

# 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) [REDACTED]	2 Total pages filed: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Tony	MI D	OFFICE USE ONLY		
	NICKNAME	LAST Tinderholt	SUFFIX	Date Received ELECTRONICALLY FILED 07/10/2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; [REDACTED]	APT / SUITE #; [REDACTED]	CITY; [REDACTED]	STATE; [REDACTED]	ZIP CODE [REDACTED]	
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Janice	MI	Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST Jan	SUFFIX	Receipt #   Amount \$		
	Tyler			Date Processed		
<input type="checkbox"/> Date Imaged						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; [REDACTED]			CITY; [REDACTED]	STATE; [REDACTED]	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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)		
10 PERIOD COVERED	Month 01	Day /01	Year /2025	Month 06	Day /30	
THROUGH			/2025			
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month 03	Day /03	Year /2026	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	
			<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) COUNTY COMMISSIONER, PRECINCT NO. 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.					
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**15** C/OH NAME  
Tony D Tinderholt

**16** Filer ID (Ethics Commission Filers)  
[REDACTED]

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ .00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 153,354.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ .00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 4,196.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ .00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ .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.



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 \_\_\_\_\_, 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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$153,354.23
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$\$0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$4,196.52
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$0.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00

# 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>		<b>1</b> Total pages Schedule A1: 2
<b>2</b> FILER NAME Tony D Tinderholt		<b>3</b> Filer ID (Ethics Commission Filers) [REDACTED]
<b>4</b> Date 06/25/2025	<b>5</b> Full name of contributor Mark Christensen .....  <b>6</b> Contributor address; [REDACTED] City; State; Zip Code Euless TX 75060	<b>7</b> Amount of contribution (\$) \$1,041.02
<b>8</b> Principal occupation / Job title (See Instructions) pilot instructor		<b>9</b> Employer (See Instructions) Flight Safety Int'l
Date 06/30/2025	Full name of contributor Alexander Kim .....  Contributor address; [REDACTED] City; State; Zip Code Fort Worth TX 76111	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 06/30/2025	Full name of contributor Fran Rhodes .....  Contributor address; [REDACTED] City; State; Zip Code Keller TX 76224	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) president of NGO		Employer (See Instructions) True Texas Project
Date 06/30/2025	Full name of contributor Leah Nesbitt .....  Contributor address; [REDACTED] City; State; Zip Code Fort Worth TX 76112	Amount of contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Tarrant County
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# 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><b>1</b> Total pages Schedule A1: 2</p>
<p><b>2</b> FILER NAME Tony D Tinderholt</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) [REDACTED]</p>
<p><b>4</b> Date 06/30/2025</p>	<p><b>5</b> Full name of contributor Texans for Truth &amp; Liberty PAC .....</p> <p><b>6</b> Contributor address; [REDACTED] City; TX 78701</p>	<p><b>7</b> Amount of contribution (\$) \$5,000.00</p>
<p><b>8</b> Principal occupation / Job title (See Instructions)</p>		<p><b>9</b> Employer (See Instructions)</p>
<p>Date 06/30/2025</p>	<p>Full name of contributor Texans for Conservative Leadership PAC .....</p> <p>Contributor address; [REDACTED] City; TX 76126</p>	<p>Amount of contribution (\$) \$2,500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 06/03/2025</p>	<p>Full name of contributor Tony Tinderholt for Texas .....</p> <p>Contributor address; [REDACTED] City; TX 76003</p>	<p>Amount of contribution (\$) \$144,637.18</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; [REDACTED] City; TX</p>	<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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	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:	2 FILER NAME 4 Tony D Tinderholt	3 Filer ID (Ethics Commission Filers) [REDACTED]	
4 Date 06/03/2025	5 Payee name HEB Chamber of Commerce		
6 Amount (\$) \$30.00	7 Payee address; 2109 Martin Dr.	City; State; Zip Code Bedford TX 76021	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) FoodBeverageExpense	(b) Description Membership Luncheon	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 06/30/2025	Payee name Hill Country Springs		
Amount (\$) \$78.98	Payee address; 10019 S I-35 Frontage Rd	City; State; Zip Code Austin TX 78747	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description water service for Capitol office	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 06/03/2025	Payee name Storage Hut		
Amount (\$) \$239.00	Payee address; 355 Russell Lane	City; State; Zip Code Mansfield TX 76063	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description storage for signs and campaign equipment	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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:	2 FILER NAME 4 Tony D Tinderholt	3 Filer ID (Ethics Commission Filers) [REDACTED]		
4 Date 06/05/2025	5 Payee name Tiffs Treats			
6 Amount (\$) \$70.20	7 Payee address; 8310-1 North Capital of Texas Highway, Suuite 10	City; Austin	State; TX	Zip Code 78731
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description Appreciation gift for constituent		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 06/09/2025	Payee name T Mobile			
Amount (\$) \$422.14	Payee address; 3900 Arlington Highlands Blvd	City; Arlington	State; TX	Zip Code 76018
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PollingExpense	Description wifi service and equipment		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 06/20/2025	Payee name Ellen Finlay			
Amount (\$) \$353.61	Payee address; 360 Nueces	City; Austin	State; TX	Zip Code 78701
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description utility paid to condo owner		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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:	2 FILER NAME 4 Tony D Tinderholt	3 Filer ID (Ethics Commission Filers) [REDACTED]		
4 Date 06/23/2025	5 Payee name Mailchimp			
6 Amount (\$) \$98.07	7 Payee address; 405 N. Angier Ave NE	City; Atlanta	State; GA	Zip Code 30312
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description email server for political mailings		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 06/25/2025	Payee name Cleod9 Voice			
Amount (\$) \$56.59	Payee address; 2500 E Randol Mill Rd	City; Arlington	State; TX	Zip Code 76011
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description District office phone services		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 06/10/2025	Payee name Bluebird Creative			
Amount (\$) \$2,400.00	Payee address; 3211 White Settlement R	City; Fort Worth	State; TX	Zip Code 76107
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description graphics for social media		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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:	2 FILER NAME 4 Tony D Tinderholt	3 Filer ID (Ethics Commission Filers) [REDACTED]		
4 Date 06/04/2025	5 Payee name Marika Alcott			
6 Amount (\$) \$400.00	7 Payee address; P.O. Box 157	City; Aledo	State; TX	Zip Code 76008
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description Capitol office furniture		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 06/30/2025	Payee name Win Red			
Amount (\$) \$47.93	Payee address; 4250 Fairfax Dr. , Suite 600	City; Arlington	State; VA	Zip Code 22203
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description fees for campaign donations service on-line		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				