CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS (MRS) / MR М OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX APT / SUITE #; 4 CANDIDATE/ ADDRESS / PO BOX; ZIE CODE **OFFICEHOLDER** 4/25/2024 onella MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER PHONE** Amount \$ Receipt # 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged STATE: STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Dav Month Year COVERED THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** 17Other Primary Runoff Month Day Year General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	154	Thompson	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)	1	* O
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$5,010.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
	4.	TOTAL POLITICAL EXPENDITURES		\$5,435.96
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS		\$ 64,772.50
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	1	\$1,310.00
		firm, under penalty of perjury, that the accompanying report is true reported by me under Title 15, Election Code.	e and co	rrect and includes all information
	Signature of Candidate or Officeholder			
		Please complete either option below	<i>r</i> :	
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed b	oefore me	by this the		day of
20, to certify w	vhich, witne	ss my hand and seal of office.		
Signature of officer administeri	ng oath	Printed name of officer administering oath		Title of officer administering oath
		OR.	74.5F	
(2) Unsworn Declaratio	n			
My name is	Th	nella , sunfatorio (street) , and my date of birth is		1815L, USFT
Executed in BUX	<u>r_</u> c	ounty, State of <u>LLXAS</u> , on the <u>J5</u> day of <u>(month)</u>	<u>'nl</u>	, 20 <u>24</u> . (year)
		Signature of Candid	24478 ate/Office	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	LISA Thompson	20 Filer ID (Ethics Co	ommission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5,010.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 30.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$1,310° 310.	, OC
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 5,435 .96	
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 27.80	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I; NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	
1			į.	

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 FILER NAME LISA THOMPSON			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor □ out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
3/26/24	6 Contributor address; City;		100.00	
cc	14711 Bold Ruser St	MX 78248		
8 Principal occup	pation / Job title (See Instructions) J At NOME MOM	9 Employer (See Instruc-	tions)	
Date		C (ID#:)	Amount of contribution (\$)	
21210124	TOM CUMMINS Contributor address; City;			
Slocion		State; Zip Code	100,00	
	5923 Woodridge SAT	x 78749		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
3/35/24	Doreen wells			
After	Contributor address; City;	State; Zip Code	J-00.00	
Filed	603 Stonewood SATT	(782/4		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Y ,	etired			
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
3/27/24	Karin Stanley			
cc	Contributor address; City;	State; Zip Code 7810) (1500)	50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	retired			
<i>*</i>				
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL F AS NEEDED				

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 FILER NAME	Lisa Thompson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3 30 24	6 Contributor address; City; State; Zip Code	100,00
CC Principal accu	17102 Fawn Eagle SATX 78248	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/27/24	Edward Michal Contributor address; City; State; Zip Code 5333 Bell Springs Dripping Springs, TX 78620	75.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/24/24	Contributor address; City; State; Zip Code 10615 Pemn Beltal SATX 78217	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
21 He 1 24	Contributor address; City; State; Zip Code 13510 Pueblo Crossing Shtx 78232	J00,00
	pation / Job title (See Instructions)	tions)
Su	bstitute teamer NEISD	
م		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED

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: \\[\begin{array}{c} \tag{D} \end{array}		
2 FILER NAME	Lisa Thompson	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
filed ce	CAME DOWE Contributor address; City; State; Zip Code WOO SUGCUEST SATX 78232 pation / Job title (See Instructions) 9 Employer (See Instructions)	900,00		
Date	Full name of contributor	Amount of contribution (\$)		
4/1124	Contributor address; City; State; Zip Code 12906 N. Hunters Circle SATX 78230	30.00		
	ation / Job title (See Instructions) Employer (See Instruct	ions)		
	retired			
Date	Full name of contributor	Amount of contribution (\$)		
412/24	Contributor address; City; State; Zip Code	100.50		
Principal occup	ation / Job title (See Instructions) SHTN 78216 Employer (See Instruct	ions)		
	at home mom	,		
Date	Full name of contributor	Amount of contribution (\$)		
419124	SUSUN GAUINGO Contributor address; City; State; Zip Code 579 Live DUK Jakenills TV 79063	50.00		
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)		
	retired			
<i></i>				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 FILER NAME	Lisa Thompson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
410/24	Sandra Hughey 6 Contributor address; City; State; Zip Code 3430 Hunters Stand SATX 78230	950, ov
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
<u> </u>	etirea	
Date	Full name of contributor	Amount of contribution (\$)
4/8/24	Contributor address; City; State; Zip Code	20.00
()	4738 countyrd. 5733 castroville, TX 79009	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
	retired	
Date	Full name of contributor	Amount of contribution (\$)
4/9/24	SMM Watter Contributor address; City; State; Zip Code	30.00
W	13402 Mayrolle SATX 78232	//0
Principal occup	Pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
4/11/24	SUY CO TOWNSEND Contributor address; City; State; Zip Code 15447 ROWN DADDE SATTE 76249	100,00
	nation / Job title (See Instructions) Employer (See Instructions)	ions)
<u>-</u> .par 2234	self-emologed	,
<i>r</i>		
	ATTACH ADDITIONAL CODICS OF THIS SCHEDULE AS N	renen

