

# 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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR</b></div> <div>FIRST <b>Thomas</b></div> <div>MI <b>T</b></div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b>Tom</b></div> <div>LAST <b>Whitlow</b></div> <div>SUFFIX <b>III</b></div> </div>		<b>OFFICE USE ONLY</b>  Date Received 2026 JAN 14 AM 1:45 BOWIE COUNTY TEXAS FILED  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; [REDACTED]</div> <div>APT / SUITE #; <b>TEXARKANA TX 75503</b></div> <div>CITY; <b>TEXARKANA</b></div> <div>STATE; <b>TX</b></div> <div>ZIP CODE <b>75503</b></div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE [REDACTED]</div> <div>PHONE NUMBER [REDACTED]</div> <div>EXTENSION [REDACTED]</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>DR</b></div> <div>FIRST <b>Mark</b></div> <div>MI <b>A</b></div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b>Addington</b></div> <div>LAST <b>Addington</b></div> <div>SUFFIX <b></b></div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); [REDACTED]</div> <div>APT / SUITE #; <b>TEXARKANA, TX 75503</b></div> <div>CITY; <b>TEXARKANA, TX</b></div> <div>STATE; <b>TX</b></div> <div>ZIP CODE <b>75503</b></div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE [REDACTED]</div> <div>PHONE NUMBER [REDACTED]</div> <div>EXTENSION [REDACTED]</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year  <b>7 / 15 / 25</b> </div> <div>THROUGH</div> <div> Month Day Year  <b>1 / 15 / 26</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month Day Year  <b>3 / 3 / 26</b> </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> Runoff   <input type="checkbox"/> Other Description  <input type="checkbox"/> General   <input type="checkbox"/> Special </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any) <b>County Commissioner Pct. 2 Co. Bowie</b></div> <div>13 OFFICE SOUGHT (if known)</div> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

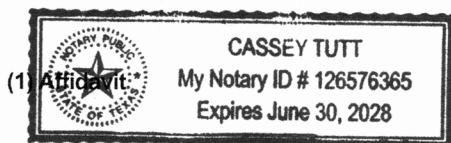
FORM C/OH  
COVER SHEET PG 2

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)	\$ 12,289 <sup>40</sup> / <sub>100</sub>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,289 <sup>40</sup> / <sub>100</sub>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,042.89
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,042.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,246. <sup>51</sup> / <sub>100</sub>
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]*  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Thomas Whitten this the 14<sup>th</sup> day of January, 2021, to certify which, witness my hand and seal of office.

*[Signature]* Cassey Tutt Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

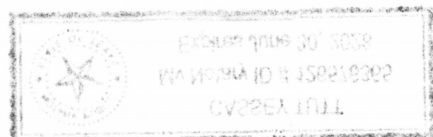
My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

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)

10/10/1971  
 10/10/1971  
 10/10/1971



10/10/1971  
 10/10/1971  
 10/10/1971

10/10/1971  
 10/10/1971  
 10/10/1971  
 10/10/1971  
 10/10/1971

# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <u>Thomas F Whitten III</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/12/25</u>	5 Payee name <u>BCRP</u>		
6 Amount (\$) <u>750.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Filing Fee</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name <u>Thomas F Whitten</u> Office sought <u>Co. Commissioner</u> Office held <u>Co. Commissioner</u>			
Date <u>12/28/25</u>	Payee name <u>Chloe Sanders</u>		
Amount (\$) <u>150.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>#14 Hickory Ridge St. Texarkana TX 75503</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Photos</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name <u>Thomas F Whitten III</u> Office sought <u>Co Commissioner</u> Office held <u>Co Commissioner</u>			
Date <u>12/28/25</u>	Payee name <u>Scoreboard</u>		
Amount (\$) <u>142.89</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1325 College Dr. Texarkana TX 75503</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Sports GRET Soft Crew</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Thomas F Whitte III</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/23/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY Langdon</i>	7 Amount of contribution (\$) <i>500 <sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>397 CR 2320 TEXARKANA, TX 75503</i>		
8 Principal occupation / Job title (See Instructions) <i>Rancher</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>1/5/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dean Barry</i>	Amount of contribution (\$) <i>200 <sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4400 Moores Ln Pkwy 23 TEXARKANA TX 75503</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/5/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Henry Russell</i>	Amount of contribution (\$) <i>200 <sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5913 Winchester DR TEXARKANA TX 75503</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/12/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Sanders</i>	Amount of contribution (\$) <i>800 <sup>00</sup></i>
Contributor address; City; State; Zip Code <i>#14 Hickory Ridge St. TEXARKANA, TX 75503</i>		
Principal occupation / Job title (See Instructions) <i>Ins. Agent.</i>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Thomas J Whitman III

3 Filer ID (Ethics Commission Filers)

4 Date

1/13/26

5 Full name of contributor

Claudia Bright

☒ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

300<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

#7 CERRATO LN, TEXARKANA, TX 75503

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/13/26

Full name of contributor

Matt Keil

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

6515 Wuthering Heights Terrace AR 71854

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/26

Full name of contributor

Marshall Wood

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

6410 Springwood CR TEXARKANA, TX 75503

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/26

Full name of contributor

Mark Fry

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

20<sup>00</sup>

Contributor address;

City;

State;

Zip Code

108 Arnold Dr. TEXARKANA, TX 75503

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.