

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 <i>Mr</i>	FIRST <i>George</i>	MI <i>T</i>	OFFICE USE ONLY <i>FILED FOR RECORD RUSK COUNTY, TEXAS</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		NICKNAME <i>Tom</i>	LAST <i>Dumas</i>	APT / SUITE #: CITY: STATE; ZIP CODE <i>3 Henderson TX 75654</i>	JAN 09 2026		
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(903)</i>	PHONE NUMBER <i>235-0823</i>	EXTENSION BY <i>DISCOUNT DEPUTY</i>	ELECTIONS ADMINISTRATOR <i>Date Hand delivered or Date Postmarked</i>		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <i>Mrs.</i>	FIRST <i>Bobbie</i>	MI <i>S</i>	Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NICKNAME <i>Dumas</i>			Date Processed		
8 CAMPAIGN TREASURER PHONE		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>Henderson</i>	CITY: <i>Henderson</i>	STATE; ZIP CODE <i>TX 75654</i>	Date Imaged		
9 REPORT TYPE		AREA CODE <i>(903)</i>	PHONE NUMBER <i>452-1665</i>	EXTENSION			
		<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>10</i>	Day <i>07</i>	Year <i>2025</i>	Month <i>10</i>	Day <i>10</i>	Year <i>2026</i>
11 ELECTION		ELECTION DATE Month <i>07</i> Day <i>13</i> Year <i>2026</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) <i>5P Precinct 4 Rusk County</i>				
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					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

George T. (Tom) Dumas

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)

\$ *0*

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

\$ *1,200.00*

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,172.29*

CONTRIBUTION
BALANCE

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

\$ *27.71*

OUTSTANDING
LOAN TOTALS

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

\$ *0*

18 SIGNATURE

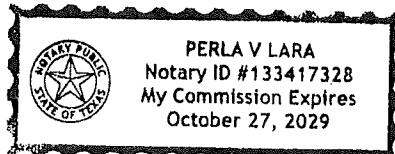
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

George T. Dumas

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by

George T. Dumas

this the 9th day of

January

20 20 to certify which, witness my hand and seal of office.

Perla V. Lara

Printed name of officer administering oath

ABCMTI

Signature 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**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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	
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	
SUBTOTAL AMOUNT	
\$ 1,200.00	
\$	
\$	
\$	
\$ 1192.29	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

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>				1 Total pages Schedule A1:
<p>2 FILER NAME <i>George T. (Tom) J. DUMAS</i></p>				3 Filer ID (Ethics Commission Filers)
4 Date <i>10/17/25</i>	5 Full name of contributor <i>Estate of Leonard T. Dumas</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>400.00</i>
6 Contributor address; <i>Henderson Tx 75654</i>		City:	State:	Zip Code
8 Principal occupation / Job title (See Instructions) <i>Estate</i>			9 Employer (See Instructions) <i>GEIPER</i>	
Date <i>10/19/25</i>	Full name of contributor <i>Brent HALE</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>Henderson Tx 75654</i>		City:	State:	Zip Code
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)	
Date <i>12/12/25</i>	Full name of contributor <i>Gene BARRY</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>Lewisville Tx 75667</i>		City:	State:	Zip Code
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)	
Date <i>10/11/25</i>	Full name of contributor <i>George T. J. DUMAS</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>600.00</i>
Contributor address; <i>Henderson Tx 75654</i>		City:	State:	Zip Code
Principal occupation / Job title (See Instructions) <i>Chemical Plant Worker</i>			Employer (See Instructions) <i>Eastman Chemical Co.</i>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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
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 F1: <i>3</i>	2 FILER NAME <i>George T. (Tom) Dumas</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/29/25</i>	5 Payee name <i>Vista Print</i>	6 Amount (\$) <i>42.20</i>
7 Payee address; <i>Lexington at Hayden Ave</i>	City: <i>Lexington</i>	State: <i>MA</i>
	Zip Code <i>02420</i>	
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>yard signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name <i>George T. (Tom) Dumas JP Primary</i>	
	Office sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>George T. (Tom) Dumas JP Primary</i>		
Date <i>10/29/25</i>	Payee name <i>Signs on the cheap</i>	
Amount (\$) <i>294.71</i>	Payee address; <i>11525A Stonewall Dr.</i>	City: <i>Austin</i>
	State: <i>TX</i>	Zip Code <i>78758</i>
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>yard signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name <i>George T. (Tom) Dumas JP Primary</i>	
	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>George T. (Tom) Dumas JP Primary</i>		
Date <i>11/20/25</i>	Payee name <i>Republican Party Rock County</i>	
Amount (\$) <i>375.00</i>	Payee address; <i>213 N Van Buren St</i>	City: <i>Henderson</i>
	State: <i>TX</i>	Zip Code <i>75652</i>
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	Description <i>Filing Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name <i>George T. (Tom) Dumas JP Primary</i>	
	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>George T. (Tom) Dumas JP Primary</i>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**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)		
3	George T. (Tom) Dumas			
4 Date	5 Payee name			
11/23/25	Vista Print			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
145.38	95 Hayden AV.	Lexington MA 02421		
<input type="checkbox"/> Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Printing Expense	Yard Signs		
	<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
Date	Payee name			
12/20/25	Signs on the Cheap			
Amount (\$)	Payee address:	City:	State:	Zip Code
169.87	115 N 5th St Steehollow Dr.	Austin	TX	78758
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Printing Expense	Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
10 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
George T. (Tom) Dumas Rush Co. JAY				
Date	Payee name			
12/20/25	Vista Print			
Amount (\$)	Payee address:	City:	State:	Zip Code
127.74	95 Hayden AV.	Lexington	MA.	02421
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Printing Expense	Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
George T. (Tom) Dumas Rush Co. JAY				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

**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: **3** 2 FILER NAME **George T. (Tom) DUNAGH** 3 Filer ID (Ethics Commission Filers)

4 Date **1/10/25** 5 Payee name **AMAZON**

6 Amount (\$) **18.39** 7 Payee address: **410 Terry Ave N** City: **Seattle** State: **WA** Zip Code **98109**
 Check if individual's residence address.

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Stickers for Yard Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

8 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address: City: State: Zip Code
 Check if individual's residence address.

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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address: City: State: Zip Code
 Check if individual's residence address.

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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

FILED FOR RECORD
RUSK COUNTY, TEXAS

Date Received

JAN 09 2026

ELECTIONS ADMINISTRATOR

St. Sanders DEPUTY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

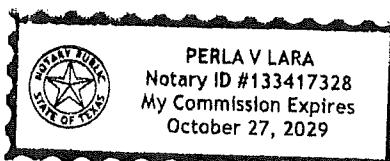
Date Imaged

Filer name	Filer ID #
<i>George T. (Tom) Dumas</i>	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on 1/15/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



George T. Dumas
Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by George T. Dumas this the 9th day of January 20 2026, to certify which, witness my hand and seal of office.

Perla V. Lara Perla V. Lara

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 _____, _____, _____, _____, _____, _____.

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER