

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: 6 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Zachary | MI J. |
| | NICKNAME Zac | LAST Morris | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 412 S. Liveoak Lampasas Texas 76550 | | |
| | AREA CODE PHONE NUMBER EXTENSION (512) 556-3639 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Connie | MI |
| | NICKNAME | LAST Hartmann | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2483 Hwy. 281 South Lampasas Texas 76550 | | |
| | AREA CODE PHONE NUMBER EXTENSION (512) 556-1415 | | |
| 9 REPORT TYPE | <input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 7 / 1 / 25 THROUGH 12 / 03 / 25 | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month Day Year 3 / 3 / 26 | <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) Lampasas County Judge |
| 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 <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

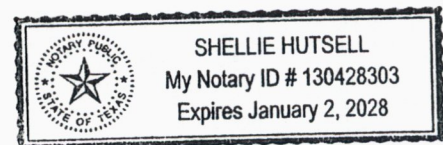
| | | |
|--|---|---|
| 15 C/OH NAME Zachary J. (Zac) Morris | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,080.18 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,080.18 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 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 Zachary J. Morris this the 3rd day of December, 2025, to certify which, witness my hand and seal of office.

Shellie Hutsell Shellie Hutsell Notary Public
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

Zachary J. (Zac) Morris

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,080.18 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 2,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,080.18 |
| 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 |
| 2 FILER NAME Zachary J. (Zac) Morris | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/14/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Balance of prior campaign 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) 80.18 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/20/2025 | Full name of contributor out-of-state PAC (ID#: _____) Eddy Bowden Contributor address; City; State; Zip Code 238 County Road 4018, Lampasas, Texas 76550 | Amount of contribution (\$) 1,000.00 |
| 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. | | |

LOANS**SCHEDULE E**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 E: 1 |
| 2 FILER NAME Zachary J. (Zac) Morris | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 08/14/2025 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Self | 9 Loan Amount (\$) 2,000.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral none | | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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If lender 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
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 | 2 FILER NAME Zachary J. (Zac) Morris | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/25/2025 | 5 Payee name Hill Country Publishing (Lampasas Dispatch Record) | |
| 6 Amount (\$) 625.00 | 7 Payee address; 416 South Liveoak Street | City; State; Zip Code Lampasas Texas 76550 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising expense | (b) Description Hats in the ring and online banner |
| | (c) Check if travel outside of Texas. Complete Schedule T. 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 09/23/2025 | Payee name Canva US Inc. | |
| Amount (\$) 200.00 | Payee address; 3212 E. Cesar Chavez Street, Building 1, Suite 1300, Austin, Texas 76550 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description Cards |
| | Check if travel outside of Texas. Complete Schedule T. 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 11/20/2005 | Payee name Eddy Bowden | |
| Amount (\$) 1,000.00 | Payee address; 238 County Road 4018 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Reimbursement | Description Refund of donation |
| | Check if travel outside of Texas. Complete Schedule T. 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 | | 2 FILER NAME Zachary J. (Zac) Morris | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/20/2005 | | 5 Payee name Zac Morris | | | |
| 6 Amount (\$) 1,255.18 | | 7 Payee address; 412 S. Liveoak | | City; Lampasas | State; Texas |
| | | | | Zip Code 76550 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan repayment | | (b) Description Refund of balance of loan | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | | | | |
| 9 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 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | | | | |
| 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 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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