

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:

7

| | | | |
|---|---|---|----------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI | OFFICE USE ONLY Date Received Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| | NICKNAME LAST SUFFIX | | |
| RANDALL L TOMLINSON | | FILED FOR RECORD AT 10:30 CLOCK AM MAY 18 2026 Jamie Clark Clerk County Court, Sabine County By [Signature] DEPUTY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | |
| P.O. Box 640 HEMPHILL TX 75948 | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION | | |
| (936) 201-2635 | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI | | |
| | NICKNAME LAST SUFFIX | | |
| KATHY TOMLINSON | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 180 ERWIN ST HEMPHILL TX 75948 (Residence or Business) | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | | |
| (936) 201-4539 | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" 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 Day Year | THROUGH | Month Day Year |
| 2 / 24 / 26 | | | 5 / 18 / 26 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 5 / 26 / 26 | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | | JUSTICE OF THE PEACE | |
| 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 | | |
| <input type="checkbox"/> Additional Pages | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

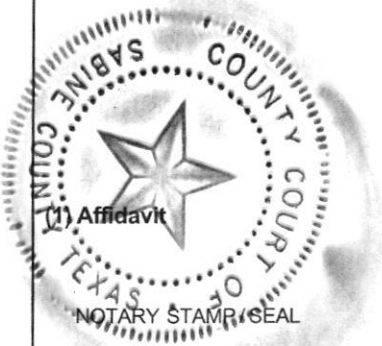
| | | |
|---|---|---|
| 15 C/OH NAME RANDALL L. TOMLINSON | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 370.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 542.27 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 151.02 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Randy Tomlinson

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Randy Tomlinson this the 15th day of May, 2020, to certify which, witness my hand and seal of office.

Angie Krizer Signature of officer administering oath Angie Krizer Printed name of officer administering oath Deputy Clerk 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)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-----------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 370.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 542.17 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Reimbursement | 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME RANDY TOMLINSON | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date 5/7/2026 | 5 Payee name SHELBY SAVINGS BANK |
|---------------------------|--|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$ 7.50 | 7 Payee address; City; State; Zip Code 103 WORTH ST HEMPHILL TX 75948 <input type="checkbox"/> Check if individual's residence address. |
|---------------------------------|--|

| | | |
|--------------------------|---|---------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING | (b) Description MAINTENANCE |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------------|---|
| Date 5/11/2026 | Payee name SABINE COUNTY REPORTER |
|--------------------------|---|

| | |
|--------------------------------|---|
| Amount (\$) \$ 25.00 | Payee address; City; State; Zip Code 610 WORTH ST HEMPHILL, TX 75948 <input type="checkbox"/> Check if individual's residence address. |
|--------------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description RUN-OFF ELECTION |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------|
| Date 3/1/202 | Payee name SAM'S CLUB |
|------------------------|---------------------------------|

| | |
|---------------------------------|---|
| Amount (\$) \$ 144.77 | Payee address; City; State; Zip Code 407 N. BRENTWOOD DR LUFKIN TX 75948 <input type="checkbox"/> Check if individual's residence address. |
|---------------------------------|---|

| | | |
|------------------------|---|-----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description WATCH PARTY |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Reimbursement | 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME RAWDY TOMLINSON | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

| | |
|----------------------------|--|
| 4 Date 3/17/2026 | 5 Payee name SHELBY SAVINGS BANK |
|----------------------------|--|

| | | | | |
|---|---|--------------------------|---------------------|--------------------------|
| 6 Amount (\$) \$ 7.50 | 7 Payee address; 103 WORTH ST | City; HEMPHILL | State; TX | Zip Code 75948 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

| | | |
|------------------------------------|---|---------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING | (b) Description MAINTENANCE |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--|
| Date 4/7/2026 | Payee name SHELBY SAVINGS BANK |
|-------------------------|--|

| | | | | |
|---|---------------------------------------|--------------------------|---------------------|--------------------------|
| Amount (\$) \$ 7.50 | Payee address; 103 WORTH ST | City; HEMPHILL | State; TX | Zip Code 75948 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

| | | |
|------------------------|---|-----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING | Description MAINTENANCE |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--|
| Date 5/5/2026 | Payee name CROWELL ADVERTISING |
|-------------------------|--|

| | | | | |
|---|--|--------------------------|---------------------|--------------------------|
| Amount (\$) \$300.00 | Payee address; P.O. BOX 1299 | City; HEMPHILL | State; TX | Zip Code 75948 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

| | | |
|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description MARQUEE |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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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: <u>2</u> |
| 2 FILER NAME <u>RANDY TOMLINSON</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>3/10/24</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RANDY TOMLINSON</u> | 7 Amount of contribution (\$) <u>\$164.40</u> |
| 6 Contributor address; City; State; Zip Code <u>P.O. Box 640 HEMPHILL TX 75948</u> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|---|
| Date <u>3/19/24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RANDY TOMLINSON</u> | Amount of contribution (\$) <u>\$50.00</u> |
| Contributor address; City; State; Zip Code <u>P.O. Box 640 HEMPHILL TX 75948</u> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date <u>4/1/24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RANDY TOMLINSON</u> | Amount of contribution (\$) <u>\$100.00</u> |
| Contributor address; City; State; Zip Code <u>P.O. Box 640 HEMPHILL TX 75948</u> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date <u>4/21/24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RANDY TOMLINSON</u> | Amount of contribution (\$) <u>\$120.00</u> |
| Contributor address; City; State; Zip Code <u>P.O. Box 640 HEMPHILL TX 75948</u> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | |
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| | |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 |
| 2 FILER NAME RANDY TOMLINSON | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/9/26 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY TOMLINSON | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code P.O. BOX 640 HEMPHILL TX 75948 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|---|
| Date 3/10/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL OLSEN | Amount of contribution (\$) \$164.40 |
| Contributor address; City; State; Zip Code P.O. BOX 14 HEMPHILL TX 75948 | | |

| | |
|---|--|
| Principal occupation / Job title (See Instructions) SHERIFF DEPARTMENT | Employer (See Instructions) SABINE COUNTY SHERIFF DEPT. |
|---|--|

| | | |
|--|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | |
|--|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | |
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