

**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) 00090289	2 Total pages filed: 15		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Bobby K.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Tillman	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 47  LaRue, TX 75770			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Stephen P.	MI			
	NICKNAME	LAST Phil	SUFFIX Henderson			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 120 Oak St.  Mabank, TX 75156		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (214) 674-4235					
8 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)					
9 PERIOD COVERED	Month 11/07/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Senator District 3		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 15

13 C / OH NAME	Tillman, Bobby K.		14 Filer ID (Ethics Commission Filers) 00090289
15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,464.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 2,688.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 508.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,000.00

**17 AFFIDAVIT**

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.

Bobby K. Tillman

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

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

3 of 15

<b>18</b> FILER NAME Tillman, Bobby K.	<b>19</b> Filer ID (Ethics Commission Filers) 00090289
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2,464.76	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 1,000.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2,688.09	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/15
<b>2</b> FILER NAME Tillman, Bobby K.		<b>3</b> Filer ID (Ethics Commission Filers) 00090289
<b>4</b> Date 12/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Charles ..... <b>6</b> Contributor address; City; State; Zip Code  Athens, TX 75752	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Charles ..... Contributor address; City; State; Zip Code  Athens, TX 75752	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Charles ..... Contributor address; City; State; Zip Code  Athens, TX 75752	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Staci ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Kim ..... Contributor address; City; State; Zip Code  Como, TX 75431	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/15
<b>2</b> FILER NAME Tillman, Bobby K.		<b>3</b> Filer ID (Ethics Commission Filers) 00090289
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaune, Amber	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Silsbee, TX 77656	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrington, Amy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Burbank, CA 91505	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Self
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Flora	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code  Houston, TX 77062	
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Phil	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Mabank, TX 75156	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krevat, Sherrill	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Nevada, TX 75173	
Principal occupation / Job title (See Instructions) Mortgage		Employer (See Instructions) Gateway

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/15
<b>2</b> FILER NAME Tillman, Bobby K.		<b>3</b> Filer ID (Ethics Commission Filers) 00090289
<b>4</b> Date 12/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Mark	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Athens, TX 75751	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Garrett	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Atlanta, GA 30308	
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) HD Supply
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code  Houston, TX 75266	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Robert	Amount of Contribution (\$) \$2.25
	Contributor address; City; State; Zip Code  Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Robert	Amount of Contribution (\$) \$2.25
	Contributor address; City; State; Zip Code  Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/15
<b>2</b> FILER NAME Tillman, Bobby K.		<b>3</b> Filer ID (Ethics Commission Filers) 00090289
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urban, Cynthia	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Village Mills, TX 77663	
<b>8</b> Principal occupation / Job title (See Instructions) Clerk		<b>9</b> Employer (See Instructions) HEB
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waxman, Jeri	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Morgan Hill, CA 95037	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesson, Butch	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Wylie, TX 75098	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilber, Stacy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Hampshire, TX 77622	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Self

## LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 8/15
<b>2</b> FILER NAME Tillman, Bobby K.		<b>3</b> Filer ID (Ethics Commission Filers) 00090289
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 11/07/2025	<b>7</b> Name of lender Tillman, Bobby	<b>8</b> <input type="checkbox"/> out-of-state PAC (ID#: _____  <b>9</b> Loan Amount (\$) \$1,000.00
<b>6</b> Is lender a financial institution? No	<b>10</b> Interest Rate	<b>11</b> Maturity Date 11/03/2026
<b>12</b> Principal occupation / Job title (See Instructions) Self Employed		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor .....	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 9/15	2 FILER NAME Tillman, Bobby K.	3 Filer ID (Ethics Commission Filers) 00090289
4 Date 11/13/2025	5 Payee name Designer Graphics	
6 Amount (\$) \$103.04	7 Payee address; City; 12404 State HWY 155  Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Designer Graphics	
Amount (\$) \$256.73	Payee address; City; 12404 State HWY 155  Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, Hats, Flyers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Designer Graphics	
Amount (\$) \$152.19	Payee address; City; 12404 State HWY 155  Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, T-Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 10/15	2 FILER NAME Tillman, Bobby K.	3 Filer ID (Ethics Commission Filers) 00090289	
4 Date 12/23/2025	5 Payee name Designer Graphics		
6 Amount (\$) \$317.43	7 Payee address; City; 12404 State HWY 155  Tyler, TX 75703		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, Hats, Shirts	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/24/2025	Payee name Exxon - Kountze		
Amount (\$) \$24.29	Payee address; City; 200 S Pine St  Kountze, TX 77625		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/10/2025	Payee name First State Bank Athens		
Amount (\$) \$15.00	Payee address; City; 139 E Corsicana St  Athens, TX 75751		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Transfer Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 11/15	2 FILER NAME Tillman, Bobby K.	3 Filer ID (Ethics Commission Filers) 00090289	
4 Date 11/25/2025	5 Payee name First State Bank Athens		
6 Amount (\$) \$28.25	7 Payee address; City; 139 E Corsicana St  Athens, TX 75751	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/31/2025	Payee name First State Bank Athens		
Amount (\$) \$9.00	Payee address; City; 139 E Corsicana St  Athens, TX 75751	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name First State Bank Athens		
Amount (\$) \$5.00	Payee address; City; 139 E Corsicana St  Athens, TX 75751	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money Order for 1250 Filing fee.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 12/15	2 FILER NAME Tillman, Bobby K.	3 Filer ID (Ethics Commission Filers) 00090289	
4 Date 11/26/2025	5 Payee name Go Daddy		
6 Amount (\$) \$62.87	7 Payee address; City; 100 S Mill Av Suite 100 Tempe, AZ 85281	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Development	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/26/2025	Payee name Go Daddy		
Amount (\$) \$23.09	Payee address; City; 100 S Mill Av Suite 100 Tempe, AZ 85281	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting Monthly Fee November	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/26/2025	Payee name Go Daddy		
Amount (\$) \$23.09	Payee address; City; 100 S Mill Av Suite 100 Tempe, AZ 85281	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting Monthly Fee December	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 13/15	2 FILER NAME Tillman, Bobby K.	3 Filer ID (Ethics Commission Filers) 00090289	
4 Date 11/19/2025	5 Payee name Google		
6 Amount (\$) \$37.53	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense App expense for printing	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/17/2025	Payee name Murphy Fuel		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1401 Tyler ST  Athens, TX 75751		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/20/2025	Payee name Murphy Fuel		
Amount (\$) \$33.67	Payee address; City; State; Zip Code 1401 Tyler ST  Athens, TX 75751		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 14/15	2 FILER NAME Tillman, Bobby K.	3 Filer ID (Ethics Commission Filers) 00090289
4 Date 11/21/2025	5 Payee name Office Depot - Athens	
6 Amount (\$) \$63.09	7 Payee address; City; 805 E Tyler St  Athens, TX 75751	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies and printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/09/2025	Payee name Spring Market	Office held
Amount (\$) \$125.00	Payee address; City; 440 Pine St  Frankston, TX 75763	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/12/2025	Payee name Texas Democratic Party	Office held
Amount (\$) \$1,250.00	Payee address; City; PO Box 15707  Austin, TX 78761	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Registration Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

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## SCHEDULE F1

### 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 15/15	2 FILER NAME Tillman, Bobby K.	3 Filer ID (Ethics Commission Filers) 00090289	
4 Date 11/17/2025	5 Payee name Walmart		
6 Amount (\$) \$58.82	7 Payee address; City; 1405 E Tyler  Athens, TX 75751	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printer Paper	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held