

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 <i>H</i>	MI	OFFICE USE ONLY			
	NICKNAME	LAST <i>Compton</i>	SUFFIX	Date Received <i>01-12-26</i> <i>by Angela Snazier</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE			
<i>301 Star Bonham TX 75418</i>							
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(214)</i>	PHONE NUMBER <i>926-8491</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <i>Mr.</i>	FIRST <i>Kenneth</i>	MI <i>M</i>			
		NICKNAME <i>Marc</i>	LAST <i>Clayton</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #: CITY: STATE: ZIP CODE					
		<i>171 Pecan St. Bonham TX 75418</i>					
8 CAMPAIGN TREASURER PHONE		AREA CODE <i>(903)</i>	PHONE NUMBER <i>227-2846</i>	EXTENSION			
9 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)					
10 PERIOD COVERED		Month <i>11</i>	Day <i>/20</i>	Year <i>/2025</i>	Month <i>12</i>	Day <i>/31</i>	Year <i>/25</i>
11 ELECTION		ELECTION DATE Month <i>3</i> Day <i>/3</i> Year <i>/26</i>	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)	13 OFFICE SOUGHT (if known)				
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				
			COMMITTEE CAMPAIGN TREASURER ADDRESS				

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

H Compton

16 Filer ID (Ethics Commission File#)

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)

\$ 2650.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2596.95

CONTRIBUTION
BALANCE

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

\$ 853.05

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 800.00

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.

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
My address is 301 Star

Executed in Fannin County, State of TX

and my date of birth is 08/03/1949

Bonham TX 75418 USA

(street) (city) (state) (zip code) (country)

on the 12th day of January, 2026

(month) (year)

H Compton

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19. FILER NAME	H Compton	
20. Filer ID (Ethics Commission Filer)		
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2650.00	
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	\$ 800.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2596.95	
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/O/H	\$	
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>1</u>
2 FILER NAME <u>H Compton</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>11/20/25</u>	5 Fullname of contributor <u>MARC CHAYTON</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) <u>250.00</u>
	6 Contributor address; <u>121 Pecan Bonham TX 76418</u>	City: <u></u> State: <u></u> Zip Code <u></u>	
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>N/A</u>	
Date <u>12/17/25</u>	Full name of contributor <u>Larry Ross</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>400.00</u>
	Contributor address; <u>2016 Arbor Bend Bonham TX 76418</u>	City: <u></u> State: <u></u> Zip Code <u></u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>N/A</u>	
Date <u>12/17/25</u>	Full name of contributor <u>Clark Smith</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>1,000.00</u>
	Contributor address; <u>320 E. 3rd Bonham TX 76418</u>	City: <u></u> State: <u></u> Zip Code <u></u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>N/A</u>	
Date <u>12/23/25</u>	Full name of contributor <u>Dustin Darinia</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>1,000.00</u>
	Contributor address; <u>411 McKinney #W McKinney TX 75071-1825</u>	City: <u></u> State: <u></u> Zip Code <u></u>	
Principal occupation / Job title (See Instructions) <u>President</u>		Employer (See Instructions) <u>Vector Systems</u>	

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 <i>H Compton</i>		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS		\$ <i>800.00</i>		
5 Date of loan <i>11/18/25</i>	7 Name of lender <i>H Compton</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; <i>301 Star St. Bonham</i>	City; <i>TX</i>	State; <i>75418</i>	9 Loan Amount (\$) <i>50.00</i>
10 Interest rate		11 Maturity date		
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)		
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		17 Name of guarantor 18 Guarantor address; City; State; Zip Code		
19 Amount Guaranteed (\$)				
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)		
Date of loan <i>11/20/25</i>	Name of lender <i>H Compton</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$) <i>750.00</i>
Is lender a financial institution? <i>Y (N)</i>	Lender address; <i>301 Star St. Bonham</i>	City; <i>TX</i>	State; <i>75418</i>	Interest rate
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code		
Amount Guaranteed (\$)				
Principal Occupation (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**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:	
12/29/25	Sign Works	
6 Amount (\$):	7 Payee address:	City: State: Zip Code:
1796.95	204 E. Kaufman	Rockwall TX 75087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Exp.	Signage
	<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		
Date	Payee name:	
11/18/25	Fannin Bank	
Amount (\$)	Payee address:	City: State: Zip Code:
50.00	230 E. 3rd	Bonham TX 76418
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Accounting/Banking	Open Account
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name:	
11/20/25	Fannin County Clerk	
Amount (\$)	Payee address:	City: State: Zip Code:
750.00	800 E. 2nd St	Bonham TX 76418
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fee	Filing fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		