

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: 14								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Thomas "Tom"</div> <div>MI N</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Thompson</div> <div>SUFFIX</div> </div>	<div style="text-align: center; border: 1px solid black; padding: 2px; font-weight: bold;">OFFICE USE ONLY</div> <div style="padding: 5px;"> Date Received 04-03-2025 4:32 p.m. </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 3801 Ransom Rd.</div> <div>APT / SUITE #; CITY; San Angelo TX</div> <div>STATE; ZIP CODE 76903</div> </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (325)</div> <div>PHONE NUMBER 226-4154</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs.</div> <div>FIRST Julia</div> <div>MI W</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Antilley</div> <div>SUFFIX</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Date Processed</div> <div>Date Imaged</div> </div>									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 1204 Pinehurst Ct.</div> <div>APT / SUITE #; CITY; San Angelo TX</div> <div>STATE; ZIP CODE 76904</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (979)</div> <div>PHONE NUMBER 574-7564</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 16 / 25 </div> <div>THROUGH</div> <div> Month Day Year 4 / 3 / 25 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 3 / 25 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) SMD 2 - San Angelo City Council	13 OFFICE SOUGHT (if known) Mayor - San Angelo City Council									
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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>Thomas "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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>31,825</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,023.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>37,939.34</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,500.00

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.

Thomas "Tom" N. Thompson

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

My address is 3801 RANSOM AVE, San Angelo, TX, TX, 76903, USA.
(street) (city) (state) (zip code) (country)

Executed in Tom Green County, State of TEXAS, on the 3 day of April, 20 25.
(month) (year)

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Thomas "Tom" N. Thompson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,825
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 12,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,023.19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 8
2 FILER NAME Thomas "Tom" N. Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Lorenzo & Leslie Lasater 6 Contributor address; City; State; Zip Code 4706 Shadow Creek Dr. San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) Company Printing
Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Randy & Susan Brooks Contributor address; City; State; Zip Code 5401 Woodbine Ln. San Angelo, TX 76904	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 02/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Matt & Charlotte Lewis Contributor address; City; State; Zip Code 6557 Spy Glass Dr. San Angelo, TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) San Angelo Area Foundation
Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Kendall Hirschfeld Contributor address; City; State; Zip Code 1414 Paseo De Vaca San Angelo, TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
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**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: 8
2 FILER NAME Thomas "Tom" N. Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) David Hirschfeld 6 Contributor address; City; State; Zip Code 1414 Paseo De Vaca San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Steve Eustis Contributor address; City; State; Zip Code 1207 S. Bryant Blvd. Ste. A San Angelo, TX 76903	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Steve Eustis Co. Realtors
Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Kandi Pool Contributor address; City; State; Zip Code 2211 W. Beauregard San Angelo, TX 76901	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Teri Jackson Realtors
Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Mary Ellisor Contributor address; City; State; Zip Code 5313 Lawndale Dr. San Angelo, TX 76903	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
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**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:

8

2 FILER NAME

Thomas "Tom" N. Thompson

3 Filer ID (Ethics Commission Filers)**4** Date

03/24/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

Lucynda Garcia

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

San Angelo, TX 76903

8 Principal occupation / Job title (See Instructions)

Hairdresser

9 Employer (See Instructions)

Self Employed

Date

03/24/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Brenda Lapier

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

213 Lipan Dr. San Angelo, TX 76903

Principal occupation / Job title (See Instructions)

Hairdresser

Employer (See Instructions)

Self Employed

Date

03/24/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Charles Young

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2741 Palo Duro Dr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Financial Advisor

Employer (See Instructions)

Date

03/26/2025

Full name of contributor

out-of-state PAC (ID#: _____)

John Childers

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1300 Dorrance Rd. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Bank of San Angelo

