

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST <u>Tom</u> MI <u>N</u>	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX <u>THOMPSON</u>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3801 RANSOM AL</u> <u>SAN ANGELO, TX 76903</u>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(325) 226-4154</u>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>(SELF)</u>	Date Received 3/31/2021 via mail Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME LAST SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>(SAME)</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(SAME)</u>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> <u>30th day before election</u> <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 Month Day Year <u>FEB / 1 / 2021</u> THROUGH <u>APRIL / 1 / 2021</u>			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>5 / 1 / 2021</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <u>57MD2-CITY of SAN ANGELO</u> <u>COUSOR</u> 13 OFFICE SOUGHT (if known) <u>57MD2-</u>			
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.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input checked="" type="checkbox"/> GENERAL	<u>TREPAC</u>		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		<u>P.O. BOX 2246, AUSTIN, TX 78768-2246</u>		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Tom N. 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)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,500 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1165 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,335 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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 Tom N. Thompson, and my date of birth is [REDACTED]

My address is 3801 Ransom Rd, SAN ANGELO, TX, 76903, USA
(street) (city) (state) (zip code) (country)

Executed in Tom GREEN County, State of TEXAS, on the 27th day of MARCH, 20 21
(month) (year)

Tom N. Thompson
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Tom N. Thompson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,500⁰⁰</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1,000⁰⁰</i>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1165⁰⁰</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</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:
2 FILER NAME <i>Tom N. Thompson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>C. BECKER & N. BECKER</i>	7 Amount of contribution (\$) <i>400⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>20784 MUTE Rd 1775, Paint Rock, TX 76866</i>		
8 Principal occupation / Job title (See Instructions) <i>RANCHER</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>3/15/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILLIAM DENOLE</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>205 CLOVER DRIVE, SAN ANGELO, TX 76903</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions) <i>ANGELO ACCOUNT SUPPLY</i>
Date 3/15/2021 <i>3-15-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JH HAPJBC HOLDINGS</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>2524 CINDENWOOD SAN ANGELO TX 76904</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESS</i>		Employer (See Instructions) <i>N/A</i>
Date <i>3/16/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HOUSLEY COMMUNICATIONS</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 2899, SAN ANGELO, TX 76902</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESS</i>		Employer (See Instructions) <i>N/A</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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:
2 FILER NAME <i>Tom N. Thompson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/15/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LUCY GONZALES</i>	7 Amount of contribution (\$) <i>\$150.00</i>
6 Contributor address; City; State; Zip Code <i>1221 RITA CIRCLE SAN ANGELO, TX 76905</i>		
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>3/17/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN R. CHILDERS</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1300 DORRANCE Rd SAN ANGELO, TX 76904</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>3/17/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>REID STULTZ</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 3 CHRISTOWAY, TX 76935</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>3/26/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILLIAM KEVIN COLLINS</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>5610 GREY CHARLES COURT SAN ANGELO, TX 76904</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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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2 FILER NAME <i>Tom N. Thompson</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TACAPAC / TEXAS ASSOCIATION OF NEUROLOGISTS POLITICAL ACTION COMMITTEE</i>	7 Amount of contribution (\$) <i>\$ 2500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 2246, Austin, TX 76768-2246</i>		
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>

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)

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)

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:	
2 FILER NAME <i>Tom N. THOMPSON</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/5/2021</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALL ABOUT SIGNS</i>	8 Amount of Contribution \$ <i>\$1,000</i>	9 In-kind contribution description <i>YARD SIGNS & BANNERS</i>
7 Contributor address; City; State; Zip Code <i>P.O. BOX 62544, SAN ANGELO, TX 76906</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			

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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/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 FILER NAME <i>TOM N. THOMPSON</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/2021</i>	5 Payee name <i>ALL ABOUT SIGNS</i>		
6 Amount (\$) <i>\$1165⁰⁰</i>	7 Payee address; City; State; Zip Code <i>P.O. BOX 62544 SAN ANGELO, TX 76906</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		(b) Description <i>CAMPAIGN YARD SIGNS & BANNERS</i>
	(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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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