

# 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

NICKNAME

LAST

STOTT

SUFFIX

HOLLAND  
THOMAS COUNTY CLERK  
JASPER COUNTY, TEXAS

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

[REDACTED]

[REDACTED]

JASPER TX 75951

FILED

JAN 14 2026

DEPUTY

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 381-9098

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

MR.

FIRST

ZACHARY

MI

A

NICKNAME

LAST

COLVIN

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

[REDACTED]

JASPER TX 75951

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 501-9903

9 REPORT TYPE

☒

January 15

☐

30th day before 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  
COVERED

Month

Day

Year

Month

Day

Year

10 / 14 / 2025

THROUGH

01 / 13 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

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

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,800.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,423.26
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 376.74
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

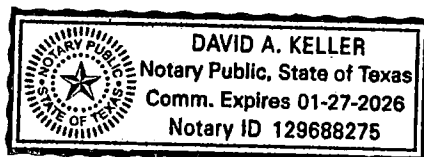
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Todd Stott this the 14<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

*[Handwritten Signature]*

*[Handwritten Signature]*

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**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>4,800.00</u>
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	\$ <u>4,423.26</u>
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	\$ <u>30.00</u>
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>ZACHARY CORVIN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-6-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRIS RUTLEDGE</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>[REDACTED] KIRBYVILLE TX 75956</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11-6-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JADE RUTLEDGE</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] KIRBYVILLE TX 75956</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-13-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARSON STOTT</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] FT. WORTH TX 76119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-13-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAURIE CRUMB</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] FT. WORTH TX 76119</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:
2 FILER NAME <b>Zachary Cowlin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PATRIC STOTT</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>[REDACTED], WEATHERFORD TX 76088</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11-14-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEWART GLASS</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-14-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMIE GUNTER</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-14-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JENNIFER GUNTER</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>ZACHARY COLVIN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-14-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID &amp; KAREN STOTT</b> 6 Contributor address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11-22-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ZAC &amp; NICOLE COLVIN</b> Contributor address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-22-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROSS &amp; ANGELA NEAL</b> Contributor address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-22-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Few PROPERTIES L.P.</b> Contributor address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Zachary Cowin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-22-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jasper Oil Company</b> 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] <b>Jasper TX 75951</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11-24-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEE KHALA</b> Contributor address; City; State; Zip Code [REDACTED] [REDACTED] <b>Jasper TX 75951</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-24-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STANLEY CHRISTOPHER</b> Contributor address; City; State; Zip Code [REDACTED] [REDACTED] <b>Jasper TX 75951</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12-4-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEN NADERS</b> Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] <b>Jasper TX 75951</b>	Amount of contribution (\$) <b>100.00</b>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>ZACHARY COLVIN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-4-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARSHA NABORS</b> 6 Contributor address; City; State; Zip Code <b>[REDACTED] [REDACTED] [REDACTED] JASPER TX 75951</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12-5-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Max McLeod</b> Contributor address; City; State; Zip Code <b>[REDACTED] [REDACTED] [REDACTED] JASPER TX 75951</b>	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12-8-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLIFF STEPHENSON</b> Contributor address; City; State; Zip Code <b>[REDACTED] [REDACTED] [REDACTED] JASPER TX 75951</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12-1-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES ROESKE</b> Contributor address; City; State; Zip Code <b>[REDACTED] [REDACTED] [REDACTED] WOODVILLE TX 75979</b>	Amount of contribution (\$) <b>250.00</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:
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARLAND SMITH ABSTRACT</i>	7 Amount of contribution (\$) <i>750.00</i>
6 Contributor address; City; State; Zip Code <i>[REDACTED] JASPER, TX 75951</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.		

# 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 <b>ZACHARY COWIN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10-14-25</b>	5 Payee name <b>VISTA PRINT</b>	
6 Amount (\$) <b>153.69</b>	7 Payee address; City; State; Zip Code <b>[REDACTED] WATNUM MA, 02451</b> <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>ADVERTISING EXPENSE</b>	(b) Description <b>CARDS</b>
	(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 <b>11-17-25</b>	Payee name <b>JASPER LAKE SAN RAYBURN CHAMBER OF COMMERCE</b>	
Amount (\$) <b>20.00</b>	Payee address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>MERRY MARKET</b>
	<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 <b>11-17-25</b>	Payee name <b>SQUARESPACE INC.</b>	
Amount (\$) <b>29.00</b>	Payee address; City; State; Zip Code <b>[REDACTED] NEW YORK, NY 10014</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>WEBSITE</b>
	<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 <b>ZACHARY COLVIN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-17-25</b>		5 Payee name <b>SQUARESPACE INC.</b>			
6 Amount (\$) <b>175.20</b>		7 Payee address; City; State; Zip Code <b>[REDACTED] New York, NY 10014</b> <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>ADVERTISING EXPENSE</b>		(b) Description <b>WEBSITE</b>		
	(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 <b>11-21-25</b>		Payee name <b>LONDON INC.</b>			
Amount (\$) <b>151.55</b>		Payee address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>TEE SHIRTS, CAPS, MAGNET SIGN, SIGN</b>		
	<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 <b>11-25-25</b>		Payee name <b>KJAS BROADCASTING</b>			
Amount (\$) <b>1,000.00</b>		Payee address; City; State; Zip Code <b>[REDACTED] JASPER TX 75951</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>CAMPAIGN AD</b>		
	<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  
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:		2 FILER NAME <b>ZACHARY COMLIN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12-8-25</b>		5 Payee name <b>DESIGNER GRAPHICS</b>			
6 Amount (\$) <b>233.01</b>		7 Payee address; City; State; Zip Code <b>[REDACTED] Tyler TX 75703</b> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>SIGNS</b>	
		(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 <b>12-8-25</b>		Payee name <b>DESIGNER GRAPHICS</b>			
Amount (\$) <b>1,693.90</b>		Payee address; City; State; Zip Code <b>[REDACTED] Tyler TX 75703</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>SIGNS</b>	
		<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 <b>11-25-25</b>		Payee name <b>KJHS BROADCASTING</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>[REDACTED] Jasper TX 75951</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>CHRISTMAS PARADE AD</b>	
		<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  
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:	2 FILER NAME <b>ZACHARY COLVIN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-14-25</b>	5 Payee name <b>LONDON INK</b>		
6 Amount (\$) <b>116.91</b>	7 Payee address; City; State; Zip Code <b>[REDACTED] Jasper Tx 75951</b> <input type="checkbox"/> Check if individual's residence address.		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>TEE SHIRT / CAPS</b>
	(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 <b>11/12/25</b>	Payee name <b>JASPER COUNTY REPUBLICAN PARTY</b>		
Amount (\$) <b>750.00</b>	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>		Description <b>BAILOT APPLICATION/FILING FEE</b>
	<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.		
<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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# 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  
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.

<b>1</b> Total pages Schedule G: <div style="text-align: center;">1</div>	<b>2</b> FILER NAME <div style="text-align: center;">ZACHARY COLVIN</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">10-21-25</div>	<b>5</b> Payee name <div style="text-align: center;">JUSTICE COUNTY COURT HOUSE</div>	
<b>6</b> Amount (\$) <div style="text-align: center;">30.00</div> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center;">[REDACTED] JUSTICE TX 75951</div> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">PRINTING EXPENSE</div>	
	<b>(b)</b> Description <div style="text-align: center;">COPY ADDRESSES</div>	
<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	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		
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		

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