Austin, Texas 78711-2070

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Zephaniah		Date Received SEAL VEAD
TVAINCE	NICKNAME LAST	SUFFIX	1411 0 0 2022
	NICKNAME LAST  Timmins	5*1 N *	JAN 26 2023
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	HARRISON COUNTY ELECTIONS OFFICE
MAILING ADDRESS	607 Medill Marsh	hall Tx 75670	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	935-2841-(H) (903) 930-7230-(C)	EXTENSION	Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR Zephaniah	MI	Date Imaged
NAME	NICKNAME LAST		
	NICKNAME LAST TIMMINS	Section Section.	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  407 Medill Mars	city; STATE; hall, Tx	ZIP CODE 756 70
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 935-2841-H 930-7230-C	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 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	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Commissioner Pct. 2	Commission	er Pct. 2
	GO TO PAG	GE 2	

15 C/OH NAME	ephaniah Timmins	16 Filer ID (Ethics Commission Filers)		
<u></u>	ephaniah limmins			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0 -		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ _0_		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information		
	quired to be reported by me under Title 15, Election Code.	and correct and includes an information		
	Color			
	Signature of Car	ndidate or Officeholder		
Notary My Com	Please complete either option below ID #131188463 Imission Expires by 27, 2025	<b>7</b> :		
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by Zephanian limmin Sthis the	20th day of January.		
20 25 , to certify	which, witness my hand and seal of office.			
michalle 4	Michelle Hward	Notani		
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath		
orginature of officer duminister	Finited frame of officer administering batti	Title of officer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
		tate) (zip code) (country)		
Formula d in				
Executed in	County, State of , on the day of (month	, 20 ) (year)		
	(	<u> </u>		
	Signature of Candid	ate/Officeholder (Declarant)		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH N	Z Filer ID (Ethics Commission Filers)
	Ze	phaniah Timmins
3	SIGNA	ATURE
#	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER  nplete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	_	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Check	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	anaron Sara	Signature of Candidate
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Office holder

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	Phaniah	Timmins	ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	E'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	Zephaniah Timmins  committee ADDRESS 607 Medill Marshall, T		
	SPECIFIC	607 Medill Marshall,	1x 15670	
additional pages		2 cphaniah Timmins		
		COMMITTEE CAMPAIGN TREASURER ADDRESS 407 Medill Marshal	1,Tx 75670	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ -0-	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	
18 AFFIDAVIT	HELLE ELWOOD	I swear, or affirm, under penalty of perj is true and correct and includes all info me under Title 15, Election Code.		
Notary My Con	/ ID #131188463 mmission Expires uly 27, 2025	Signature of Candidat	OCT 3 1 2022	
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.				
MICHUU Signature of officer admin	GWW OD	Michelle Elwood  Printed name of officer administering oath	Title of officer administering oath	

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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 A2:	
<sup>2</sup> FILER NAME Zephaniah Timmins	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$	
5 Date 6 Full name of contributor □ out-of-state PAC (ID#:  Richard + Christina Anderso 7 Contributor address; City; State;  211 W. Austin Marshall Ty  10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code # 200.00   Political Colenter	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date  Full name of contributor ☐ out-of-state PAC (ID#:  Contributor address; City; State;	Amount of Contribution \$ In-kind contribution description  Zip Code   Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

P.O. Box 12070

		T -			
The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE /	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	Zephaniah	Date Received			
	Zephaniah NICKNAME LAST SUFFIX Timmins				
	Immins				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
MAILING ADDRESS	607 Medill Marshall Tx 75670	Date Hand-delivered or Postmarked			
change of address	201 Medin Masses	Receipt # Amount			
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Date Processed			
OFFICEHOLDER PHONE	(903) 935-2841-(H) 930-7230-(C)	bate Processed			
6 CAMPAIGN		Date Imaged			
TREASURER NAME	Zephaniah				
	NICKNAME LAST SUFFIX TIMMINS				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE;	ZIP CODE			
ADDRESS (residence or business)	407 Medill Marshall, Tx	15670			
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION				
TREASURER PHONE	(903) 935-2841-H				
	930 - 7230 - C				
9 REPORT TYPE		15th day after campaign			
3 KEI OKI TITE	January 15 30th day before election Runoff	treasurer appointment (officeholder only)			
	July 15 Sth day before election Exceeded \$500 [imit	Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day THROUGH	Year /			
44 ELECTION	ELECTION DATE ELECTION TYPE				
11 ELECTION	Month Day Year	Seneral Special			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)				
****					
	Commissioner Pct. 2 Commission	er Pct. 2			
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

