

# 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: 20

## OFFICE USE ONLY

Date Received

4/25/2024

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Lisa Thompson

A

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
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

NICKNAME

LAST

SUFFIX

Joseph Brandon Thompson

7 CAMPAIGN  
TREASURER  
ADDRESS

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

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

03/26/2024

THROUGH

04/25/2024

11 ELECTION

ELECTION DATE

Month

Day

Year

05/04/2024

☐ Primary

☐ Runoff

☒ Other

Description

☐ General

☐ Special

School board

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

NEISD, Trustee District 1

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

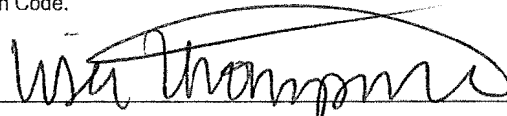
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> <u>Lisa Thompson</u>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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>5,010.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,435.96</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <u>in the bank</u>	\$ <u>4,722.50</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,310.00</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**

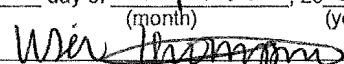
NOTARY STAMP / SEAL

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 [REDACTED].  
My address is 262 Donella, San Antonio Tx, 78222, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Bexar County, State of Texas, on the 25 day of April, 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	\$ 5,010.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 30.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,310.00 <i>total this period 310.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,435.96
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 27.20
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 10
2 FILER NAME Lisa Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/24 cc	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Ellis 6 Contributor address; City; State; Zip Code 14211 Bold River SATX 78248	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) stay at home mom		9 Employer (See Instructions)
Date 3/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Cummins Contributor address; City; State; Zip Code 5923 Woodridge SATX 78249	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) AFT
Date 3/25/24 After Report Filed	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doreen Wells Contributor address; City; State; Zip Code 603 Stonewood SATX 78214	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3/27/24 cc	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karin Stanley Contributor address; City; State; Zip Code 132 Green Brook Place Cibola TX 78101	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 3/30/24 cc	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karin Book 6 Contributor address; City; State; Zip Code 17102 Fawn Eagle SATX 78248	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) employed		9 Employer (See Instructions)
Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Michal Contributor address; City; State; Zip Code 5333 Bell Springs Dripping Springs, TX 78620	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NE AFT Contributor address; City; State; Zip Code 10615 Perrin Beitel SATX 78217	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/24 cc	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porenda Spradling Contributor address; City; State; Zip Code 13510 Pueblo Crossing SATX 78232	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Substitute teacher		Employer (See Instructions) NEISD
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <b>10</b>
2 FILER NAME <b>Lisa Thompson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/05/24</b> <i>After report filed cc</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carrie Dole</b> Contributor address; City; State; Zip Code <b>1600 Sagecrest SATX 78232</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/1/24</b> <i>cc</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelli'e Niederkrom</b> Contributor address; City; State; Zip Code <b>12906 N. Hunters Circle SATX 78230</b>	Amount of contribution (\$) <b>30.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>4/2/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angie Y</b> Contributor address; City; State; Zip Code <b>12223 Fairview SATX 78216</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>stay at home mom</b>		Employer (See Instructions)
Date <b>4/9/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Graiando</b> Contributor address; City; State; Zip Code <b>579 Live Oak Lakemills TX 78063</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 4/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandra Hughey 6 Contributor address; City; State; Zip Code 2430 Hunters Stand SATX 78230	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 4/8/24 cc	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Janice Andreoli Contributor address; City; State; Zip Code 9738 County Rd. 5723 Castroville, TX 78009	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/9/24 cc	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shirl Walter Contributor address; City; State; Zip Code 13402 Maypole SATX 78232	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/11/24 cc	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joyce Townsend Contributor address; City; State; Zip Code 15662 Robin Ridge SATX 78248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <b>10</b>
