

# 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: <i>3</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Dana</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>Morgan</i>	SUFFIX	Date Received FILED <i>01/13/2026</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:			APT / SUITE # CITY: STATE: ZIP CODE <i>[REDACTED]</i>		
Maridel Montgomery Elections Administrator Swisher County, Texas						
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked <i>01/13/2026</i>		
6 CAMPAIN TREASURER NAME	MS / MRS / MR <i>Barbara</i>	FIRST	MI	Receipt # <i>1</i> Amount \$ <i>[REDACTED]</i>		
	NICKNAME	LAST <i>Morgan</i>	SUFFIX	Date Processed <i>01/13/2026</i>		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) / APT / SUITE #:			CITY: STATE: ZIP CODE <i>[REDACTED]</i>		
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	<i>[REDACTED]</i>		
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>Nov</i>	Day <i>18</i>	Year <i>/2025</i>	Month <i>Jan</i>	Day <i>14</i>	Year <i>/2025</i>
11 ELECTION	ELECTION DATE Month <i>Nov</i>	Day <i>8</i>	Year <i>/2025</i>	THROUGH		
				ELECTION TYPE <i>[REDACTED]</i>	<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) <i>Commissioner Precinct 2</i>			13 OFFICE SOUGHT (if known) <i>Commissioner Precinct 2</i>		
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.					
<input type="checkbox"/> Additional Pages		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**

  
LISSA SCHOENENBERGER  
Notary Public, State of Texas  
Notary ID #7460856  
NOTARY STAMP/SEAL  
My Commission Expires 10-30-2027

Sworn to and subscribed before me by Danny Morgan this the 13th day of JANUARY  
20 20, to certify which, witness my hand and seal of office.

Lissa Schoenenberger Lissa Schoenenberger Notary Public  
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)

# 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/Rcimbursement	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	3 Filer ID (Ethics Commission Filers)
	Danny morgan	
4 Date	5 Payee name	
12-4-2025	Republican Party of Swisher County	
6 Amount (\$)	7 Payee address:	City: State Zip Code
750.00		
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	Landalite Fee
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		
Office sought		
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		
Office sought		
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

FILED 11/14/2025  
Maridel Mohtgomery  
Elections Administrato  
Swisher County, Texas

Date Hand-delivered or Postmarked

11/14/2025

Date Processed

11/14/2025

Date Imaged

11/14/2025

<b>1 ACCOUNT NUMBER</b> (Ethics Commission Filers)		<b>2 TYPE OF FILER</b> CANDIDATE <input type="checkbox"/> <small>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</small>			POLITICAL COMMITTEE <input type="checkbox"/> <small>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</small>			
<b>3 NAME OF CANDIDATE</b> (PLEASE TYPE OR PRINT)		TITLE (Dr., Mr., Ms., etc.) <u>MR</u>	FIRST <u>Danny</u>	MI <u>R</u>				
		NICKNAME <u>morgan</u>	LAST	SUFFIX (SR., JR., III, etc.)				
<b>4 TELEPHONE NUMBER OF CANDIDATE</b> (PLEASE TYPE OR PRINT)		AREA CODE <u></u>	PHONE NUMBER <u></u>	EXTENSION <u></u>				
<b>5 ADDRESS OF CANDIDATE</b> (PLEASE TYPE OR PRINT)		STREET / PO BOX: <u></u>			APT / SUITE #: <u></u>	CITY: <u></u>	STATE: <u></u>	ZIP CODE <u></u>
<b>6 OFFICE SOUGHT BY CANDIDATE</b> (PLEASE TYPE OR PRINT)		<u>Commissioner Precinct #2</u>						
<b>7 NAME OF COMMITTEE</b> (PLEASE TYPE OR PRINT)								
<b>8 NAME OF CAMPAIGN TREASURER</b> (PLEASE TYPE OR PRINT)		TITLE (Dr., Mr., Ms., etc.) <u>Mrs</u>	FIRST <u>Barbara</u>	MI <u>J</u>				
		NICKNAME <u>morgan</u>	LAST	SUFFIX (SR., JR., III, etc.)				

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## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Danny Morgan

Signature

11-11-2025

Date

**APPOINTMENT OF A CAMPAIGN TREASURER  
BY A CANDIDATE**

**FORM CTA  
PG 1**

See CTA Instruction Guide for detailed instructions.

<p><b>2 CANDIDATE NAME</b></p> <p>MS / MRS / MR <i>mc</i></p> <p>NICKNAME <i>Danny</i></p>		<p>FIRST <i>Danny</i></p> <p>MI <i>R</i></p>		<p><b>1 Total pages filed:</b> <i>front back - 2</i></p> <p><b>OFFICE USE ONLY</b></p> <p>Filer ID #</p> <p>FILED <i>11/14/2025</i></p> <p>Date Received</p> <p>Maridel Montgomery Elections Administrator Swisher County, Texas</p>		
		<p>LAST <i>morgan</i></p> <p>SUFFIX</p>				
<p><b>3 CANDIDATE MAILING ADDRESS</b></p> <p>ADDRESS / PO BOX: <i>[REDACTED]</i></p>		APT / SUITE #:	CITY: <i>[REDACTED]</i>	STATE: <i>[REDACTED]</i>	ZIP CODE <i>[REDACTED]</i>	
<p><b>4 CANDIDATE PHONE</b></p> <p>AREA CODE <i>[REDACTED]</i></p>		PHONE NUMBER <i>[REDACTED]</i>	EXTENSION	<p>Date Hand-delivered or Postmarked <i>11/14/2025</i></p> <p>Receipt # <i>[REDACTED]</i> Amount \$ <i>[REDACTED]</i></p> <p>Date Processed <i>11/14/2025</i></p> <p>Date Image <i>11/14/2025</i></p>		
<p><b>5 OFFICE HELD (if any)</b></p> <p><i>Commissioner #2</i></p>						
<p><b>6 OFFICE SOUGHT (if known)</b></p> <p><i>Commissioner #2</i></p>						
<p><b>7 CAMPAIGN TREASURER NAME</b></p> <p>MS/MRS/MR <i>Mrs</i></p>		FIRST <i>Barbara</i>	MI <i>morgan</i>	NICKNAME	LAST	SUFFIX
<p><b>8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)</b></p>		STREET ADDRESS: <i>[REDACTED]</i>	APT / SUITE #: <i>[REDACTED]</i>	CITY: <i>[REDACTED]</i>	STATE: <i>[REDACTED]</i>	ZIP CODE <i>[REDACTED]</i>
<p><b>9 CAMPAIGN TREASURER PHONE</b></p>		AREA CODE <i>[REDACTED]</i>	PHONE NUMBER <i>[REDACTED]</i>	EXTENSION	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Danny morgan</i></p> <p>Signature of Candidate</p>	
<p><b>10 CANDIDATE SIGNATURE</b></p>						
						<p><i>11-11-2025</i></p> <p>Date Signed</p>

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## CANDIDATE MODIFIED REPORTING DECLARATION

**FORM CTA**

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us) or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
**DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>