

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# COPY

## 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) FIRST MI  
 Zephaniah  
 NICKNAME LAST SUFFIX  
 Timmins

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 ADDRESS / PO BOX; APT / SUITE # CITY: STATE: ZIP CODE  
 Change of Address  
 Marshall, Tx 75670

5 CANDIDATE / OFFICEHOLDER PHONE  
 AREA CODE PHONE NUMBER EXTENSION  
 (903) 935-2841 - H  
 930-7230 - C

6 CAMPAIGN TREASURER NAME  
 MS / MRS / MR FIRST MI  
 Zephaniah  
 NICKNAME LAST SUFFIX  
 Timmins

**OFFICE USE ONLY**

Date Received  
RECEIVED  
 FEB 02 2026  
HARRISON COUNTY  
ELECTIONS OFFICE

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE  
 (Residence or Business)

8 CAMPAIGN TREASURER PHONE  
 AREA CODE PHONE NUMBER EXTENSION  
 ( )

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    THROUGH    Month Day Year

11 ELECTION  
 ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     Other Description  
 03 / 03 / 26     General     Special

12 OFFICE    OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)  
 Commissioner Pct 2    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

**GO TO PAGE 2**

# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA  
PG 1

<b>1 CANDIDATE NAME</b> Zephaniah Timmins	<b>2 FILER ID #</b>	<b>3 Total pages filed:</b>
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**See ACTA Instruction Guide for detailed instructions.**  
**Use this form for changes to existing information *only*. Do not provide information previously disclosed.**

<b>4 CANDIDATE NAME</b>	<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
			Mr. Zephaniah		Date Received		
			NICKNAME LAST SUFFIX		Date Hand-delivered or Postmarked		
			Timmins		Receipt # Amount \$		
<b>5 CANDIDATE MAILING ADDRESS</b>	<input type="checkbox"/> NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
				Marshall, Texas		75670	
<b>6 CANDIDATE PHONE</b>	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION			Date Processed
		( 903 )	930-7230				Date Imaged
<b>7 OFFICE HELD</b> <small>(if any)</small>	<input type="checkbox"/> NEW	Commissioner Pct. 2					
<b>8 OFFICE SOUGHT</b> <small>(if known)</small>	<input type="checkbox"/> NEW	Commissioner Pct. 2					
<b>9 CAMPAIGN TREASURER NAME</b>	<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
			Mr. Zephaniah			Timmins	
<b>10 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(residence or business)</small>	<input type="checkbox"/> NEW	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
				Marshall, Texas		75670	
<b>11 CAMPAIGN TREASURER PHONE</b>	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION			
		( 903 )	930- 7230				
<b>12 CANDIDATE SIGNATURE</b>	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>						
	_____ Signature of Candidate			_____ Date Signed			

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# 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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>E. Leon Carter + Debra Carter</i>	7 Amount of contribution (\$)
<i>12/21/25</i>	6 Contributor address; <small>City; State; Zip Code</small> <i>Dallas, TX 75287</i>	<i>\$ 5,000</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <hr/> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <hr/> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <hr/> Contributor address; <small>City; State; Zip Code</small>	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.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

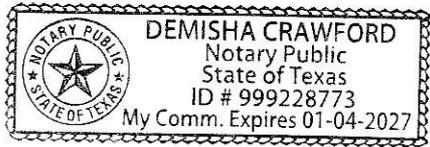
<b>15 C/OH NAME</b> Zephaniah Timmins		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,250.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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 Zephaniah Timmins this the 2nd day of February, 2026, to certify which, witness my hand and seal of office.

Demisha Y Crawford Signature of officer administering oath     
 Demisha L Crawford Printed name of officer administering oath     
 JP 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\_\_\_\_.

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)