# 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:

**OFFICE USE ONLY**
FILED
Date Received 4.35 o'clock P M
JUL 14 2025
SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS
By [signature] Deputy
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**
MS / MRS / MR | FIRST: Stacy | MI: J
NICKNAME | LAST: MORROW | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
☐ Change of Address
ADDRESS / PO BOX: P.O. Box 46
APT / SUITE #: | CITY: Decatur, | STATE: TX | ZIP CODE 76234

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE: (940) | PHONE NUMBER: 393-9851 | EXTENSION

**6 CAMPAIGN TREASURER NAME**
MS / MRS / MR | FIRST: Stacy | MI: J
NICKNAME | LAST: MORROW | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): 262 Emma Call Ct.
APT / SUITE #: | CITY: Decatur, | STATE: TX | ZIP CODE 76234

**8 CAMPAIGN TREASURER PHONE**
AREA CODE: (940) | PHONE NUMBER: 393-9851 | EXTENSION

**9 REPORT TYPE**
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**
Month / Day / Year: 01 / 01 / 2025 THROUGH 06 / 30 / 2025

**11 ELECTION**
ELECTION DATE: Month / Day / Year: 11 / 8 / 2022
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

**12 OFFICE**
OFFICE HELD (if any): Wise Co. Justice of the Peace Pct. ONE

**13 OFFICE SOUGHT** (if known): Wise Co. JP #1

**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: ☐ GENERAL ☐ SPECIFIC
COMMITTEE NAME
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 | Stacy Jan Morrow | **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.

Stacy Jan Morrow
Signature of Candidate or Officeholder

**Please complete either option below:**

AMANDA KNOX
Notary Public
STATE OF TEXAS
ID# 13420440-3
My Comm. Exp. Feb. 15, 2027

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stacy Jan Morrow this the 14 day of July, 2025, to certify which, witness my hand and seal of office.

Amanda Knox — Amanda Knox — Chief Deputy EA

Signature of officer administering oath | Printed name of officer administering oath | 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)