14 C/OH NAME			4E ACCOUNT	# (Ethics Commission
	e Phania h	Timmins	15 ACCOUNT	# (Ethics Commission
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION OF THE PROPERTY OF THE SERVICE OF T	HE CANDIDATE'S OR OFFI	CEHOLDER'S KNOWLEDGE
	COMMITTEE TYPE	COMMITTEE NAME		
		Zephaniah Timmin	S	
CIEINIEID	GENERAL	COMMITTEE ADDRESS 607 Medill Marsh		7072
CT 06 2022	SPECIFIC	607 Medill Marsh	iall, 1x 1	3670
ISON COUNTY		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		Zephaniah Timmin	3	
		committee campaign treasurer address 407 Medill Ma	rshall, Tx	75670
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE ES, LOANS, OR GUARANTEES OF LOANS), UNLESS I		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS) \$	-0-
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLES	SITEMIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	5,300.5
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE DRTING PERIOD	LAST DAY \$	-0-
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A Y OF THE REPORTING PERIOD	S OF THE \$	
SCV ZE N	MICHELLE ELWOOD otary ID #1311884 y Commission Expir July 27, 2025	es	des all information re	quired to be reported
Sworn to and subs	scribed before	00	IMMING	this the
MICHUL G	mistering oath	Michele El Wood  Printed name of officer administering oath	Title of off	tony icer administering oat

P.O. Box 12070

The C/OH Instruction	Guide explains how to complete this fo	rm. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	Zephaniah NICKNAME LAST	SUFFIX	Date Received .	
	NICKNAME LAST Timmins			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		
MAILING ADDRESS	607 Medill M	arshall Tx 75670	Date Hand-delivered or Postmarked	
change of address			Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	935-2841-(H) 935-7230-C)	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Zephaciah	MI	Date Imaged	
NAME	Zephaniah  NICKNAME  Timmins	SUFFIX		
	Timmins			
7 CAMPAIGN TREASURER ADDRESS (residence or business)		SUITE#; CITY; STATE;  Mars hall, Tx	ZIP CODE 756 70	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 935-2841-H 930-7230-C	EXTENSION		
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment	
	July 15 8th day before ele	Exceeded \$500 limit	(officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THRO	Month Day	Year /	
11 ELECTION	Month Day Year ELECTION TYPE	PE Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	ž	
T.	Commissioner Pct.	2 Commission	ver Pct. 2	
	GO TO PAGE 2			

### **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Accounting/Banking Legal Service Consulting Expense Food/Beverage Event Expense Polling Expense Fees Printing Expense	es Solicitation/Fu ge Expense Travel In Dist	s/Contract Labor Loan Repr ndraising Expense Transports	ayment/Reimbursement ation Equipment & Related Expense
		District Candid ad/Rental Expense OTHER (e	ons/Donations Made By late/Officeholder/Political Committee enter a category not listed above)
1 Total pages Schedule F: 2 FILER NAMI	haniah Timm		CCOUNT # (Ethics Commission Filers)
4 Date 5 Payee name			
6 Amount (\$) 7 Payee addre 2/4 5	Print Shop ss; City; State; Zip Code Bolivar St. 1	Narshall, Tx 7.	5670
OF	e categories listed at the top of this schedule)		ide of Texas, complete Schedule T)
	Mail-outs Officeholder name	Post Cards Office sought	Office held
Date Payee name S-22-22 Smar	+ Advertizing		
Amount (\$) Payee addre 1401 .	t Advertizing ss; City; State; Zip Code S. Washington	tue. Marshall,	Tx 75670
	e categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
	/ Officeholder name	Office sought	Office held
Date Payee name			
Amount (\$) Payee addres	ss; City; State; Zip Code		
PURPOSE Category (See OF EXPENDITURE	e categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
Complete ONLY if direct Candidate expenditure to benefit C/OH	/ Officeholder name	Office sought	Office held
Date Payee name			
Amount (\$) Payee address	ss; City; State; Zip Code		
TOTAL OOL	categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
OF EXPENDITURE			

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS MR 3 CANDIDATE/ **OFFICEHOLDER** OFFICE USE ONLY Zephaniah NAME Date Received Timmins 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE OFFICEHOLDER Medill St. MAILING **ADDRESS** Marshall, Tx 75670 Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed Date Imaged 11 mmins STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE 607 **TREASURER** Medill St **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE TREASURER PHONE 9 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month COVERED THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Month Day Year Other Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Commissione 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

	THE THE THE THE	OOVER SHEET PG 2
15 C/OH NAME	ephaniah Timmins	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ _0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 50,00
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</li> </ol>	
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying report is true and juired to be reported by me under Title 15, Election Code.	I correct and includes all information
11.	Ceston	
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
(1) Affidavit	MICHELLE ELWOOD Notary ID #131188463 My Commission Expires July 27, 2025	
Sworn to and subscribed to		day of <u>Jahuowy</u> ,
20 <u>LL</u> , to certify w	which, witness my hand and seal of office.	1.
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath
	OR	tioning out
(2) Unsworn Declaratio	n	
My name is	, and my date of birth is	
My address is		
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on theday of(month)	(zip code) (country), 20 (year)
	Signature of Candidate/Of	ficeholder (Declarant)

The C/OH Instruction G	uide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr First MI Zerhaniah	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX  Timmins	Date Received RECEIVED JAN 3 1 A.M.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  607 Medill Marshall Ty. 75670	3 1 2022 HARRISON COUNTY HARRISON COUNTY HARRISON COUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 935-284)-H	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	ms/mrs@ms First Mi Zephaniah	Date Processed
	NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; TX	756 70
(Residence or Business)		
8 CAMPAIGN TREASURER PHONE	PHONE NUMBER 935-2841  (903) 930-7230	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
	Reporting Limit	
10 PERIOD COVERED	Month Day Year Month THROUGH	Day Year
11 ELECTION	ELECTION DATE ELECTION TYPE	PE
	Month Day Year Primary Runoff Other Description	
	General Special	, , , , , , , , , , , , , , , , , , ,
12 OFFICE	OFFICE HELD (if any)  Commissioner Pet 2  Commissioner Pet 2  Commissioner Pet 2	nerPct. 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY INFOR	INDIDATES OR OFFICEHOLDER'S KNOWLEDGE ON
COMMITTEL	COMMITTEE TYPE COMMITTEE NAME	
Additional Pages	GENERAL COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

15 C/OH NAME	Zephaniah Tim	16 F	Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COPLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ONTRIBUTIONS (OTHER THAN	\$	
	TOTAL POLITICAL CONTRIBUT     (OTHER THAN PLEDGES, LOANS, CONTRIBUTION		\$ _0 _	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITUR	ES	\$ -0-	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	S MAINTAINED AS OF THE LAST DA	\$ 50.00	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE	OUTSTANDING LOANS AS OF THE	\$	
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, that the	ne accompanying report is true and	correct and includes all information	
	quired to be reported by me under Title 15, Election			
		O 1		
· · · · · · · · · · · · · · · · · · ·		Cost		
		Signature of Candida	te or Officeholder	
			Section Sectio	
			1-,1-	
	Please complete	e either option below:		
(1) Affidavit	MICHELLE ELWOOD Notary ID #131188463 My Commission Expires July 27, 2025			
NOTARY STAMP/SEA	L			
00		immins this the 3	day of Tanuay,	
20 <u>22</u> , to certify	which, witness my hand and seal of office.	-1 (	1 1 - 2 1 - 2	
Signature of officer administra	ring dath) Printed name of officer a	EW)00 dministering oath	Title of officer administering oath	
	OR			
(2) Unsworn Declarati				
My name is		, and my date of birth is		
My address is		J	, , , , , , , , , , , , , , , , , , , ,	
	(street)	(city) (state)	(zip code) (country)	
Executed in	0.			
	County, State of, o	(month)	, 20	
		Signature of Candidate/C	Officeholder (Declarant)	

