

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME John H Tynan		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)	\$ 4,795.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 541.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,816.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,182.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

John H Tynan
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by John H Tynan this the 18 day of May, 2018, to certify which, witness my hand and seal of office.

Valeria Amador Signature of officer administering oath
Valeria Amador 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**

19 FILER NAME John H Tynan	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,795.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,761.88
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 268.68
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:

2

2 FILER NAME

John H Tynan

3 Filer ID (Ethics Commission Filers)

4 Date

03/23/2026

5 Full name of contributor

out-of-state PAC (ID# _____)

Texas Realtors Political Action Committee

7 Amount of contribution (\$)

2,000.00

6 Contributor address;

City;

State;

Zip Code

PO Box 2246 Austin TX 78768

8 Principal occupation / Job title (See Instructions)

TREPAC

9 Employer (See Instructions)

TREPAC

Date

04/07/2026

Full name of contributor

out-of-state PAC (ID# _____)

Clay Clemons

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2295 CR 2925 Dodd City TX 75438

Principal occupation / Job title (See Instructions)

Auto Tech.

Employer (See Instructions)

Bob Thomes Dealership

Date

03/09/2026

Full name of contributor

out-of-state PAC (ID# _____)

W C Parham

Amount of contribution (\$)

400.00

Contributor address;

City;

State;

Zip Code

1501 N 5th St Alpine TX 79830

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self

Date

02/26/2026

Full name of contributor

out-of-state PAC (ID# _____)

Megan Towery

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

204 CR 2211 Ivanhoe TX 75447

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

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
2 FILER NAME John H Tynan		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Adan Lopez 6 Contributor address; City; State; Zip Code 160 State Hwy 50 Ladonia TX 75449	7 Amount of contribution (\$) 595.00
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Self
Date 03/10/2026	Full name of contributor out-of-state PAC (ID#: _____) Darla Cooper Contributor address; City; State; Zip Code 2281 CR 2125 Ivanhoe TX 75447	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 04/09/2026	Full name of contributor out-of-state PAC (ID#: _____) Matt Titsworth Contributor address; City; State; Zip Code 1521 Hwy 121 Bonham Tx 75418	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 04/07/2026	Full name of contributor out-of-state PAC (ID#: _____) Michael Jeter Contributor address; City; State; Zip Code 1769 FM 898 Bonham TX 75418	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME John H Tynan	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2026	5 Payee name US Postal Service	
6 Amount (\$) 45.00	7 Payee address: City: State: Zip Code 3876 N FM 273 Ivanhoe TX 75447 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Campaign PO Box
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/01/2026	Payee name NT Sign Werks	
Amount (\$) 952.60	Payee address: City: State: Zip Code 505 E Mulberry ST. Leonard TX 75452 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs/Banners
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/16/2026	Payee name Personalized Printing Inc	
Amount (\$) 858.96	Payee address: City: State: Zip Code 1300 Bonham St Commerce TX 75428 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME John H Tynan	3 Filer ID (Ethics Commission Filers)
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4 Date 04/22/2026	5 Payee name The Fannin County Leader
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6 Amount (\$) 1,887.20	7 Payee address: 224 N Main St Bonham TX 75418	City:	State:	Zip Code
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Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description News paper ads
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/28/2026	Payee name Paypal INC
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Amount (\$) 18.12	Payee address: 2211 N First St San Jose CA 95131	City:	State:	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Electronic Fees
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center; font-size: 2em;">2</p>	2 FILER NAME <p style="text-align:center; font-size: 1.2em;">John H Tynan</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center; font-size: 1.2em;">04/13/2026</p>	5 Payee name <p style="text-align:center; font-size: 1.2em;">Cooperative Gin Co</p>	
6 Amount (\$) <p style="text-align:center; font-size: 1.2em;">15.16</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code <p style="text-align:center; font-size: 1.2em;">100 S 5th st Honey Grove TX 75446</p> <p style="text-align:center; font-size: 0.8em;">Check if individual's residence address.</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.2em;">Advertising Expense</p>	(b) Description <p style="text-align:center; font-size: 1.2em;">Campaign Sign post</p>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <p style="text-align:center; font-size: 1.2em;">03/21/2026</p>	Payee name <p style="text-align:center; font-size: 1.2em;">Fix and Feed</p>	
Amount (\$) <p style="text-align:center; font-size: 1.2em;">18.58</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <p style="text-align:center; font-size: 1.2em;">2301 Hwy 121 Bonham TX 75418</p> <p style="text-align:center; font-size: 0.8em;">Check if individual's residence address.</p>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.2em;">Advertising Expense</p>	Description <p style="text-align:center; font-size: 1.2em;">Hardware for signs</p>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <p style="text-align:center; font-size: 1.2em;">04/24/2026</p>	Payee name <p style="text-align:center; font-size: 1.2em;">Brookshires #54</p>	
Amount (\$) <p style="text-align:center; font-size: 1.2em;">103.90</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <p style="text-align:center; font-size: 1.2em;">Hwy 82 Bonham TX 75418</p> <p style="text-align:center; font-size: 0.8em;">Check if individual's residence address.</p>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.2em;">Travel</p>	Description <p style="text-align:center; font-size: 1.2em;">Fuel for campaign Truck</p>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 PERSONAL FUNDS

SCHEDULE G

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">John H Tynan</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">05/07/2026</p>	5 Payee name <p style="text-align:center">TXB 5</p>	
6 Amount (\$) <p style="text-align:center">81.04</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">2255 Hwy 121 Bonham TX 75418</p> <p style="text-align:center"><small>Check if individual's residence address.</small></p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Travel</p>	(b) Description <p style="text-align:center">Fuel Campaign Truck</p>
	(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 ONLY if direct expenditure to benefit C/OH <p style="text-align:center">Candidate / Officeholder name Office sought Office held</p>		
Date <p style="text-align:center">03/31/2026</p>	Payee name <p style="text-align:center">TXB 3</p>	
Amount (\$) <p style="text-align:center">50.00</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center">9714 FM 273 Bonham TX 75418</p> <p style="text-align:center"><small>Check if individual's residence address.</small></p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Travel</p>	Description <p style="text-align:center">Fuel Campaign Truck</p>
	<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 <p style="text-align:center">Candidate / Officeholder name Office sought Office held</p>		
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
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 <p style="text-align:center">Candidate / Officeholder name Office sought Office held</p>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED