

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: 5								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MR</div> <div>FIRST TIM</div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST ADDISON</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 12 2026</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 12 2026</div></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px; margin-top: 5px;"> <div>Receipt # <div style="color: blue; font-weight: bold; font-size: 1.5em;">N/A</div></div> <div>Amount \$ <div style="color: blue; font-weight: bold; font-size: 1.5em;">N/A</div></div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 12 2026</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 12 2026</div></div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX: PO BOX 655</div> <div>APT / SUITE #:</div> <div>CITY: PLAINS</div> <div>STATE: TX</div> <div>ZIP CODE 79355</div> </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (806)</div> <div>PHONE NUMBER 456-7777</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MR</div> <div>FIRST TIM</div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST ADDISON</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 1841 US HWY 380</div> <div>APT / SUITE #:</div> <div>CITY: PLAINS</div> <div>STATE: TX</div> <div>ZIP CODE 79355</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (806)</div> <div>PHONE NUMBER 456-7777</div> <div>EXTENSION</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 12 2 25 </div> <div>THROUGH</div> <div> Month Day Year 12 31 25 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 3 3 26 </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	OFFICE HELD (if any) COMMISSIONER PRCT 4	13 OFFICE SOUGHT (if known) COMMISSIONER PRCT 4									
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="text-align: right;"><small>Additional Pages</small></div>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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**
TIM ADDISON**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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,282.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

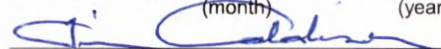
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR**(2) Unsworn Declaration**

My name is TIM ADDISON, and my date of birth is 12/19/62.
My address is 1841 US HWY 380, PLAINS, TX, 79355, USA.
(street) (city) (state) (zip code) (country)
Executed in YOAKUM County, State of TEXAS, on the 12TH day of JANUARY, 2026.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****TIM ADDISON****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,532.38
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME TIM ADDISON	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution WELLS FARGO	
6 PAYMENT	(a) Amount Charged \$ 634.60	(b) Date Expenditure Charged 12/04/2025
(c) Date(s) Credit Card Issuer Paid N/A		
7 PAYEE	(a) Payee name PENS.COM	(b) Payee address; City, State, Zip Code 1 SHARPIE WAY SHELBYVILLE, TN 37160 <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description PENS
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 897.78	(b) Date Expenditure Charged 12/04/2025
(c) Date(s) Credit Card Issuer Paid N/A		
PAYEE	(a) Payee name SIGNS ON THE CHEAP	(b) Payee address; City, State, Zip Code 11525A STONEHOLLOW DR STE 120 AUSIN, TX 78758 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNS
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
(c) Check if travel outside of Texas. Complete Schedule T. 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

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: 1	2 FILER NAME TIM ADDISON		3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2025	5 Payee name REPUBLICAN PARTY OF YOAKUM COUNTY		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; PO BOX 132 Check if individual's residence address.		City; PLAINS State; TX Zip Code 79355
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER		(b) Description FILING FEE
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; Check if individual's residence address.		City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; Check if individual's residence address.		City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. 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			