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS MR 3 CANDIDATE/ **OFFICEHOLDER** OFFICE USE ONLY Zephaniah NAME Date Received Timmins 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE OFFICEHOLDER Medill St. MAILING **ADDRESS** Marshall, Tx 75670 Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed Date Imaged 11 mmins STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE 607 **TREASURER** Medill St **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE TREASURER PHONE 9 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month COVERED THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Month Day Year Other Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Commissione 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

	THE THE THE THE	OOVER SHEET PG 2
15 C/OH NAME	ephaniah Timmins	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ _0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 50,00
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</li> </ol>	
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying report is true and juired to be reported by me under Title 15, Election Code.	I correct and includes all information
11.	Ceston	
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
(1) Affidavit	MICHELLE ELWOOD Notary ID #131188463 My Commission Expires July 27, 2025	
Sworn to and subscribed to		day of <u>Jahuowy</u> ,
20 <u>LL</u> , to certify w	which, witness my hand and seal of office.	1.
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath
	OR	tioning out
(2) Unsworn Declaratio	n	
My name is	, and my date of birth is	
My address is		
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on theday of(month)	(zip code) (country), 20 (year)
	Signature of Candidate/Of	ficeholder (Declarant)

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR) Zephan NICKNAME	LAST	MI SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO	X; APT / SUITE #; C	city: STATE: ZIP CODE  ushall Ty. 75670	RECEIVED  OCT 28 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	935-2841-H 938-7230-C	EXTENSION	HARRISON COUNTY ELECTIONS OFFICE  Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	NICKNAME	ephaniah LAST immins	MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE 75670
8 CAMPAIGN TREASURER PHONE	1.0	PHONE NUMBER 735-2841-H 930-7230-C	EXTENSION	
9 REPORT TYPE	January 15	30th day before elect		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month THROUGH	Day Year
11 ELECTION	Month Day	Year Primary General	Runoff Other Description  Special	
12 OFFICE		sioner Pct 2	13 OFFICE SOUGHT (if known)  Commissione	r Pct 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFIC CONSENT. CANDIDATE:	CE OF POLITICAL CONTRIBUTIONS AC CEHOLDER. THESE EXPENDITURES IN S AND OFFICEHOLDERS ARE REQUIRE COMMITTEE NAME	CCEPTED OR POLITICAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO P	PAGE 2	

## FORM C/OH

			OUVER SHEET PG
15 C/OH NAME			
	ephaniah Timn	nins	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		AL CONTRIBUTIONS (OTHER TH	HAN \$
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOAN	(S) \$ -0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEND	ITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY \$ 50.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS G PERIOD	OF THE \$
18 SIGNATURE I sw requ	vear, or affirm, under penalty of perjury, the uired to be reported by me under Title 15, E	nat the accompanying report is trelection Code.	rue and correct and includes all information
		2 Do	
		Signature of C	Candidate or Officeholder
			- Cincolloidei
	Please compl	ete either option belov	w:
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed be		TIMMINS_ this the	27th day of October
MONIAL 4	nich, witness my hand and seal of office.	Elwood	Admin Acet
signature of officer administering	g oath Printed name of office	er administering oath	Title of officer administering oath
	<b>生生物的现在分词</b>	OR	Cammistering Oath
2) Unsworn Declaration			
ly name is		and my data of high :-	
ly address is			
	(street)		state) (zip code) (country)
xecuted in	County, State of	, on the day of(month	20
			late/Officeholder (Declarent)
		Signature of Candid	ISIE/Utticeholder (Declarent)

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Zezhaniah NAME Date Received 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** MAILING **ADDRESS** 75670 Change of Address **ELECTIONS OFFICE** AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** 935-2841-+1 Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; TX CAMPAIGN STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION TREASURER 935-2841-H PHONE (903) 930-7230-C 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Day Month COVERED **THROUGH** 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Description Day Year General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) ommissioner 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME	26	Filer ID (Ethics Commission Filers)
4	phaniah Timmins	
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	Y \$ 50.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Condide	A Off. 1 11
	Signature of Candida	te or Officeholder
	Please complete either option below:	
(1) Affidavit	MICHELLE BURNS Notary Public State of Texas ID # 131188463 My Comm. Expires 06-26-2021	
NOTARY STAMP/SEAL		ha
Sworn to and subscribed I		day of <u>January</u> ,
Michille B	which, witness my hand and seal of office.	Admin Asst
Signature of officer administeri	Printed name of officer administering oath	Title of officer administering oath
网络哈拉拉克拉克	OR	
(2) Unsworn Declaratio	n	
My name is	, and my date of birth is	
My address is	,	
	(street) (city) (state)	(zip codo) ()
Executed in	County, State of, on the day of (month)	(zip code) (country), 20
		(year)
	Signature of Candidate/Of	ficeholder (Declarant)

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	МІ	OFFICE USE	ONLY
NAME	NICKNAME Zephaniah Timmins	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO 607 Medical Marshall Tx 756	TY, STATE; ZIP CODE	OCT 23 2	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 935-2847-14 (903) 930-7230-C	EXTENSION	Date Hand-delivered or Date	e Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # An	nount \$
NAME	NICKNAME LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE#; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after camp treasurer appointme (Officeholder Only)	
	July 15 8th day before elec	stion Exceeded \$500 limit	Final Report (Attach	C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year	
11 ELECTION	ELECTION DATE  Month Day Year Primary  11 / 4 / 18 General	Runoff Other Description  Special		
12 OFFICE	Harrison County Commiss Pat 2	13 OFFICE SOUGHT (if known) TONG Harrison Can Po	of Commissi	oner
GO TO PAGE 2				

14 C/OH NAME	phanial	n Timmins	15 Filer ID (Ethics Commission Filers)
16 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	Zephaniah Timmins	
		COMMITTEE ADDRESS	
	SPECIFIC		
		607 Medill Marshall, T	× 75670
		COMMITTEE CAME AICK THEACONET. CAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
AZ CONTRIBUTION			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	a TOTAL	DOLUTION CONTRIBUTIONS	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0 -
EXPENDITURE			
TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 600.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 50.00
OUTSTANDING	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T	THE \$
LOAN TOTALS	LAST DA	Y OF THE REPORTING PERIOD	Φ
18 AFFIDAVIT			
			erjury, that the accompanying report is
4000		true and correct and includes all info under Title 15, Election Code.	ormation required to be reported by me
MIC MIC	HELLE BURNS	09	
8/3/2012	lotary Public tate of Texas	(eph)	
My Comm	# 131188463 n. Expires 06-26-202	Signature of Cano	didate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE	**	,
		Michalle Burno	77nd
Sworn to and subscribed before me, by the said			
day of UC (0)(0)	(, 20 ), t	o certify which, witness my hand and seal of office.	
JICHUM BU	DAM?	Michelle Burns	Admin Asst.
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	ms/mrs (MR FIRST Zephaniah 7	3mmins	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received DELWIELD	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CI	TY; STATE; ZIP CODE	OCT 23 2010	
OFFICEHOLDER MAILING ADDRESS  Change of Address	Marshall Tx 756	70	HARRISON COUNTY ELECTIONS OFFICE	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER H (903) 935-2841-H	EXTENSION	Date Hand-delivered or Date Postmarked	
PHONE 6 CAMPAIGN	(905) 930-7230-M MS/MRS/MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	NICKNAME LAST		Date Processed	
			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year	
11 ELECTION	Month Day Year Primary    11   6   18   General	Runoff Other Description  Special		
12 OFFICE	Harrisan County Commission Pct 2	oner Harrison Cou PC	nty Commissioner T2	
GO TO PAGE 2				