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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 FILER NAME	Lisa Thompson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/11/24	6 Contributor address; City; State; Zip Code	
· co	3185 Morning Creek 8hTX 78247	100,00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) SUSUM MCCLON	Amount of contribution (\$)
414/24	Contributor address; City; State; Zip Code	50 D
CC	321 Meadowbrook SATX 78232	30 20
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
. f }	Heather Karam	
4/12/24	Contributor address; City; State; Zip Code	500,00
Principal occur	8 VIUAGE FAIL SATX 78232 pation / Job title (See Instructions) Employer (See Instruct	tions)
, Oi	1 at home mom	uonay
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/11/24	SUTANNE DENSON Contributor address; City; State; Zip Code	90,00
· ,	123 Donella SATX 78232	
	ation / Job title (See Instructions) Employer (See Instruct	tions)
Y	etired	
		·

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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 FILER NAME	Lisa Thompson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
4/11/24	6 Contributor address; City; State; Zip Code	100,00
	215 El Cernto SATI 18232	
	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$\psi\$)
4117/34	PLXOV COUNTY Champins for Public Followst Contributor address; Champins for Public Followst City; State; Zip Code 500 MOSS MOUNT, SATX 782460	500,00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
4/13/24	Chris Dononey Contributor address; City; State; Zip Code 15114 Grayoak Forest SATX 7	$\mathcal{A}(0,0)$
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
4/14/24	Contributor address; City; State; Zip Code	50.00
	3006 King Maple SATX 78	230
Principal occup	ation / Job title (See Instructions) Employer (See I	nstructions)
2"		

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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 FILER NAME	Lisa Thompson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4114124	6 Contributor address; City; State; Zip Code	50.00
	12910 N Hunters Circle SATX 7	3336
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	City Moms
Date	Full name of contributor	Amount of contribution (\$)
4/14/24	Laura Horansky Contributor address; City; State; Zip Code	25.W
·	3402 Hunters Run SATX 78230	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/16/24	Mi Mulle Fuiz Deal Contributor address; City; State; Zip Code 16572 Canyon Cross SATX 78231	75.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
200 CO		
Date	Full name of contributor	Amount of contribution (\$)
4/17/24	Contributor address; Oity; State; Zip Code	<i>C</i> . 3
, , ,	13607 Liberth Day SATX 783	32 50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
100 (100 (100 (100 (100 (100 (100 (100		
7"		