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**

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: 8
2 FILER NAME Thomas "Tom" N. Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Brian May 6 Contributor address; City; State; Zip Code 6039 Ranch Ln. San Angelo, TX 76904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Zane Willard Contributor address; City; State; Zip Code 5390 Christoval Rd. San Angelo, TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date 03/27/2025	Full name of contributor out-of-state PAC (ID#: _____) TREPAC Texas Realtors PAC Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 03/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Jim Bob Harris Contributor address; City; State; Zip Code 6408 Spyglass Dr. San Angelo, TX 76904	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

Thomas "Tom" N. Thompson

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

Jimmy Barton

6 Contributor address; City; State; Zip Code

500.00

P.O. Box 61310 San Angelo, TX 76906

8 Principal occupation / Job title (See Instructions)

9	Employer (See Instructions)
---	-----------------------------

Businessman

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Justin Jonas

Contributor address; City; State; Zip Code

500.00

12081 W. FM 2335 Christoval, TX 76935

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Executive Director

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Danny Kiser

Contributor address; City; State; Zip Code

500.00

3220 Houston Harte Expy. San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

Self Employed

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Robert Poulson

Contributor address; City; State; Zip Code

100.00

1489 Butler Dr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Insurance Agent

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 8
2 FILER NAME Thomas "Tom" N. Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) James Hadley 6 Contributor address; City; State; Zip Code 3110 Palo Duro San Angelo, TX 76904	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Bill & Marilyn Stovell Contributor address; City; State; Zip Code P.O. Box 942 Friona, TX 79035	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Cliff Caldwell Contributor address; City; State; Zip Code 10403 US HWY 87 N. Sterling City, TX 76951	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Jack & Becky Stewart Contributor address; City; State; Zip Code 5402 Fairway Dr. San Angelo, TX 76904	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
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

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: 8
2 FILER NAME Thomas N. Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vic & Cathy Choate <hr/> 6 Contributor address; City; State; Zip Code 5601 Cross Creek Ct. San Angelo, TX 76904	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Cattle Trader		9 Employer (See Instructions) self
Date 4/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve & Pollyanna Stephens <hr/> Contributor address; City; State; Zip Code 3471 Knickerbocker Rd Ste 312 San Angelo TX 76904	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Pfluger <hr/> Contributor address; City; State; Zip Code 1513 S Madison San Angelo TX 76902	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self
Date 4/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Pfluger <hr/> Contributor address; City; State; Zip Code 1513 S. Madison San Angelo TX 76902	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self
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: 1
2 FILER NAME Thomas N. Thompson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 12,500.00
5 Date of loan 02/21/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas N. Thompson	9 Loan Amount (\$) 12,500.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 3801 Ransom Rd. San Angelo TX 76903	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Sales		13 Employer (See Instructions) Bimeda Animal Health
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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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 Tom N. Thompson		3 Filer ID (Ethics Commission Filers)	
4 Date 02/20/2025		5 Payee name Shotgun Willy Enterprises, LLC			
6 Amount (\$) 3,924.06		7 Payee address; 3602 High Meadow Dr.		City; San Angelo	State; TX Zip Code 76904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signage		
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/04/2025		Payee name Deluxe Checks			
Amount (\$) 30.00		Payee address; 801 S. Marquette Ave.		City; Minneapolis	State; MN Zip Code 55402
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Checks		
	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					
Date 03/25/2025		Payee name Shotgun Willy Enterprises, LLC			
Amount (\$) 2,219.13		Payee address; 3602 High Meadow Dr.		City; San Angelo	State; TX Zip Code 76904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signage		
	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 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 Thomas N. Thompson		3 Filer ID (Ethics Commission Filers)	
4 Date 03/25/2025		5 Payee name Seth Life, LLC			
6 Amount (\$) 600.00		7 Payee address; 12 E. Twohig Ave.		City; San Angelo	State; TX Zip Code 76903
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Design		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/25/2025		Payee name McLaughlin Advertising			
Amount (\$) 1,250.00		Payee address; 115 S. Park St.		City; San Angelo	State; TX Zip Code 76901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Retainer Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY 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		
	Check if travel outside of Texas. Complete Schedule T. 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