14 C/OH NAME Ze	ephaniah	Timmins	15 Filer ID (Ethics Commission Filers)	
16 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	Zephaniah Timmin	0	
	SPECIFIC	607 Medill		
		Marshall, Tx 7570		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	,	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ -0 -			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$	
	4. TOTAL POLITICAL EXPENDITURES \$ -0 -			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 50.50			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
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.				
MICHI NO	TILE DILIBNIC	20	*	
State of Texas ID # 131188463 Signature of Candidate or Officeholder My Comm. Expires 06-26-2021				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said MCNOLL SWNS , this the, this the, to certify which, witness my hand and seal of office.				
Michilles	Burn	Michelle Burns	Admin Asst.  Title of officer administering path	
Signature of officer ac	uninistering oath	Printed name of officer administering oath	The or officer administering batti	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Consulting Expense Gift/Awards/Memorials Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: Zephaniah Timmins 5 Payee name Marshall Maverick Booster Club 7 Payee address; City; State; Zip Code 4 Date 500,00 Reimbursement from political contributions intended (b) Description 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Advertisement \_\_\_ Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date KMHT Raidio 2018 Payee address; City; State; Zip Code Amount (\$) 100.00 Reimbursement from political contributions (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Advertisement Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction C	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  Zephaniah  NICKNAME LAST	OFFICE USE ONLY  Date Received	
	NICKNAME LAST		M. T.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	nell Tx 75670	[別式(S) EN (V) EN (D) FEB 26 2018
Change of Address			HARRISON COUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	(903) 935-2847-H (903) 930-7230-C	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS /MB FIRST	MI	Receipt # Amount \$
NAME	Zephaniah NICKNAME LAST	SUFFIX	Date Processed
	Timmins		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE 75670
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 935-2841 930-7230		
, A *	130 - 1236		
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Day Year
11 ELECTION	ELECTION DATE	ELECTION TYPE	
-C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Month Day Year Primary  03 / 04 / 18 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	Harrison County Commissioner Pet 2	Commission	Pounty er Pct 2
	go то	PAGE 2	

14 C/OH NAME	phaniah	Timmins 15 F	iler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO	T THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Zephaniah Timmins	
	SPECIFIC	COMMITTEE ADDRESS	
		607 Medil Marshal COMMITTEE CAMPAIGN TREASURER NAME	1 Tx 75670
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 550.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, STEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,216.87
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 550.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			•
		I swear, or affirm, under penalty of perjury true and correct and includes all informati under Title 15, Election Code.	
A STATE NO	HELLE BURNS otary Public ate of Texas	Zepto	
	# 131188463 . Expires 06-26-2021	Signature of Candidate	e or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		+h
F6101/11/11/11/11		y the said Zephaniah TimminS	_, this the $\frac{20}{}$
day of Villa		o certify which, witness my hand and seal of office.	11 . 10-1
Signature of officer ac	dministering oath	Printed name of officer administering oath	Admin. ASST.

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  Zephaniah  NICKNAME  LAST  SUFFIX	Date Received  Date Received  April  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  607 Medill Marshall Tx 75670	JAN 04 2018  HARRISON COUNTY ELECTIONS OFFICE
OFFICEHOLDER PHONE	(903) 935-2341- Home extension 935-2341- Home	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/BB FIRST MI Zephaniah NICKNAME LAST SUFFIX  TIMMINS	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
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 935-2841- Home 930-7230-cell	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month THROUGH	Day Year
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special	
12 OFFICE	Harrison County Harrison Commissioner Pct. 2 Commissioner	
	GO TO PAGE 2	<del></del>

14 C/OH NAME	haniah	Timmins	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Zephaniah Timmins	
	SPECIFIC	COMMITTEE ADDRESS	
		607 Medill Marshall COMMITTEE CAMPAIGN TREASURER NAME	Tx 75670
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	ACTION SERVICE STATES	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$
	4. TOTAL I	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	AY \$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	E \$
18 AFFIDAVIT	to the control of the		
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	
STATY POR MICH	ELLE BURNS tary Public	Control	
Sta	te of Texas 131188463 Expires 06-26-2021	Signature of Candid	date or Officeholder
11111/2011/2		y the said Zophaniah Timming of certify which, witness my hand and seal of office.	this the
day of INIVALIA	21: 12/10 7	Michaella C	Alici Colembia
Signature of officer ac	dministering oath	Printed name of officer administering oath	Administrative ASS  Title of officer administering oath

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By 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. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name The Print Shop 7 Payee address; City; State; Zip Code 214 S. Bolivar Marshall, Tx 75670 10-27-17 6 Amount (\$) \$732.57 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Political Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailer + Posters Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Smart Advertising, Inc. ess; City; State; Zip Code 401 S. Washington Marshall, Tx 75670 10-25-17 Amount (\$) 1634.30 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Pecels: Re-Elect 4x4 5.g. W/Picture (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name HC Democratic Party Payee address; City; State; Zip Code 1006 EJans Marshall Tx 75670 11-11-17 Amount (\$) 750.00 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Filing Fee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED