

# 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>5</b>		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr	FIRST Jerry	MI D	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Harrison	SUFFIX	Date Received  <b>RECEIVED</b> <b>FEB 04 2026</b> <b>BY: [Signature]</b>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 204 CR 4018 76550			Lampasas, Texas		
Change of Address						
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE ( 254 )	PHONE NUMBER 624-0625	EXTENSION	Date Hand-delivered or Date Postmarked		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr	FIRST Jerry	MI D	Receipt #   Amount \$		
	NICKNAME	LAST Harrison	SUFFIX	Date Processed		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 204 CR 4018			CITY; STATE; ZIP CODE Lampasas, Texas 76550		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE ( 254 )	PHONE NUMBER 624-0625	EXTENSION			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15	<input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month 1	Day / 1	Year / 26	Month 1	Day / 22	Year / 26
<b>11 ELECTION</b>	ELECTION DATE Month 3	Day / 3	Year / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>None</b>			<b>13 OFFICE SOUGHT (if known)</b> <b>27th District Clerk- Lampasas County</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Jerry D Harrison

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,066.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 288.50
	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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Jerry D Harrison, and my date of birth is November 23, 1951.  
My address is 204 CR 4018,

(street)

(city)

(state)

(zip code)

(country)

Executed in Lampasas County, State of Texas, on the 4th day of February, 20 26.

Jerry D. Harrison  
Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME Jerry D Harrison	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,250.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1066.50
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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: 1
<b>2 FILER NAME</b> Jerry D Harrison			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 01/12/2026	<b>5 Full name of contributor</b> Joe Williams	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <big>75.00</big>
	<b>6 Contributor address;</b> 2309 CR 1045, Lampasas, Texas 76550	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Retired		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> John H Williams	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <big>75.00</big>
	<b>Contributor address;</b> 144 Stetson Trail, Georgetown, Texas 78633	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>	
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> Jerry Harrison	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <big>1,000.00</big>
	<b>Contributor address;</b> 204 CR 4018	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>	
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> Kim Garner	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <big>100.00</big>
	<b>Contributor address;</b> 681 PR 4405, Kempner, Texas 76539	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>	
<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.			

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# 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: 1	2 FILER NAME Jerry D Harrison	3 Filer ID (Ethics Commission Filers)	
4 Date 01/12/2026	5 Payee name Lampasas Dispatch record		
6 Amount (\$) 994.00	7 Payee address; P.O. Box 631 ,Lampasas, Texas 76550 <small>Check if individual's residence address.</small>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  advertising expense	(b) Description  Newspaper ads for January	
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01/13/2026	Payee name Lampasas Radio		
Amount (\$) 72.50	Payee address; 505 North Key avenue, Lampasas, Texas 76550 <small>Check if individual's residence address.</small>	City; State; Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  advertising	Description  political ad on radio-stock show	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
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
	<small>Check if individual's residence address.</small>		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
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**