

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: 19 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mrs. Lisa Thompson | OFFICE USE ONLY Date Received 4 / 14 / 2024 | |
| | NICKNAME LAST SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 262 Donella SATX 78232 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 367-4567 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Joseph Brandon Thompson | Receipt # Amount \$ | |
| | NICKNAME LAST SUFFIX | Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 262 Donella SATX 78232 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 723-8995 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 Day Year 01 / 01 / 24 THROUGH 03 / 25 / 24 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year 05 / 04 / 24 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description School board <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) NEISD, Trustee District 1 | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

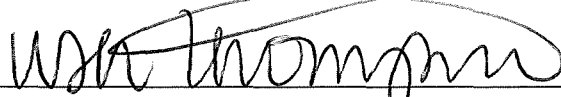
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | |
|-----------------------------------|---|--|
| 15 C/OH NAME <u>Lisa Thompson</u> | | 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) | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>6,120</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>8989.93</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>3,130.07</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>1,000.00</u> |

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

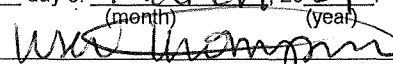
NOTARY STAMP / SEAL

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 Lisa Thompson, and my date of birth is August 25, 1980
My address is 7627 Donella, San Antonio TX, 78232
(street) (city) (state) (zip code) (country)
Executed in Bexar County, State of Texas, on the 28 day of March, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Lisa Thompson</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>6,120.00</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>1,100.00</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ <i>1,000.00</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>2989.93</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>2,006.65</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>0</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>0</i> |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i> |

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: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/23/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alyssa Schuepbach 6 Contributor address; City; State; Zip Code 100 Grand Oak SATX 78232 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) stay @ home | | 9 Employer (See Instructions) |
| Date 1/24/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Loehman Contributor address; City; State; Zip Code 221 Canada Verde SATX 78232 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) stay @ home | | Employer (See Instructions) |
| Date 1/24/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Judith Wheeler Contributor address; City; State; Zip Code 105 Cueva SATX 78232 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) stay @ home | | Employer (See Instructions) |
| Date 1/25/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Dodge Contributor address; City; State; Zip Code 3 Inwood Moss SATX 78248 | Amount of contribution (\$) 20.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) NEISD |
| | | |

