

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: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR R	FIRST RANDALL	MI L	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> OFFICE USE ONLY Bexar County Court at Law Chancery Clerk JAN 14 2023 10:00 O'CLOCK </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="flex: 1;"> Date Received Change Clerk </div> <div style="flex: 1;"> Date Hand-Delivered or Date Postmarked 10:00 AM </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="flex: 1;"> Receipt # 1234567890 </div> <div style="flex: 1;"> Amount \$ 100.00 </div> </div> <div style="margin-top: 5px;"> Date Processed 10:00 AM </div> <div style="margin-top: 5px;"> Date Imaged 10:00 AM </div> </div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 640 HEMPHILL TX 75948					
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 201-2635	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR R	FIRST KATHY	MI			
	NICKNAME	LAST Tomlinson	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 180 ERWIN ST HEMPHILL TX 75948				STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 201-4539	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"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 09	Day 15	Year 2025		Month 01	Day 15
11 ELECTION	ELECTION DATE Month Day Year 03/03/2024	ELECTION TYPE <input checked="" 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) 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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

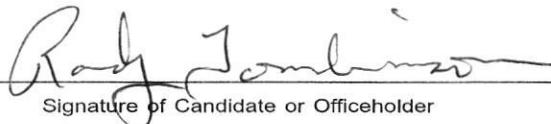
GO TO PAGE 2

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,375
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,266.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 108.89
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		

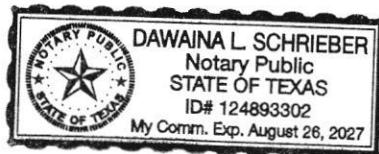
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Randy Tomlinson this the 14 day of January, 2026, to certify which, witness my hand and seal of office.

Dawaina L. Schrieber Signature of officer administering oath

Dawaina L. Schrieber Printed name of officer administering oath

VP/Branch Mgr. 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)
<i>RANDY TOMLINSON</i>	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,375.00
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	\$ 4,266.11
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	\$

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: <i>2</i>
2 FILER NAME <i>RANDY TOMLINSON</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/18/2025</i>	5 Full name of contributor <i>TERRY VAUGHN</i>	6 Contributor address; City; State; Zip Code <i>222 PRIMROSE LN HEMPHILL TX 75948</i>
7 Amount of contribution (\$) <i>\$ 1,000.00</i>		
8 Principal occupation / Job title (See Instructions) <i>REALTOR</i>		9 Employer (See Instructions) <i>TOLEDO BEND EXPRESS REALTY</i>
Date <i>10/08/2025</i>	Full name of contributor <i>JOHN DOUCET</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>2300 GATLIN CREEK RD. DRIPPING SPRINGS TX 78620</i>
		Amount of contribution (\$) <i>\$ 3,000.00</i>
Principal occupation / Job title (See Instructions) <i>CIVIL ENGINEER</i>		Employer (See Instructions) <i>DOUCET & ASSOCIATES</i>
Date <i>10/17/2025</i>	Full name of contributor <i>MICHAEL HUNSEN</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>111 SCHOONER CT. HEMPHILL TX 75948</i>
		Amount of contribution (\$) <i>\$ 200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/16/2025</i>	Full name of contributor <i>RANDY TOMLINSON</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>P.O. BOX 440 HEMPHILL TX 75948</i>
		Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions) <i>RETIRED</i>
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.**

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 2</p>
<p>2 FILER NAME</p> <p>RANDY TOMLINSON</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p>12/12/2025</p>	<p>5 Full name of contributor</p> <p>O'REILLY AUTO PARTS</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$)</p> <p>\$ 25.00 (REFUND FOR ITEMS PURCHASED FOR ADVERTISING)</p>
<p>8 Principal occupation / Job title (See Instructions)</p> <p>AUTO PARTS</p>		<p>9 Employer (See Instructions)</p> <p>O'REILLY AUTO PARTS</p>	
<p>Date</p> <p>Full name of contributor</p> <p>Contributor address;</p>		<p><input type="checkbox"/> out-of-state PAC (ID#:</p> <p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p> <p>Full name of contributor</p> <p>Contributor address;</p>		<p><input type="checkbox"/> out-of-state PAC (ID#:</p> <p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p> <p>Full name of contributor</p> <p>Contributor address;</p>		<p><input type="checkbox"/> out-of-state PAC (ID#:</p> <p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

