30.00	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME</p> <p><i>Zachary Corvin</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p>11-6-25</p>	<p>5 Full name of contributor</p> <p><i>Chad Rutledge</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>7 Amount of contribution (\$)</p> <p><i>100.00</i></p>
	<p>6 Contributor address;</p> <p>[REDACTED]</p>	<p>City;</p> <p><i>KIRBYVILLE TX 75956</i></p>	<p>State;</p>	<p>Zip Code</p>
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date</p> <p>11-6-25</p>	<p>Full name of contributor</p> <p><i>Jade Rutledge</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$)</p> <p><i>100.00</i></p>
	<p>Contributor address;</p> <p>[REDACTED]</p>	<p>City;</p> <p><i>KIRBYVILLE TX 75956</i></p>	<p>State;</p>	<p>Zip Code</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date</p> <p>11-13-25</p>	<p>Full name of contributor</p> <p><i>Caston Scott</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$)</p> <p><i>100.00</i></p>
	<p>Contributor address;</p> <p>[REDACTED]</p>	<p>City;</p> <p><i>1000 W. 7th St. Ft. Worth TX 76119</i></p>	<p>State;</p>	<p>Zip Code</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date</p> <p>11-13-25</p>	<p>Full name of contributor</p> <p><i>Lawrence Crumbs</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$)</p> <p><i>100.00</i></p>
	<p>Contributor address;</p> <p>[REDACTED]</p>	<p>City;</p> <p><i>Ft. Worth Tx 76119</i></p>	<p>State;</p>	<p>Zip Code</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1: 2 FILER NAME <i>Zachary Colvin</i>
4 Date <i>11-13-25</i>	5 Full name of contributor <i>Patriz Scott</i>	<input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code <i>[REDACTED], Weatherford TX 76088</i>		3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>11-14-25</i>	Full name of contributor <i>Stewart Glass</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Jasper TX 75951</i>		Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>11-14-25</i>	Full name of contributor <i>Jamie Gunter</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Jasper TX 75951</i>		Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>11-14-25</i>	Full name of contributor <i>JENNIFER GUNTER</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Jasper TX 75951</i>		Amount of contribution (\$) <i>100.00</i>
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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1: 2 FILER NAME <i>Zachary Colvin</i>
4 Date <i>11-14-25</i>	5 Full name of contributor <i>DANIEL & KAREN STOTT</i>	<input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code <i>[REDACTED] Jasper TX 75951</i>		7 Amount of contribution (\$) <i>250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>11-22-25</i>	Full name of contributor <i>Zac & Nicole Colvin</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Jasper TX 75951</i>		Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>11-22-25</i>	Full name of contributor <i>ROSS & ANGELA NEAL</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Jasper TX 75951</i>		Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>11-22-25</i>	Full name of contributor <i>FEW PROPERTIES L.P.</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Jasper TX 75951</i>		Amount of contribution (\$) <i>500.00</i>
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 Zachary Cowan				3 Filer ID (Ethics Commission Filers)
4 Date 11-22-25	5 Full name of contributor Jasper Oil Company	<input type="checkbox"/> out-of-state PAC (ID#_____)		7 Amount of contribution (\$) 250.00
6 Contributor address; [REDACTED]	City; State; Zip Code Jasper TX 75951			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 11-24-25	Full name of contributor Lee Kihala	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) 500.00
Contributor address; [REDACTED]	City; State; Zip Code Jasper TX 75951			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 11-24-25	Full name of contributor Stanley Christopher	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) 50.00
Contributor address; [REDACTED]	City; State; Zip Code Jasper TX 75951			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12-4-25	Full name of contributor Ken Nudors	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) 100.00
Contributor address; [REDACTED]	City; State; Zip Code Jasper TX 75951			
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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1: 2 FILER NAME <i>Zachary Colvin</i>
4 Date <i>12-4-25</i>	5 Full name of contributor <i>Marsha Nabor</i>	<input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; <i>[REDACTED]</i> City; State; Zip Code <i>Jasper TX 75951</i>		7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date <i>12-5-25</i>	Full name of contributor <i>Max McLeod</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>[REDACTED]</i> City; State; Zip Code <i>Jasper TX 75951</i>		Amount of contribution (\$) <i>400.00</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>12-8-25</i>	Full name of contributor <i>Cliff Stephenson</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>[REDACTED]</i> City; State; Zip Code <i>Jasper TX 75951</i>		Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>12-1-25</i>	Full name of contributor <i>James Rossie</i>	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>[REDACTED]</i> City; State; Zip Code <i>Woodville TX 75979</i>		Amount of contribution (\$) <i>250.00</i>
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>Zachary Colvin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/11/25</i>	5 Full name of contributor <i>Garland Smith Abstract</i>	6 Contributor address; City: <i>Jasper, TX 75951</i> State; Zip Code 7 Amount of contribution (\$) <i>750.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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.		

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 <i>Zachary Coward</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-14-25</i>	5 Payee name <i>VISTA PRINT</i>		
6 Amount (\$) <i>153.69</i>	7 Payee address: [REDACTED] <i>WANTON MA, 02451</i>	City: _____ State: _____ Zip Code: _____	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>CARDS</i>	
	(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 <i>11-17-25</i>	Payee name <i>JASPER LAKE SAM RAYBURN CHAMBER OF COMMERCE</i>		
Amount (\$) <i>20.00</i>	Payee address: [REDACTED] <i>JASPER TX 75951</i>	City: _____ State: _____ Zip Code: _____	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>MERRY MARKET</i>	
	<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 <i>11-17-25</i>	Payee name <i>SQUARESPACE INC.</i>		
Amount (\$) <i>29.00</i>	Payee address: [REDACTED] <i>NEW YORK, NY 10014</i>	City: _____ State: _____ Zip Code: _____	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>WEBSITE</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Zachary Colvin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-17-25</i>	5 Payee name <i>SquareSpace Inc.</i>	
6 Amount (\$) <i>175.20</i>	7 Payee address; [REDACTED]	City: <i>New York, NY</i> State: <i>NY</i> Zip Code <i>10014</i> <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>WEBSITE</i>
	(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 <i>11-21-25</i>	Payee name <i>London Ink.</i>	
Amount (\$) <i>151.55</i>	Payee address; [REDACTED]	City: <i>JASPER TX 75951</i> State: <i>TX</i> Zip Code <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>TEE SHIRTS, CAPS, MAGNET SIGNS, SIGN</i>
	<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 <i>11-25-25</i>	Payee name <i>KJAS BROADCASTING</i>	
Amount (\$) <i>1,000.00</i>	Payee address; [REDACTED]	City: <i>JASPER TX 75951</i> State: <i>TX</i> Zip Code <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>CAMPAGNA AD</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Zachary Collins</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-8-25</i>	5 Payee name <i>DESIGNER GRAPHICS</i>		
6 Amount (\$) <i>233.01</i>	7 Payee address; [REDACTED] <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>Tyler TX 75703</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>SIGNS</i>	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12-8-25</i>	Payee name <i>DESIGNER GRAPHICS</i>		
Amount (\$) <i>1,693.90</i>	Payee address; [REDACTED] <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>Tyler TX 75703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>11-25-25</i>	Payee name <i>KJL's BROADCAST INC</i>		
Amount (\$) <i>100.00</i>	Payee address; [REDACTED] <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>WESPER TX 75951</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>CHRISTMAS PARADE AD</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>ZACHARY COLVIN</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>11-14-25</i>	5 Payee name <i>LONDON INK</i>		
6 Amount (\$) <i>116.91</i>	7 Payee address; [REDACTED] <input type="checkbox"/> Check if individual's residence address.	City: <i>Jasper TX</i> State: <i>TX</i> Zip Code <i>75951</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>TEE SHIRT / CAPS</i>	
	(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 <i>11/12/25</i>	Payee name <i>Jasper County Republican Party</i>		
Amount (\$) <i>750.00</i>	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <i>BALLOT APPLICATION/MAILING FEE</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	ZACHARY COVINS		
4 Date	5 Payee name		
10-21-25	JASPER COUNTY COURTHOUSE		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
30.00	[REDACTED]	JASPER TX 75951	
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	PRINTING EXPENSE	COPY ADDRESSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			