

# 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: <u>6</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>H</u>	MI	OFFICE USE ONLY  Date Received <u>1/30/2026</u> <u>Wicki Miller</u>			
	NICKNAME	LAST <u>Compton</u>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE <u>301 Star Bonham TX 75418</u>		
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<u>(214)</u>	<u>926-8491</u>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Mr.</u>	LAST <u>Kenneth</u>	SUFFIX <u>M</u>	Date Hand-delivered or Date Postmarked <u>1/30/2026</u>		
	NICKNAME				Receipt # <u>        </u> Amount \$ <u>        </u>		
					Date Processed <u>1/30/2026</u>		
					Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY:	STATE; ZIP CODE <u>TX 75418</u>		
	<u>171 Pecan St.</u>			<u>Bonham</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<u>(903)</u>	<u>227 - 2846</u>					
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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)			
10 PERIOD COVERED	Month <u>01</u>	Day <u>01</u>	Year <u>2026</u>	Month <u>01</u>	Day <u>22</u>	Year <u>2026</u>	
11 ELECTION	ELECTION DATE Month <u>3</u> Day <u>3</u> Year <u>26</u>		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)			OFFICE SOUGHT (if known) <u>County Judge</u>			
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME	H Compton		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)	\$ 5250.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 3976.95	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1273.05	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 800.00	
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.

*H Compton*

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 H Compton

and my date of birth is 08/03/1949

My address is 301 Star

Bonham TX 75418 USA

Executed in Fannin

(street) TX

(city) TX (state) TX (zip code) 75418 (country) USA

on the 28 day of Jan. 2026

(month) Jan. (year) 2026

*H Compton*

Signature of Candidate/Officeholder (Declarant)



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

19. FILER NAME	A Compton	
20. Filer ID (Ethics Commission Filers)		
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2600	
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	\$ 1380	
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: <u>2</u>
2 FILER NAME <u>A Compton</u>				3 Filer ID (Ethics Commission Filers)
4 Date <u>1/7/26</u>	5 Full name of contributor <u>Gary Pordy</u>	<input type="checkbox"/> out-of-state PAC (ID#_____)		7 Amount of contribution (\$ <u>100.00</u> )
	6 Contributor address: <u>Fm 1629</u>	City: <u>Bonham</u>	State: <u>TX</u>	Zip Code <u>75418</u>
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)		
Date <u>1/7/26</u>	Full name of contributor <u>Johnny White</u>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$ <u>350.00</u> )
	Contributor address: <u>2801 HighPoint Dr.</u>	City: <u>Bonham</u>	State: <u>TX</u>	Zip Code <u>75418</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)		
Date <u>1/14/26</u>	Full name of contributor <u>Tommy Eskve</u>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$ <u>100.00</u> )
	Contributor address: <u>7139 Fm 409 Telephone</u>	City: <u>TX</u>	State: <u>75488</u>	
Principal occupation / Job title (See Instructions) <u>Contractor</u>		Employer (See Instructions)		
Date <u>1/15/26</u>	Full name of contributor <u>R.K. Reddy</u>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$ <u>50.00</u> )
	Contributor address: <u>1051 G.K. Reddy Ave.</u>	City: <u>Bonham</u>	State: <u>TX</u>	Zip Code <u>75418</u>
Principal occupation / Job title (See Instructions) <u>Hotels</u>		Employer (See Instructions) <u>Reddy Hotel LLC</u>		

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.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME <i>H Compton</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>1/17/26</i>	5 Full name of contributor <i>Kirk Wilson</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$) <i>1,000.00</i>
6. Contributor address: <i>10739 Bridge Hollow Ct. Dallas TX 75229</i>		City:	State:	Zip Code:
8 Principal occupation / Job title (See Instructions) <i>President</i>		9 Employer (See Instructions) <i>T. Wilson</i>		
Date <i>1/22/26</i>	Full name of contributor <i>Roy Magns</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>1,000.00</i>
Contributor address: <i>1005 Ranchrock Cir. Coppell TX 75019</i>		City:	State:	Zip Code:
Principal occupation / Job title (See Instructions) <i>Chief Operating Officer</i>		Employer (See Instructions) <i>T. Wilson</i>		
Date	Full name of contributor	<input type="checkbox"/> 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	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)
	Contributor address:	City:	State:	Zip Code:
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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**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	3 Filer ID (Ethics Commission Filers)
1	H Compton	
4 Date	5 Payee name	
11/14/26	Fannin County Leader	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
580.00	224 N. Main St. Bonham	TX 75418
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Exp.	AD
	<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		
Date	Payee name	
1/22/26	Discover Outdoor	
Amount (\$)	Payee address;	City; State; Zip Code
800.00	P.O. Box 6351	Paris TX 75461
8  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Advertising Exp.	Billboard
	<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		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	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	

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