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

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| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/25/24 | 5 Full name of contributor Jennifer Schaefer <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; 1926 Sunderidge SATX 78260 City; State; Zip Code | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) Admin | | 9 Employer (See Instructions) NEISD |
| Date 1/25/24 | Full name of contributor Angelique Forsyth <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 136 Sun way SATX 78232 City; State; Zip Code | Amount of contribution (\$) 20.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) NEISD |
| Date 1/27/24 | Full name of contributor Chester Hale <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 4680 Thick Rd Chapel Hill, TN 37034 City; State; Zip Code | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) |
| Date 1/28/24 | Full name of contributor Angie Cox <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 12773 Fairview Lane SATX 78232 City; State; Zip Code | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) stay @ home | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/30/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emily Urban | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 217 Fleetwood SATX 78232 | | |
| 8 Principal occupation / Job title (See Instructions) stay @ home | | 9 Employer (See Instructions) |
| Date 1/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cynthia Crawford | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 25506 Green Terrace SATX 78255 | | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Self |
| Date 2/18/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Loren Peterson | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 2022 Bee Cave SATX 78231 | | |
| Principal occupation / Job title (See Instructions) mom | | Employer (See Instructions) |
| Date 2/25/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daryn Polanco | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 14019 Woodstream SATX 78231 | | |
| Principal occupation / Job title (See Instructions) Admin | | Employer (See Instructions) NEISD |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/25/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charity Thomas | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 15631 CloudTop SATX 78248 | | |
| 8 Principal occupation / Job title (See Instructions) self | | 9 Employer (See Instructions) |
| Date 2/25/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler Alcala | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 15716 ThrushGate SATX 78248 | | |
| Principal occupation / Job title (See Instructions) stay @ home | | Employer (See Instructions) |
| Date 2/25/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Keller | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 17211 Fawn Circle SATX 78248 | | |
| Principal occupation / Job title (See Instructions) self | | Employer (See Instructions) |
| Date 3/2/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Sweer | Amount of contribution (\$) 20.00 |
| Contributor address; City; State; Zip Code 1402 Grey Oak SATX 78213 | | |
| Principal occupation / Job title (See Instructions) self | | Employer (See Instructions) |
| | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/5/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia Alcocer | 7 Amount of contribution (\$) 1,000.00 |
| 6 Contributor address; City; State; Zip Code 9521 Middlesex SATX 78217 | | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Alcocer Industries |
| Date 3/5/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorraine Kostrown | Amount of contribution (\$) 20.00 |
| Contributor address; City; State; Zip Code 15414 Spring Summit SATX 78247 | | |
| Principal occupation / Job title (See Instructions) stay @ home | | Employer (See Instructions) |
| Date 3/6/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri Seabers | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 3214 Medaris Lane SATX 78258 | | |
| Principal occupation / Job title (See Instructions) ⓧ | | Employer (See Instructions) |
| Date 3/8/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffini Greer | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 16811 Brookwood SATX 78248 | | |
| Principal occupation / Job title (See Instructions) teacher | | Employer (See Instructions) NEISD |
| | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/9/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Hipp | 7 Amount of contribution (\$) \$230.00 |
| 6 Contributor address; City; State; Zip Code 540 River Drive Bettendorf, IA 52722 | | |
| 8 Principal occupation / Job title (See Instructions) US Army Civil Human Resources | | 9 Employer (See Instructions) |
| Date 3/10/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle A. Brown | Amount of contribution (\$) \$350.00 |
| Contributor address; City; State; Zip Code 15718 Creekside Dr SATX 78232 | | |
| Principal occupation / Job title (See Instructions) Ø | | Employer (See Instructions) |
| Date 3/10/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gireta McFarling | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 3007 Oak Spruwal SATX 78231 | | |
| Principal occupation / Job title (See Instructions) Ø | | Employer (See Instructions) |
| Date 2/10/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Alvarado | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 13547 Crescent Creek SATX 78231 | | |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) Shrimp Island |
| | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/10/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Gelvin | 7 Amount of contribution (\$) \$30.00 |
| 6 Contributor address; City; State; Zip Code 13751 Cedar Canyon SATX 78231 | | |
| 8 Principal occupation / Job title (See Instructions) Self | | 9 Employer (See Instructions) |
| Date 3/10/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bonnie Conrad | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 2838 Barrel Oak SATX 78231 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 3/7/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Meritz Reddy | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 310 W. Sunset SATX 78209 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/10/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Claire Barnett | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 2922 Meadow Thrush SATX 78231 | | |
| Principal occupation / Job title (See Instructions) Ø | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/14/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Comeaux | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 3185 MorningCreek SATX 78247 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 3/13/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Milinda Schwab | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 13630 Liberty Oak SATX 78232 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 3/21/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert + Comeaux | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 1810 Oakline SATX 78232 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 3/21/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kimberly Kincaid | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 13811 Jess Gardens SATX 78232 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 10 |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/18/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donald Brown | 7 Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code 519 Enchanted Way SATX 78260 | | |
| 8 Principal occupation / Job title (See Instructions) Military | | 9 Employer (See Instructions) |
| Date 3/18/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bexar County Champions for Public Ed. PAC | Amount of contribution (\$) \$ 1,000.00 |
| Contributor address; City; State; Zip Code 500 Moss Mount SATX 78260 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/23/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eve He Aguilera | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 212 Sterling Browning SATX 78232 | | |
| Principal occupation / Job title (See Instructions) Stay@ home | | Employer (See Instructions) |
| Date 3/23/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cari Perdue | Amount of contribution (\$) \$ 30.00 |
| Contributor address; City; State; Zip Code 612 Secretariat Schertz, TX 78108 | | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) NEISD |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|--|
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| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/24/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mimi Siebert-Bowen 6 Contributor address; City; State; Zip Code 17122 Eagle Hollow SATX 78248 | 7 Amount of contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Realtor | | 9 Employer (See Instructions) Phyllis Browning |
| Date 3/24/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Taylor Contributor address; City; State; Zip Code 69 San Isidro SATX 78261 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) PTA MOM | | Employer (See Instructions) |
| Date 3/25/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie Dole Contributor address; City; State; Zip Code 1600 Sagecrest SATX 78232 | Amount of contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Stay@ home | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1 | |
| 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 700.00 | |
| 5 Date 3/1/24 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Thompson | 8 Amount of Contribution \$ 700.00 | 9 In-kind contribution description Tshirts |
| 7 Contributor address; City; State; Zip Code 262 Donella SATX 78230 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Media Buyer | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) HTM | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|---|---|
| Date 3/15/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Cavazos | Amount of Contribution \$ 400.00 | In-kind contribution description facility rental |
| Contributor address; City; State; Zip Code 505 El Portal SATX 78232 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) self | | Employer (FOR NON-JUDICIAL) (See Instructions) self | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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: <u>1</u> |
| 2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Lisa Thompson</div> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan <div style="font-size: 1.2em; font-family: cursive;">11/3/2024</div> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">Lisa Thompson</div> | 9 Loan Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">1,000.00</div> |
| 6 Is lender a financial institution? <div style="font-size: 1.2em; font-family: cursive;">Y <input checked="" type="radio"/> N</div> | 8 Lender address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">262 Donella San Antonio TX 78232</div> | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">stay at home</div> | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |

