

# 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

FIRST

MI

*Thomas*

*m*

NICKNAME

LAST

SUFFIX

*Collard*

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

*[REDACTED] madisonville TX 77844*

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*[REDACTED]*

*[REDACTED]*

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

*Emily*

*R*

NICKNAME

LAST

SUFFIX

*Collard*

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

*[REDACTED] madisonville TX 77844*

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*[REDACTED]*

*[REDACTED]*

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

*11 / 25 / 2025* THROUGH *1 / 15 / 2026*

11 ELECTION

ELECTION DATE

Month

Day

Year

*03 / 3 / 2026*

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Commissioner Pct 2*

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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)

\$

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

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

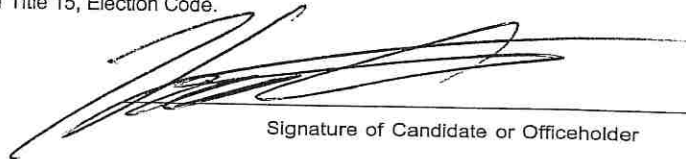
OUTSTANDING  
LOAN TOTALS

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.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Heidi Ellis this the 15 day of January,  
20 26, 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

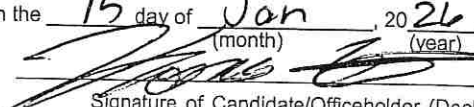
OR

(2) Unsworn Declaration

My name is Thomas Collard, and my date of birth is [REDACTED]

My address is [REDACTED] Madisonville, TX, 77844, US.  
(street) (city) (state) (zip code) (country)

Executed in Madison County, State of TX, on the 15 day of Jan, 20 26.  
(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. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 0

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 0

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$ 0

4. ☐ SCHEDULE E: LOANS

\$ 0

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ ~~1252.75~~ 0

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$ 0

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$ 0

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ 0

9. ☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 1952.35

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$ 0

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 0

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$ 0

# 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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ 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

☐ 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

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

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.

**LOANS****SCHEDULE E**

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 E:  |
| 2 FILER NAME   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$   |
| 5 Date of loan   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                 | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?<br><br>Y    N   | 8 Lender address;                      City;                      State;    Zip Code     | 10 Interest rate   |
|  |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)   |  | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><br><input type="checkbox"/> none  |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable  | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|  | 18 Guarantor address;                      City;                      State;    Zip Code |  |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)   |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                   | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y    N   | Lender address;                      City;                      State;    Zip Code       | Interest rate  |
|  |  | Maturity date  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Description of Collateral<br><br><input type="checkbox"/> none   |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable   | Name of guarantor  | Amount Guaranteed (\$)   |
|  | Guarantor address;                      City;                      State;    Zip Code    |  |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# 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<br><i>Thomas Colford</i>                     |   | 3 Filer ID (Ethics Commission Filers) |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| 4 Date<br><i>1 2 20</i>   |   | 5 Payee name<br><i>Kmvi Raizo</i>                         |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| 6 Amount (\$)<br><i>175.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended  |   | 7 Payee address;<br><i>102 West main<br/>Madisonville</i> |   | City;<br><i>TX</i>                    | State;<br><i>TX</i> |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>  |   | (b) Description<br><i>Raida Ad</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   |   |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Candidate / Officeholder name   |   | Office sought   |   | Office held                           |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| <table border="1"> <tr> <td>Date<br/><i>12 23 25</i></td> <td>Payee name<br/><i>gop Store</i></td> </tr> <tr> <td>Amount (\$)<br/><i>1027.35</i><br/><input type="checkbox"/> Reimbursement from political contributions intended</td> <td>Payee address;<br/><i>202 30 Kings Camp Dr</i></td> </tr> <tr> <td>City;<br/><i>Katy</i></td> <td>State;<br/><i>TX</i></td> </tr> <tr> <td>Zip Code<br/><i>77844</i></td> <td></td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td>                 Category (See Categories listed at the top of this schedule)<br/> <i>Advertising Expense</i><br/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             </td> </tr> <tr> <td></td> <td>                 Description<br/> <i>Campaign Signs</i><br/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense             </td> </tr> </table> |   |   |   |                                       |                     | Date<br><i>12 23 25</i> | Payee name<br><i>gop Store</i> | Amount (\$)<br><i>1027.35</i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address;<br><i>202 30 Kings Camp Dr</i> | City;<br><i>Katy</i> | State;<br><i>TX</i> | Zip Code<br><i>77844</i> |  | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  | Description<br><i>Campaign Signs</i><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Date<br><i>12 23 25</i>   | Payee name<br><i>gop Store</i>  |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Amount (\$)<br><i>1027.35</i><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address;<br><i>202 30 Kings Camp Dr</i>   |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| City;<br><i>Katy</i>  | State;<br><i>TX</i>   |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Zip Code<br><i>77844</i>  |   |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
|   | Description<br><i>Campaign Signs</i><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense   |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Candidate / Officeholder name   |   | Office sought   |   | Office held                           |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| <table border="1"> <tr> <td>Date</td> <td>Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address;</td> </tr> <tr> <td>City;</td> <td>State;</td> </tr> <tr> <td>Zip Code</td> <td></td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td>                 Category (See Categories listed at the top of this schedule)<br/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             </td> </tr> <tr> <td></td> <td>                 Description<br/> <input type="checkbox"/> Check if Austin, TX, officeholder living expense             </td> </tr> </table>  |   |   |   |                                       |                     | Date                    | Payee name                     | Amount (\$)   | Payee address;                                | City;                | State;              | Zip Code                 |  | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                               |  | Description<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense                          |
| Date  | Payee name  |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Amount (\$)   | Payee address;  |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| City;   | State;  |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Zip Code  |   |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                               |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
|   | Description<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense  |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Candidate / Officeholder name   |   | Office sought   |   | Office held                           |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |   |                                       |                     |                         |                                |   |   |                      |                     |                          |  |                        |   |  |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED