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: 8

OFFICE USE ONLY

Date Received
RECEIVED
OCT 05 2026
BY: VS

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: TOMMY | MI: L.
NICKNAME | LAST: BISHOP | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[redacted]

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
[redacted]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. | FIRST: BRYAN | MI: D.
NICKNAME | LAST: MURRY | SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[redacted]

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
[redacted]

9 REPORT TYPE

☐ January 15 ☑ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 07 / 31 / 2026 THROUGH Month Day Year: 09 / 30 / 2026

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 03 / 2026

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): TRUSTEE FOR MISD DISTRICT 3 5

13 OFFICE SOUGHT (if known): TRUSTEE FOR MISD DISTRICT 3 5

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Tommy L Bishop	**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)	$ 22,300.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 290.72
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4,520.74
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 18,771.15
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.

Tommy L. Bishop
Signature of Candidate or Officeholder

VALERIE SANCHEZ
My Notary ID # 128065378
Expires October 8, 2028

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tommy L. Bishop this the 5th day of October, 20 26 to certify which, witness my hand and seal of office.

Valerie Sanchez — Valerie Sanchez — Admin Asst CFO

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 _____ (month), 20_____ (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			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 22,300.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4,230.02
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	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: 3

2 FILER NAME: TOMMY L BISHOP

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
08/04/26	DOSS ROGERS	PO BOX 4577 MIDLAND TX 79707	2,500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
NA	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8/19/26	CYNTHIA BLACK	5407 ALYSHEBA LN MIDLAND TX 79705	2,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NA	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/26	MICHAEL CUNNINGHAM	5313 CHESLEY COURT MIDLAND TX 79707	5,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NA	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8/25/26	LISSA NOEL WAGNER	5 PEERFIELD DR MIDLAND TX 79705	10,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NA	

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.**

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1 Total pages Schedule A1: 3

2 FILER NAME: TOMMY L BISHOP

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
08/24/26	☐ out-of-state PAC (ID#:) KEITH COURTS 22 LAKES DR MIDLAND TX 79705	1,000.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
NA	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/01/26	☐ out-of-state PAC (ID#:) TP RENTALS P.O.BOX 1233 CRANE TX 79731	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NA	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/24/26	☐ out-of-state PAC (ID#:) J.M. WOLF 179 BRIDGEWATER CIRCLE MIDLAND TX 79707	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NA	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/9/26	☐ out-of-state PAC (ID#:) B&K RENTALS TEXAS LLC 3410 WOODHAVEN DR MIDLAND TX 79707	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NA	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 3

2 FILER NAME: TOMMY L BISHOP

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
09/16/26	JULIE EDWARDS **6** Contributor address; City; State; Zip Code 3003 RAQUET CLUB DR MIDLAND TX 79705	500.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
NA	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
09/08/26	J.M. WOLF Contributor address; City; State; Zip Code 179 BRIDGEWATER CIRCLE MIDLAND TX 79707	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NA	

Date	Full name of contributor ☐ 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 ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	TOMMY L. BISHOP	

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4 Date	5 Payee name			
09/02/26	A-1 SIGNS ENGRAVERS, INC			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
3,166.31	1200 GARDEN CITY HWY ☐ Check if individual's residence address.	MIDLAND	TX	79701
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**		
	ADVERTISING EXPENSE	4X8, 4X4 & YARD SIGNS		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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			
09/08/26	LOWE'S			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
368.51	3315 N. LOOP 250 WEST ☐ Check if individual's residence address.	MIDLAND	TX	79707
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	ADVERTISING EXPENSE	SAND		
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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			
09/09/26	VISTA PRINT			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
322.32	275 WYMAN STREET ☐ Check if individual's residence address.	WALTHAM	MA	02451
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	ADVERTISING EXPENSE	PUSH CARDS & DOOR HANGERS		
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	TOMMY L BISHOP	

4 Date	5 Payee name
09/18/26	A-1 SIGN ENGRAVERS, INC

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
378.88	1200 GARDEN CITY HWY ☐ Check if individual's residence address.	MIDLAND	TX	79701

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING EXPENSE	4X8 & 4X4 SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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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.

OFFICE USE ONLY	
Date Received	RECEIVED OCT 05 2026 BY:
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name	Filer ID #
TOMMY L BISHOP	

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 09/30/24 report due on 10/05/24. 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

VALERIE SANCHEZ
My Notary ID # 128065378
Expires October 8, 2028

NOTARY STAMP / SEAL

Tommy L. Bishop
Signature of Filer

Sworn to and subscribed before me by Tommy L. Bishop this the 5th day of October, 20 24, to certify which, witness my hand and seal of office.

Valerie Sanchez — Valerie Sanchez — Admin. Asst CFO

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 _____ (month), 20_____ (year).

_____
Signature of Filer (Declarant)

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