

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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr Randy				MI						
	NICKNAME		LAST	SUFFIX							
Harris					OFFICE USE ONLY						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE										
	PO Box 1662 San Angelo, TX 76902										
Change of Address						2025-09-05 10:31					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		Date Hand-delivered or Date Postmarked					
	(325)	315-4209				2025-09-05 10:31					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI		Receipt #					
	Mrs	Retha		J.		Amount \$					
NICKNAME		LAST	SUFFIX		Date Processed						
		Franklin			Date Imaged						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;				STATE; ZIP CODE						
	321 S. Van Buren St San Angelo, TX 76901										
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION							
	(325)	262-0490									
9 REPORT TYPE	<input checked="" type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/>	Runoff					
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)					
					Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year					
	7	/	1	/	25	THROUGH	12	/	31	/	25
11 ELECTION	ELECTION DATE			ELECTION TYPE							
	Month	Day	Year	<input type="checkbox"/>	Primary	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	Other Description		
	3	/	3	/	26		<input type="checkbox"/>	General	<input type="checkbox"/>	Special	
12 OFFICE	OFFICE HELD (if any)				13 OFFICE SOUGHT (if known)						
	Justice of the Peace Precinct 4				Justice of the Peace Pct 4						
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 N/A									
		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 Randy Harris	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
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 300.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 300.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 300.00

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

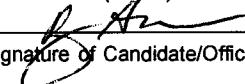
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is RANDY HARRIS, and my date of birth is 02/29/1952.
My address is PO. BOX 1662, SAN ANGELO TX 76902 USA.
(street) (city) (state) (zip code) (country)

Executed in TOM GREEN County, State of TEXAS, on the 5th day of Jan, 2020.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Randy Harris	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 300.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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:	
2 FILER NAME Randy Harris		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 300.00	
5 Date of loan 11/08/2025	7 Name of lender Randy Harris	8 Lender address; City; State; Zip Code PO Box 1662 San Angelo, TX 76902	9 Loan Amount (\$) 300.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	10 Interest rate 0.00		11 Maturity date 12/31/2026
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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender Lender address; City; State; Zip Code	Loan Amount (\$) Interest rate Maturity date	
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
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 Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Randy Harris	3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2025	5 Payee name Tom Green County Republican Party	
6 Amount (\$) 300.00	7 Payee address; 2525 Johnson St, San Angelo, TX 76904	City: _____ State: _____ Zip Code _____
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. _____	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name _____
		Office sought _____
		Office held _____
Date	Payee name N/A	
Amount (\$)	Payee address; Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name _____
		Office sought _____
		Office held _____
Date	Payee name N/A	
Amount (\$)	Payee address; Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name _____
		Office sought _____
		Office held _____

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