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SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Lisa Thompson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC		7 Amount of contribution (\$)
4/17/24	6 Contributor address; City;	State; Zip Code	30,00
	legles Willow Oak	SATX 7824	9
8 Principal occu	pation / Job title (See Instructions) WWW MUSTU	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/17/24	Dawn White-Fo. Contributor address; City; 13702 Pebble Oak	SAICK State; Zip Code SATV 78231	30.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	on-Profit leader		
Date	Full name of contributor	ŧ.	Amount of contribution (\$)
417124	CONNU HEVNAND Contributor address; City;	State; Zip Code	50.00
_	122 Sherer Hill SATI	87846	
· ^ ·	nation / Job title (See Instructions)	Employer (See Instruct	fo Slunty
Date	Full name of contributorout-of-state_PAC		Amount of contribution (\$)
4/17/24	Terry Mazuca Contributor address; City;	State; Zip Code	50,00
	1214 Vista Del Juez	SATI 78216	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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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 FILER NAME	Lisa Thompson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
1640101	doyce Townsend		10 2 5
4/16/24	6 Contributor address; City;	State; Zip Code	100.00
	15662 Robin Ridge	SATX 78248)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	none		
Date		C (ID#:)	Amount of contribution (\$)
illialau	Mindi Altermar	1	`
4/19/24	Contributor address; City;	State; Zip Code	100.00
	411 Blutterest	SATX 78214	,
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	rut 11stca		
Date	Full name of contributor		Amount of contribution (\$)
Hadad	Mike Farringe	r	• • • • • • • • • • • • • • • • • • • •
4/21/24	Contributor address; City;	State; Zip Code	100,00
	13915 Hunters Hawk	SATX 7823)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
		MINICA	as Diamond
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
الممامير	Leticia Bresna	ahan	_
4/21/24	Contributor address; City;	State; Zip Code	200 , a
	7877 Broadway #1005	SATX 78269	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)
	retired		
-			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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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 FILER NAME	Lisa Thompson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAG	(ID#:)	7 Amount of contribution (\$)
4/22/24	Celeste Suntryo 6 Contributor address; City; 135 DONELLA SATX	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	aubstitute	NEISD	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/23/24	SWATE UVESO Contributor address; City;	State; Zip Code	
	13603 Wood Lane 9	319TX 78711	25,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
FI	nancial Advisor	Morgo	an Stanley
Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)
4/24/24	Bexay Champions for Pu contributor address; City; 500 MOSS MOUNT SATT		n 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
~	•		
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ii die requ	ested information is not applicable, DO NOT more	e uno page	in the report.			
Т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:			
2 FILER NAM	LISA Thompson		3 Filer ID (Ethics Commission Filers)			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date 4/2/2/ 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	Zip Code SP 23 11 Employe	8 Amount of Contribution \$ Check if travel outsi	9 In-kind contribution description TEXT PLUM SUVICE de of Texas. Complete Schedule T. AL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FÖR JUDICIAL)				
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	*				
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas, Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUI	DICIAL) (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)					
	,					
ı	ATTACH ADDITIONAL COPIES OF TI			roquirements		

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS Date of loan out-of-state PAC (ID#: 10 Interest rate Is lender a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 'none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: Interest rate Is lender Lender address: City: State: Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zîp Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) 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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	g Expense Travel Out Of District s/Wages/Contract Labor Other (enter a category not listed above) o complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/24	5 Payee name Darren Mentz	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
600.00	11405 WhisperValler	1 SATX 78230
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	consulting expens	e data
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/27/24		inting
Amount (\$)	Payee address;	City; State; Zip Code
941.68	17104 Valliant	SATX 78216
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Kd. Expense:	s rack cards \$ signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/28/24	Outdoor Ima	ge
Amount (\$)	Payee address;	State; Zip Code
348.71	3400 Rivergreen G	- VUILITA, GAT 30096
DUBBOSE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Ad. Expenses	Printing
	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
	ATTACH ADDITIONAL COPIES OF TH	S 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.							
NAME OF THE PROPERTY OF THE PR	EXPENDITURE CATEGORI	ES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir by Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense nies/Wages/Contract Labor t to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:		to complete time rount	3 Filer ID (Ethics Commission Filers)				
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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/Politica Credit Card Payment	Fee Foc y Gift al Committee Leg	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimburse Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La		urhead/Rental Expense pense xpense Vages/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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4 Date	5 Payee name	mo Mail	ison 1	n.	Activities to the second secon		
6 Amount (\$)	7 Payee addres	es;		City;	State; Zip Code		
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8	(a) Category (Se	e Categories listed at the top of this	s schedule)	(b) Description	William Annual and the State S		
PURPOSE OF EXPENDITURE	Ot	her		posta	9l		
	(c) Chec	k if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	Office held		
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Date	Payee name						
4/18/24	Pre	stige Pr	int	ing			
Amount (\$)	Payee addres	s;		Oity;	State; Zip Code		
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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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME	Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Distri Other (enter a categ	ct pory not listed above)
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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 Mad Candidate/Officeholder/Poli	Office C Polling e Printing Salaries	n Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense ng Expense Travel In District tries/Wages/Contract Labor Other (enter a category not listed above) USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			ent & Related Expense y not listed above)		
The Instruction	Guide explains how to co	omplete this form.	· · · · · · · · · · · · · · · · · · ·	USE A NE	W PAGE FOR E	EACH CREDIT CARE	DISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	801 TV	10mp	801	1	3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD	1			\$ 27.8	70
5 CREDIT CARD ISSUER	Name of financial institut	of Am	erico				·
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s)	Credit Card Issue	er Paid	
27.20	\$ 27.20	418	124	14	118/24) 	
7 PAYEE	(a) Payee name		(b) Payee ad		cit METTV	y, State, 1Pass St	Zip Code TX 78952
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories III	sted at the top of this sche	edute)	(b) Descrip	otion POSTO	ige	
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	\$						
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n			ice Sought		Office Held	
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDU	LE AS NEED	ED	

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