| | | |
|--|---|---|
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? <div style="font-size: 1.2em; font-family: cursive;">Y N</div> | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| 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
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 | | 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/24/2024 | | 5 Payee name Norton-Lewis Printing | | | |
| 6 Amount (\$) 138.02 | | 7 Payee address; City; State; Zip Code 12106 Valliant SATX 78216 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Back Cards | | |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 11/31/2024 | | Payee name Norton-Lewis Printing | | | |
| Amount (\$) 1,016.50 | | Payee address; City; State; Zip Code 12106 Valliant SATX 78216 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Signs | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 3/18/24 | | Payee name Norton-Lewis | | | |
| Amount (\$) 650.00 | | Payee address; City; State; Zip Code 12106 Valliant SATX 78216 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | | Description Signs | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |

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 | | 2 FILER NAME Lisa Thompson | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3/14/2024 | | 5 Payee name Norton-Lewis | | | |
| 6 Amount (\$) 650.00 | | 7 Payee address; 12106 Valliant SATX 78246 | | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Ad Expense | | (b) Description signs | | |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 3/17/24 | | Payee name Home Depot | | | |
| Amount (\$) 20.41 | | Payee address; 1066 Central Parkway SATX 78232 | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | | Description zip ties for signs | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> 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 3/22/24 | | Payee name Texas Dem. Party | | | |
| Amount (\$) 515.00 | | Payee address; 314 E. Highland Blvd Austin, TX 78752 | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description VAN | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

| | | | |
|--|-------------------------------|--------------------------------|--|
| 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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | |
|---------------------------------|-------------------------------|---------------------------------------|
| 1 TOTAL PAGES SCHEDULE F4: 2 | 2 FILER NAME Lisa Thompson | 3 FILER ID (Ethics Commission Filers) |
|---------------------------------|-------------------------------|---------------------------------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|-------------------------|-------------------------------|
| 5 CREDIT CARD ISSUER | Name of financial institution |
|-------------------------|-------------------------------|

| | | | |
|-----------|---------------------------------|--|---|
| 6 PAYMENT | (a) Amount Charged \$ 138.02 | (b) Date Expenditure Charged 11/29/24 | (c) Date(s) Credit Card Issuer Paid 11/29/24 |
|-----------|---------------------------------|--|---|

| | | |
|---------|--------------------------------|---|
| 7 PAYEE | (a) Payee name Norton-Lewis | (b) Payee address; City, State, Zip Code 12106 Valliant SATX 78216 |
|---------|--------------------------------|---|

| | | |
|--|---|-------------------------------|
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) advertising | (b) Description Race cards |
| | (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 | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

| | | | |
|---------|---------------------------------|--|---|
| PAYMENT | (a) Amount Charged \$ 650.00 | (b) Date Expenditure Charged 3/8/24 | (c) Date(s) Credit Card Issuer Paid 3/8/24 |
|---------|---------------------------------|--|---|

| | | |
|-------|--------------------------------|---|
| PAYEE | (a) Payee name Norton Lewis | (b) Payee address; City, State, Zip Code 12106 Valliant SATX 78216 |
|-------|--------------------------------|---|

| | | |
|--|---|--------------------------|
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Ad Expense | (b) Description signs |
| | (c) <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 |
|--|-------------------------------|---------------|-------------|

| | | | |
|---------|---------------------------------|---|--|
| PAYMENT | (a) Amount Charged \$ 703.63 | (b) Date Expenditure Charged 3/14/24 | (c) Date(s) Credit Card Issuer Paid 3/14/24 |
|---------|---------------------------------|---|--|

| | | |
|-------|--------------------------------|---|
| PAYEE | (a) Payee name Norton Lewis | (b) Payee address; City, State, Zip Code 12106 Valliant SATX 78216 |
|-------|--------------------------------|---|

| | | |
|--|---|--------------------------|
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) ad expense | (b) Description signs |
| | (c) <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

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)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | |
|---|---|---|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME | 3 FILER ID (Ethics Commission Filers) |
| 2 | Lisa Thompson | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | |
| 5 CREDIT CARD ISSUER | Name of financial institution Bank of America | |
| 6 PAYMENT | (a) Amount Charged \$ 515.00 | (b) Date Expenditure Charged 3/22/24 |
| | (c) Date(s) Credit Card Issuer Paid 3/25/24 | |
| 7 PAYEE | (a) Payee name Texas Dem Party | (b) Payee address; City, State, Zip Code 314 E. Highland Blvd Austin, TX 78752 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description VAN |
| <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (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 | Candidate / Officeholder name | Office Sought Office Held |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged |
| | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (c) <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 |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged |
| | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (c) <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 |

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