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 fil	^{led:} 5		
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs.	FIRST Lisa	мі А	OFFICE USE ONLY			
NAME	NICKNAME	LAST Thompson	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 262 Donella	APT / SUITE #; San Antonio, Texa	city; state; zip code as 78232	1/14/2	2024		
Change of Address			AND				
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	9HONE NUMBER 367-4567	EXTENSION	Date Hand-delivered or Date Postma			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$		
NAME	Mr.	Joseph LAST	Bsuffix	Date Processed			
	Brandon	Thompson		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	NO PO BOX PLEASE); APT / S San Antonio, Texa		STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 723-8995	EXTENSION				
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day af treasurer ay (Officeholde			
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)		
10 PERIOD COVERED	Month 11	Day Year / 20 / 23	THROUGH 1	Day Year / 15 / 24			
11 ELECTION	Month Day 5 4	Year Primary 24 General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF known NEISD, Trustee	•			
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.						
0010110117722(0)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	O. C. A. S.			
		GO TO	PAGE 2		•		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Lisa Thompson		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 55.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0.00
i	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>r</i> :
(1) Affidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed 20, to certify	which, witness my hand and seal of office.	day of,
		700 / 16
Signature of officer administe	ring oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declarati	on	
My name is Lisa Thor	npson, and my date of birth is	08/25/1980
My address is 262 Dor	nella San Antonio , TX	
Executed in Bexar	(street) (city) (street) (city) (street) (street) (city) (street)) (year)
	Signature of Candid	late/Officehelder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	P FILER NAME LISA Thompson				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				BTOTAL MOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
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 CO	\$			
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 CO	ONTRIBUTIONS	\$		
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Consulting Expense		Fees Food/Beverage Expense		menvkermoursement head/Rental Expense ense	Transportation Equip. Travel In District	ng Expense ment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Exp	oense ages/Contract Labor	Travel Out Of Distric Other (enter a catego	
		The Instruction Guide explain		_	(,,,,
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics (Commission Filers)
1	Lisa Thor	mpson				
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee	name		·	,	
11/26/2023	Website	.com Soultions, Inc.				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
55.83	PO Box	43083 Cascade Burn	aby, BC	V5G 4S2 Ca	nada	
9 TYPE OF EXPENDITURE	F	Political	Non-Pol	litical		
10	(a) Categor	y (See Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE	Other			Website Host	t	
OF EXPENDITURE						
EXPENDITORE	(c)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Au	istin, TX, officeholder living) expense
11	L	P. L. J. Office 1. 1.			0.55 1-	
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Oi	fice sought	Office h	eia
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
4	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE						
OF EXPENDITURE	1					
EXPENDITORE		Check if travel outside of Texas, Complete S	Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense
	05:-	didate / Officeholder name				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	O	ffice sought	Office h	eid
	ATTAC	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair		xpense Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NA	AME			3 Filer ID (Ethics	Commission Filers)	
1	Lisa T	hompson				_	
4 Date	5 Payee na	me					
11/26/2023		te.com Soulutions, Inc	•				
6 Amount (\$)	7 Payee ad	·		City;	State;	Zip Code	
55.83 Reimbursement from political contributions intended	PO Bo	x 43083 Cascade Bur	rnaby, I	BC V5G 4S2 Ca	ınada		
8	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other		:	Website Host			
	(c)	Check if travel outside of Texas. Complete Sci	chedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	date / Officeholder name		Office sought	1	Office held	
Date	Payee nai	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					pense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office			Office held			
Date	Payee na	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought	1	Office held	
	ATTA	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED		