

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 Filer)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME Change of Address	MS / MRS / MR Ms	FIRST Theresa	MI D	OFFICE USE ONLY		
	NICKNAME Nettles	LAST	SUFFIX	Date Received RECEIVED JAN 16 2026 AK		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE PO Box 459, Floresville, Texas 78114			Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 428-5487	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Theresa	MI	Receipt #		
	NICKNAME Nettles	LAST	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 1408 S. 3rd St., Floresville, Texas 78114			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 428-5487	EXTENSION			
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day 1	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month 11	Day 3	Year 24	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any) County Attorney			13 OFFICE SOUGHT (if known)		
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				

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15 C/OH NAME	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 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0 4. TOTAL POLITICAL EXPENDITURES \$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

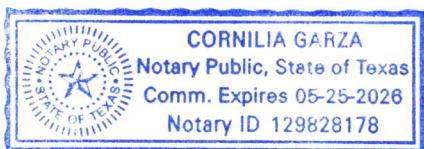
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

James D. Morris

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Theresa Nettles this the 15 day of January
2020 to certify which, witness my hand and seal of office.

Signature of officer administering oath

My name is Theresa D. Nettles, and my date of birth is 3/11/1983.
My address is 1408 S 3rd st, Floresville, Texas, 78114, USA.

(street) (city) (state) (zip code) (country)
Executed in **Travis** County, State of **Texas**, on the **15** day of **January**, 20**26**.

Signature of Candidate/Officeholder (Declarant)