2 FILER NAME <b>Lisa Thompson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Comeaux</b>	7 Amount of contribution (\$)  <b>100.00</b>
<b>cc</b>	6 Contributor address; City; State; Zip Code <b>3185 Morning Creek SATX 78247</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/11/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan McClellan</b>	Amount of contribution (\$)  <b>50.00</b>
<b>cc</b>	Contributor address; City; State; Zip Code <b>381 Meadowbrook SATX 78232</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Heather Karam</b>	Amount of contribution (\$)  <b>500.00</b>
<b>cc</b>	Contributor address; City; State; Zip Code <b>8 Village Knoll SATX 78232</b>	
Principal occupation / Job title (See Instructions) <b>Stay at home mom</b>		Employer (See Instructions)
Date <b>4/11/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suzanne Benson</b>	Amount of contribution (\$)  <b>80.00</b>
	Contributor address; City; State; Zip Code <b>123 Donella SATX 78232</b>	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>10</b>
2 FILER NAME <b>Lisa Thompson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Heye</b> 6 Contributor address; City; State; Zip Code <b>215 El Centro SATX 78232</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions)
Date <b>4/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bexar County Champions for Public Education</b> Contributor address; City; State; Zip Code <b>500 Moss Mount, SATX 78260</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Dohoney</b> Contributor address; City; State; Zip Code <b>15114 Grayoak Forest SATX 78240</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>4/14/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peggy Peterson</b> Contributor address; City; State; Zip Code <b>3006 King Maple SATX 78230</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 4/14/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janelle Berger	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 12910 N Hunters Circle SATX 78230		
8 Principal occupation / Job title (See Instructions) Business Development		9 Employer (See Instructions) Alamo City Moms
Date 4/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Horansky	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3402 Hunters Run SATX 78230		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Ruiz Deal	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 16572 Canyon Cross SATX 78230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Sponberg	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 13607 Liberty Oak SATX 78232		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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 4/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Sandoval	7 Amount of contribution (\$) 30.00
6 Contributor address; City; State; Zip Code 12963 Willow Oak SATX 78249		
8 Principal occupation / Job title (See Instructions) Scrum Master		9 Employer (See Instructions) USAA
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn White-Fosdick	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code 13702 Pebble Oak SATX 78231		
Principal occupation / Job title (See Instructions) Non-Profit leader		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Hernandez	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 122 Sherer Hill SATX 78246		
Principal occupation / Job title (See Instructions) Contract Mgr.		Employer (See Instructions) Ingalls Info Security
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Mazuca	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1214 Vista Del Suez SATX 78206		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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 4/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Townsend	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 15662 Robin Ridge SATX 78248		
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindi Alterman	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 411 Bluffcrest SATX 78216		
Principal occupation / Job title (See Instructions) not listed		Employer (See Instructions)
Date 4/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Farringer	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13915 Hunters Hawk SATX 78230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Americus Diamond
Date 4/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia Bresnahan	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 7877 Broadway #1005 SATX 78209		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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 4/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celeste Santoyo	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 135 Donella SATX 78232		
8 Principal occupation / Job title (See Instructions) Substitute		9 Employer (See Instructions) NEISD
Date 4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie LIVESAY	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 13603 Woodlane SATX 78216		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Morgan Stanley
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar Champions for Public Education	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 500 MOSS MOUNT SATX 78260		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1

Lisa Thompson

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

§

☐ out-of-state PAC (ID#):

4/21/24

Claire Barnett

7 Contributor address; City; State; Zip Code

2922 meadow <sup>SATX 1872</sup> Thrush

30.00

Text Reach  
Service

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

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**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)

☐ out-of-state PAC (ID#;