**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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
7	Randy Tomlinson		
4 Date	5 Payee name		
9/18/2025	Crowell Advertising		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$300.00	PO Box 1299 Hemphill	TX 75948	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Advertisement on Marquee in Hemphill	
	(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
	Randy Tomlinson Justice of the Peace		
Date	Payee name		
9/22/2025	Sabine County Reporter		
Amount (\$)	Payee address;	City; State; Zip Code	
\$200.00	610 Worth St. Hemphill	TX 75948	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Announcement of Candidacy for JP	
	<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
	Randy Tomlinson Justice of the Peace		
Date	Payee name		
10/1/2025	Shelby Savings Bank		
Amount (\$)	Payee address;	City; State; Zip Code	
\$46.52	103 Worth St. Hemphill	TX 75948	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Accounting/Banking	Check Order for Account	
	<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
	Randy Tomlinson Justice of the Peace		
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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
7	Bandy Tomlinson		
4 Date	5 Payee name	6 Amount (\$)	
10/7/2025	Patricia Huffman Smith NASA Museum	\$250.00	
7 Payee address;	City;	State; Zip Code	
375 Sabine St. Unit B Hemphill TX 75948			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Event Expense	Denim & Diamonds	
	(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
	Bandy Tomlinson Justice of the Peace		
Date	Payee name		
10/7/2025	Patricia Huffman Smith NASA Museum		
Amount (\$)	Payee address;	City;	State; Zip Code
\$50.00	375 Sabine St. Unit B Hemphill TX 75948		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Expense	Denim & Diamonds	
	<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
	Bandy Tomlinson Justice of the Peace		
Date	Payee name		
10/10/2025	Copy Center Nac.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$177.53	2618 North St. Nacogdoches TX 75965		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Business Cards	
	<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
	Bandy Tomlinson Justice of the Peace		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1:	2 FILER NAME <i>Bandy Tomlinson</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/16/2025</i>	5 Payee name <i>Crowell Advertising</i>		
6 Amount (\$) <i>\$600.00</i>	7 Payee address; <i>PO Box 1299 Hemphill TX 75948</i>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Advertisement on Marquee in Hemphill</i>	
	(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 <i>Bandy Tomlinson</i>	Candidate / Officeholder name	Office sought	Office held
Date <i>11/7/2025</i>	Payee name <i>Shelby Savings Bank</i>		
Amount (\$) <i>\$7.50</i>	Payee address; <i>103 Worth St. Hemphill TX 75948</i>	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description <i>Service Charge</i>	
	<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 <i>Bandy Tomlinson</i>	Candidate / Officeholder name	Office sought	Office held
Date <i>11/10/2025</i>	Payee name <i>Hobby Lobby</i>		
Amount (\$) <i>\$205.52</i>	Payee address; <i>4301 North St. Nacogdoches TX 75965</i>	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Christmas Parade</i>	
	<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 <i>Bandy Tomlinson</i>	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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
7	Bandy Tomlinson	
4 Date	5 Payee name	
11/11/2025	Build a Sign	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$64.12	11525A Stonehollow Dr. Ste. 120 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Banner for Parade
	(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	
	Bandy Tomlinson Justice of the Peace	
Date	Payee name	
11/17/2025	Sabine County Republican Party	
Amount (\$)	Payee address;	City; State; Zip Code
\$375.00		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Sabine County Fees	Candidate Entry Fee
	<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	
	Bandy Tomlinson Justice of the Peace	
Date	Payee name	
11/28/2025	McGraw Signs	
Amount (\$)	Payee address;	City; State; Zip Code
\$386.81	735 Beckom Rd. Hemphill Tx 75948	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Yard Signs
	<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	
	Bandy Tomlinson Justice of the Peace	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1:	2 FILER NAME <i>Bandy Tomlinson</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/2/2025</i>	5 Payee name <i>Sams Club</i>		
6 Amount (\$) <i>\$76.21</i>	7 Payee address; <i>407 N. Brentwood Dr. Lufkin TX 75904</i>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Christmas Parade Candy</i>	
	(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 <i>Bandy Tomlinson Justice of the Peace</i>	Candidate / Officeholder name	Office sought	Office held
Date <i>12/5/2025</i>	Payee name <i>Tractor Supply</i>		
Amount (\$) <i>\$25.98</i>	Payee address; <i>455 Sabine St. Hemphill TX 75948</i>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Christmas Parade Spot Lights</i>	
	<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 <i>Bandy Tomlinson Justice of the Peace</i>	Candidate / Officeholder name	Office sought	Office held
Date <i>12/8/2025</i>	Payee name <i>Bitter Lumber</i>		
Amount (\$) <i>\$86.07</i>	Payee address; <i>1050 Sabine St. Hemphill TX 75948</i>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Christmas Parade</i>	
	<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 <i>Bandy Tomlinson Justice of the Peace</i>	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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
7	Randy Tomlinson		
4 Date	5 Payee name		
12/10/2025	Copy Center Nac		
6 Amount (\$)	7 Payee address:	City: _____ State: _____ Zip Code _____	
\$371.95	21018 North St. Nacogdoches TX 75965		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business Palm Cards	
	(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
	Randy Tomlinson	Justice of the Peace	
Date	Payee name		
12/12/2025	Build a Sign		
Amount (\$)	Payee address:	City: _____ State: _____ Zip Code _____	
\$461.55	11525A Stonehollow Dr. Ste 120 Austin TX 78758		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banner for Road Side	
	<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
	Randy Tomlinson	Justice of the Peace	
Date	Payee name		
12/13/2025	Tractor Supply		
Amount (\$)	Payee address:	City: _____ State: _____ Zip Code _____	
\$25.97	455 Sabine St. Hemphill TX 75948		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Posts and Ties	
	<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
	Randy Tomlinson	Justice of the Peace	

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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
7	Randy Tomlinson	
4 Date	5 Payee name	
12/18/2025	Tractor Supply	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
\$108.99	455 Sabine St. Hemphill TX 75948	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Post and Ties
	(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/O/H	Candidate / Officeholder name _____ Office sought _____ Office held _____	
	Randy Tomlinson Justice of the Peace	
Date	Payee name	
12/29/2025	McGraw Signs	
Amount (\$)	Payee address:	City: State: Zip Code
\$371.40	735 Beckum Rd	Hemphill TX 75948
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Yard Signs
	<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/O/H	Candidate / Officeholder name _____ Office sought _____ Office held _____	
	Randy Tomlinson Justice of the Peace	
Date	Payee name	
12/03/2025	O'REILLY AUTO PARTS HEMPHILL TX	
Amount (\$)	Payee address:	City: State: Zip Code
\$74.99	555 SABINE ST	HEMPHILL TX 75948
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	CHRISTMAS PARADE
	<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/O/H	Candidate / Officeholder name _____ Office sought _____ Office held _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		