

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 | FIRST <i>Plavius</i> | MI <i>T.</i> | OFFICE USE ONLY Date Received RECEIVED <i>JAN 09 2026</i> <i>By [Signature]</i> | | | | | | | | | | |
| | NICKNAME | LAST <i>Harris</i> | SUFFIX | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>281 W Austin St. Port Lavaca TX 77979</i> | | | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <i>(361)</i> | PHONE NUMBER <i>553-4621</i> | EXTENSION | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST <i>Tabatha</i> | MI | Receipt # _____ Amount \$ _____ Date Hand-delivered or Date Postmarked Date Processed Date Imaged | | | | | | | | | | |
| | NICKNAME | LAST <i>Harris</i> | SUFFIX | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: <i>115 Elizabeth St. Port Lavaca TX 77979</i> | | | | STATE: ZIP CODE | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(361)</i> | PHONE NUMBER <i>816-6644</i> | 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 <i>7</i> | Day <i>31</i> | Year <i>2025</i> | Month <i>12</i> | Day <i>31</i> | Year <i>2025</i> | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month <i>/</i> Day <i>/</i> Year <i>/</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | <p>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.</p> <table border="1"> <tr> <td>COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | | | | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | COMMITTEE ADDRESS | | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 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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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)

\$ 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.



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

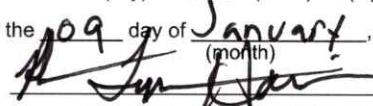
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Plavius Tyrone Harris, and my date of birth is 11-06-73.
My address is 201 W. Austin St. Port Lavaca, TX 77979 Calhoun.

Executed in Calhoun County, State of Texas, on the 09 day of January, 20 26.



Signature of Candidate/Officeholder (Declarant)