Contributor address; City; State; Zip Code

In-kind contribution description

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

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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: <b>1</b>
2 FILER NAME <b>Lisa Thompson</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>310.00</b>
5 Date of loan <b>4/22/24</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Thompson</b>	9 Loan Amount (\$) <b>310.00</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>262 Donella SRTX 78232</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input 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? <b>Y</b> <b>N</b>	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: <b>4</b>		2 FILER NAME <b>Lisa Thompson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/26/24</b>		5 Payee name <b>Darren Meritz</b>			
6 Amount (\$) <b>600.00</b>		7 Payee address; City; State; Zip Code <b>11405 Whisper Valley SATX 78730</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting expense</b>		(b) Description <b>data</b>		
	(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 <b>3/27/24</b>		Payee name <b>Norton - Lewis Printing</b>			
Amount (\$) <b>941.68</b>		Payee address; City; State; Zip Code <b>12106 Valliant SATX 78216</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad. Expenses</b>		Description <b>rack cards &amp; signs</b>		
	<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 <b>3/28/24</b>		Payee name <b>Outdoor Image</b>			
Amount (\$) <b>348.71</b>		Payee address; City; State; Zip Code <b>3400 Rivergreen Ct Ste. 100 Duluth, GA 30096</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad. expenses</b>		Description <b>Printing</b>		
	<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: <b>4</b>		2 FILER NAME <b>Lisa Thompson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/8/24</b>		5 Payee name <b>Norton Lewis Printing</b>			
6 Amount (\$) <b>1,012.14</b>		7 Payee address; <b>12106 Valliant</b>		City; <b>SATX</b>	State; <b>78216</b> Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Ad. Expenses</b>		(b) Description <b>Printing</b>		
	(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 <b>4/8/24</b>		Payee name <b>USPS</b>			
Amount (\$) <b>27.20</b>		Payee address; <b>15610 Henderson Pass</b>		City; <b>SATX</b>	State; <b>78232</b> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Postage</b>		Description <b>Postage</b>		
	<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 <b>4/11/24</b>		Payee name <b>Norton Lewis</b>			
Amount (\$) <b>367.15</b>		Payee address; <b>12106 Valliant</b>		City; <b>SATX</b>	State; <b>78216</b> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad Expenses</b>		Description <b>Printing</b>		
	<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: <b>4</b>		2 FILER NAME <b>Lisa Thompson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/16/24</b>		5 Payee name <b>Alamo Mailing Co.</b>			
6 Amount (\$) <b>936.11</b>		7 Payee address; City; State; Zip Code <b>13114 Lookout SATX 78233</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>		(b) Description <b>postage</b>		
	(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 <b>4/16/24</b>		Payee name <b>Norton Lewis Printing</b>			
Amount (\$) <b>79.56</b>		Payee address; City; State; Zip Code <b>18106 Valliant SATX 78216</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Rack Cards</b>		
	<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 <b>4/18/24</b>		Payee name <b>Prestige Printing</b>			
Amount (\$) <b>847.60</b>		Payee address; City; State; Zip Code <b>8 Burwood Lane SATX 78216</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Mailer</b>		
	<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: <b>4</b>		2 FILER NAME <b>Lisa Thompson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/22/24</b>		5 Payee name <b>Norton Lewis</b>			
6 Amount (\$) <b>208.49</b>		7 Payee address; City; State; Zip Code <b>12106 Valliant SATX 78216</b>			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Ad Expense</b>		(b) Description <b>Signs</b>		
	(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		Candidate / Officeholder name			
Amount (\$)		Office sought			
Payee name		Office held			
Payee address;					
Category (See Categories listed at the top of this schedule)		Description			
Description					
<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		Candidate / Officeholder name			
Amount (\$)		Office sought			
Payee name		Office held			
Payee address;					
Category (See Categories listed at the top of this schedule)		Description			
Description					
<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		Candidate / Officeholder name			
Amount (\$)		Office sought			
Payee name		Office held			
Payee address;					
Category (See Categories listed at the top of this schedule)		Description			
Description					
<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					

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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	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: 1	2 FILER NAME Lisa Thompson	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 27.20
5 CREDIT CARD ISSUER	Name of financial institution Bank of America	
6 PAYMENT 27.20	(a) Amount Charged \$ 27.20	(b) Date Expenditure Charged 4/8/24
	(c) Date(s) Credit Card Issuer Paid 4/8/24	
7 PAYEE	(a) Payee name USPS	(b) Payee address; City, State, Zip Code 15610 Henderson Pass SATX 78232
8 PURPOSE OF EXPENDITURE  <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Postage	(b) Description Postage
	(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  <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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  <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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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