

# 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.	FIRST Stephen	MI Z	OFFICE USE ONLY  Date Received			
	NICKNAME Zach	LAST Wilcox	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1301 East 13th Street, Sweetwater, TX 79556			FILED FOR RECORD Time _____ o'clock _____/m  JAN 21 2026  SHARLA KEITH NOLAN COUNTY CLERK  Date Hand-delivered or Date Postmarked			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 325 )	PHONE NUMBER 338-4395	EXTENSION	Receipt #   Amount \$  Date Processed  Date Imaged			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Stephen	MI Z				
	NICKNAME Zach	LAST Wilcox	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 1301 East 13th Street, Sweetwater, TX 79556				STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 325 )	PHONE NUMBER 338-4395	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 12	Day 15	Year / 26	Month 1	Day / 15	Year / 26	
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 26		ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special   _____				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Justice of the Peace			
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.						
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL		COMMITTEE NAME				
			COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME				
			COMMITTEE CAMPAIGN TREASURER ADDRESS				

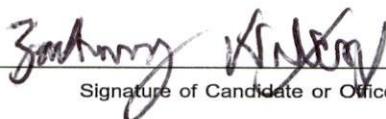
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

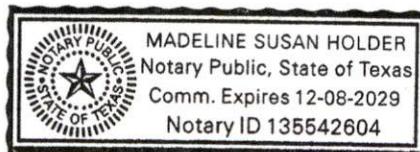
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 1,230.01
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 500.00
	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 Stephen Zachary Wilcox this the 21 day of January  
20 2016, to certify which, witness my hand and seal of office.

Madeline Holder Signature of officer administering oath

Madeline Holder Printed name of officer administering oath

Notary 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 \_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Stephen Zachary Wilcox			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/02/20	<b>5</b> Full name of contributor All Hours Bail Bonds	<b>6</b> Contributor address; 217 Avenger Field Road Sweetwater, TX 79556	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date	Full name of contributor .....	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor .....	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor .....	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G:	2 FILER NAME Stephen Zachary Wilcox	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2026	5 Payee name Nolan County Republican Party	
6 Amount (\$) 375.00 Reimbursement from political contributions intended	7 Payee address; 301 East 3rd Street, Sweetwater, TX 79556  Check if individual's residence address.	City; State; Zip Code
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. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephen Zachary Wilcox JP	Office sought Office held
Date 12/18/2026	Payee name Signs on the Cheap	
Amount (\$) 758.62 Reimbursement from political contributions intended	Payee address; 11525-B Stonehollow Drive #220, Austin, TX 78758  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign yard signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephen Zachary Wilcox JP	Office sought Office held
Date 01/05/2026	Payee name Signs on the Cheap	
Amount (\$) 42.69 Reimbursement from political contributions intended	Payee address; 11525-B Stonehollow Drive #220, Austin, TX 78758  Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign business cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephen Zachary Wilcox JP	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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 G:	2 FILER NAME Stephen Zachary Wilcox	3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2026	5 Payee name Tractor Supply Company	
6 Amount (\$) 47.90 <small>Reimbursement from political contributions intended</small>	7 Payee address; 409 NE Georgia Avenue, Sweetwater, TX 79556 <small>Check if individual's residence address.</small>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Supplies
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Stephen Zachary Wilcox JP		Office sought Office held
Date 01/14/2026	Payee name Harbor Freight	
Amount (\$) 5.80 <small>Reimbursement from political contributions intended</small>	Payee address; 608 East Broadway Avenue, Sweetwater, TX 79556 <small>Check if individual's residence address.</small>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Supplies
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Stephen Zachary Wilcox JP		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<small>Reimbursement from political contributions intended</small>	<small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		