CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	75hmco	0	мі 1—1	OFFICE (JSE ONLY
NAME	NICKNAME	Ham's		SUFFIX	04/03/2	125
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	613 Reb		CITY: STAT Bastrap 7	TE: ZIP CODE Y 78602	04/03/2 VP 4:2	copm
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS NICKNAME	Victoria LAST	_	SUFFIX	Date Processed	
	NICKNAME	Leal		00111X	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S	_	Bastop	STATE;	78602
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 581-2909	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before		Runoff Exceeded Modified	treasurer ap (Officeholder	Only)
	July 15	8th day before el	ection	Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Q.	Day Year / 15 / 2025	THROUGH	Month 04	Day Year / 01 / 70	025
11 ELECTION	Month Day	Year Primary	Runoff	Other Description		
12 OFFICE	OFFICE HELD (if any)			Hayor	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONSENT. CANDIDATE'S OR OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE METALS.					DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(C)	COMMITTEE TYPE	COMMITTEE,NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
120		COMMITTEE CAMPAIGN TE	REASURER ADDRES	SS	B	
GO TO PAGE 2						
I		60 10	I AUL Z			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		
15 C/OH NAME	Shmad Harris	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 990
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	(S) \$ 1640
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. TOTAL POLITICAL EXPENDITURES	\$ 15-88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
1	swear, or affirm, under penalty of perjury, that the accompanying report is to	true and correct and includes all information
ree	quired to be reported by me under Title 15, Election Code.	1 0
	28/4/4	
	Signature of C	Candidate or Officeholder
	Please complete either option belo	ow:
		
(1) Affidavit	DESTINY ROBBINS NOTARY PUBLIC STATE OF TEXAS ID # 135219109	
NOTARY STAMP/SEA	A NEW ALLON	- ol -
Sworn to and subscribed	before me by Tating this the	e 3d day of April.
20 <u>25</u> , to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth	is .
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of (mon	nth) (vear)
	Signature of Cand	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con			r Filers)
Ishmael Harris			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	270	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
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 FUI	NDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$	

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 for	rm.	1 Total pages Schedule A1:
2 FILER NAME	Ishmael Harris		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:	7 Amount of contribution (\$)
1/15/15	Kerry Fossler 6 Contributor address; City; S	State; Zip Code	100
: ·	1903 Main St Bastras 7	Tx 78602	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
7LM	Gary Moss		100
42/25	Contributor address; City; S	State; Zip Code	100
,	Crary Moss Contributor address; City; s 1704 Wilson St Bastros 7	Tx 78602	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
1/28/	Cicely Rous Contributor address; City; St	State; Zip Code	40
10/25	Bastrap 1	Tx 78402	
Principal occup		Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:	:	Amount of contribution (\$)
3/-/	Stephanie Jenkins		2~
13/25	Contributor address; City; St	State; Zip Code	200
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
	•		
	ATTACH ADDITIONAL COPIES OF THE If contributor is out-of-state PAC, please see Instruction		1-1

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 fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	Showed Harris		3 Filer ID (Ethics Commission Filers)
4 Dale 3/Le/15	5 Full name of contributor out-of-state PAC (ID Uneku Taylor	state; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons) .
Date 3/1/25	Lindylasson	#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
3/9/25		#:) State; Zip Code	Amount of contribution (\$)
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
7 //0	Pastor Phil Woods	state; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
		THE SCHEDULE AS ALL	·
	ATTACH ADDITIONAL COPIES OF		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

if the requested whetheren is not applicable, be the related this page in the report.					
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME	Ishmael He	2m		3 Filer ID (Ethics Commission Filers)	
4 Date 3/8/25	5 Full name of contributor Bennie Jackso 6 Contributor address;		State; Zip Code	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
3/19/2013	Full name of contributor Lercy Hurgre Contributor address;		State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	lions)	
3/24/ 25	Full name of contributor John Kufe Contributor address:	· 1	State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	
3/29/25	Full name of contributor Anon ymous Contributor address;		State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)	
	ATTACH ADDITE	ONAL CODIES	OF THIS SCHEDULE AS N	FEDED	
	If contributor is out-of-state PAC, please see Instruction quide for additional reporting requirements				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	ne Instruction Guide explains how to complete this for	1 Total pages Schedule A2:				
2 FILER NAME IS homael Harris			3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date 3/29/25 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	Contribution \$	I 9 In-kind contribution I description I T-SWM+S+ I Bownce howe I de of Texas. Complete Schedule T. AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description		
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (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)					
ı	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see instruction			ı requirements.		