

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 <i>MR</i>	FIRST <i>Thomas</i>	MI <i>T</i>	OFFICE USE ONLY			
		NICKNAME <i>Tom</i>	LAST <i>Whitlow</i>	SUFFIX <i>III</i>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
				<i>TEXARKANA</i>		<i>TX 75503</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <i>Dr</i>	FIRST <i>Mark</i>	MI	Date Received <i>2026 JAN 14 AM</i> Date Hand-delivered or Date Postmarked <i>5</i> Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged			
		NICKNAME	LAST <i>Addington</i>	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:					STATE; ZIP CODE	
		<i>TEXARKANA, TX 75503</i>						
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	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>15</i>	Year <i>25</i>	Month <i>1</i>	Day <i>15</i>	Year <i>26</i>	
11 ELECTION		ELECTION DATE Month <i>3</i> Day <i>3</i> Year <i>26</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description				
12 OFFICE		OFFICE HELD (if any) <i>County Commissioner Pct. 2 Co. Bowie</i>			13 OFFICE SOUGHT (if known)			
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.						
		COMMITTEE TYPE		COMMITTEE NAME				
		<input type="checkbox"/> GENERAL						
		<input type="checkbox"/> SPECIFIC						
				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)

\$ 12,289 40
40

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,289 40

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. 51

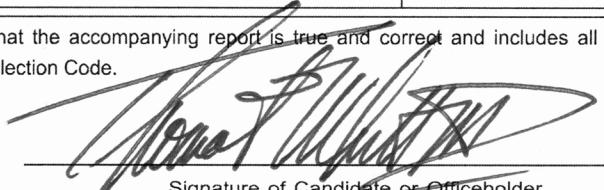
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —0—

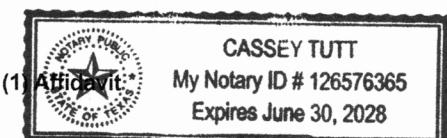
18 SIGNATURE

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:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by

Thomas Whitten

this the 14th day of January,

20 2016, 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 _____, 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
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 <i>Thomas Whittow III</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/12/25</i>	5 Payee name <i>BCRP</i>		
6 Amount (\$) <i>750.00</i>	7 Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) <i>Fees</i> (b) Description <i>Filing Fee</i>	
8 PURPOSE OF EXPENDITURE		(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 <i>Thomas Whittow</i> Office sought Office held <i>Co. Commissioner</i>	
Date <i>12/28/25</i>	Payee name <i>Chloe Sanders</i>		
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>#14 Hickory Ridge St. Texarkana TX 75503</i>		
<input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> Description <i>Photos</i>	
PURPOSE OF EXPENDITURE		<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 <i>Thomas Whittow III</i> Office sought Office held <i>Co. Commissioner</i>	
Date <i>12/28/25</i>	Payee name <i>Score board</i>		
Amount (\$) <i>142.89</i>	Payee address; City; State; Zip Code <i>1325 College Dr. Texarkana TX 75503</i>		
<input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> Description <i>Sports GREAT Soft Crew</i>	
PURPOSE OF EXPENDITURE		<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 Whitten III</i>			3 Filer ID (Ethics Commission Filers)
4 Date 12/23/25	5 Full name of contributor <i>GARY Langdon</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>500 00</i>
6 Contributor address; 397 CR 2320 Texarkana, TX 75503		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Rancher</i>		9 Employer (See Instructions) <i>Self</i>	
Date 1/5/26	Full name of contributor <i>Dean Barry</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>200 00</i>
Contributor address; 4400 Moores Ln Patio 23 Texarkana TX 75503		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/5/26	Full name of contributor <i>James Henry Russell</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>200 00</i>
Contributor address; 5913 Winchester DR Texarkana, TX 75503		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/12/26	Full name of contributor <i>Scott Sanders</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>800 00</i>
Contributor address; #14 Hickory Ridge St. Texarkana, TX 75503		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Fns. Agent</i>		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.			

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 Whitten III</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/13/26</i>	5 Full name of contributor <i>Claudia Bright</i>	6 Contributor address; City; State; Zip Code <i>#7 CERRATO LN, Texarkana, TX 75503</i>	7 Amount of contribution (\$) <i>300 ⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>1/13/26</i>	Full name of contributor <i>Matt Keil</i>	□ out-of-state PAC (ID#: <i>6515 Wuthering Heights Texarkana AR 71854</i>)	Amount of contribution (\$) <i>500 ⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/13/26</i>	Full name of contributor <i>Marshall Wood</i>	□ out-of-state PAC (ID#: <i>6410 Springwood CR Texarkana, TX 75503</i>)	Amount of contribution (\$) <i>500 ⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/14/</i>	Full name of contributor <i>Mack Frey</i>	□ out-of-state PAC (ID#: <i>108 Arnold Dr. Texarkana, TX 75503</i>)	Amount of contribution (\$) <i>20 ⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		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.			