

FORM C/OH  
COVER SHEET PG 1

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**15 C/OH NAME**

Thomas "Tom" N. 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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,700.00

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 15,260.75

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 31,378.59

**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 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 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 Imperial County, State of TEXAS, on the 24 day of April, 20 25.  
(month) (year)

*Thomas 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	\$ 8,700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,260.75
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: <b>4</b>
2 FILER NAME <b>Thomas "Tom" N. Thompson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/04/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Reid &amp; Kelly Stultz</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 3 Christoval, TX 76935</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Banker</b>		9 Employer (See Instructions) <b>Bank of San Angelo</b>
Date <b>04/04/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mason &amp; Lindsey McGuire</b> Contributor address; City; State; Zip Code <b>3337 Trinity Ave. San Angelo, TX 76904</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>Livestock Director</b>		Employer (See Instructions) <b>SASSRA</b>
Date <b>04/04/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Fred Key</b> Contributor address; City; State; Zip Code <b>2632 Vista Del Arroyo San Angelo, TX 76904</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Media Company Owner</b>		Employer (See Instructions) <b>Foster Communications</b>
Date <b>04/07/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>George Randall</b> Contributor address; City; State; Zip Code <b>801 W. Ave. N San Angelo, TX 76903</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Randall Motors</b>
<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**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: 4
2 FILER NAME Thomas "Tom" N. Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) David & Angel Christian 6 Contributor address; City; State; Zip Code 10200 S. Blessen Rd. Amarillo, TX 79119	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self
Date 04/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Stan Meador Contributor address; City; State; Zip Code 4922 Mariner Terr. San Angelo, TX 76903	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Pacifico
Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: _____) John Mark McLaughlin Contributor address; City; State; Zip Code P.O. Box 1170 San Angelo, TX 76902	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#: _____) John David Fields Contributor address; City; State; Zip Code P.O. Box 61010 San Angelo, TX 76906	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Ranger Aviation
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: <b>4</b>
2 FILER NAME <b>Thomas "Tom" N. Thompson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/17/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Owen "Bubba" Harrison</b> 6 Contributor address; City; State; Zip Code <b>2200 Douglas San Angelo, TX 76904</b>	7 Amount of contribution (\$) <b>300.00</b>
8 Principal occupation / Job title (See Instructions) <b>Harrison Roofing</b>		9 Employer (See Instructions)
Date <b>04/17/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Wendall Hirschfeld</b> Contributor address; City; State; Zip Code <b>2006 Valleyview San Angelo, TX 76904</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Businessman</b>		Employer (See Instructions)
Date <b>04/19/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rocky Templin</b> Contributor address; City; State; Zip Code <b>3845 Lake Ridge San Angelo, TX 76904</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Developer</b>		Employer (See Instructions)
Date <b>04/19/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Louis &amp; Barbara Hall</b> Contributor address; City; State; Zip Code <b>1501 Barbara Ave. San Angelo, TX 76904</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Salesman</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**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: <span style="font-size: 1.5em;">4</span>
2 FILER NAME <b>Thomas "Tom" N. Thompson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/19/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Freeman Pickett III</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 60245 San Angelo, TX 76906</b>	7 Amount of contribution (\$)  <span style="font-size: 2em;">2,500.00</span>
8 Principal occupation / Job title (See Instructions) <b>Developer</b>		9 Employer (See Instructions)
Date <b>04/22/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kevin &amp; Kim Collins</b> Contributor address; City; State; Zip Code <b>5610 Grey Charles Ct. San Angelo, TX 76904</b>	Amount of contribution (\$)  <span style="font-size: 2em;">500.00</span>
Principal occupation / Job title (See Instructions) <b>Developer</b>		Employer (See Instructions)
Date <b>04/24/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mort Mertz</b> Contributor address; City; State; Zip Code <b>2618 Parkview Dr. San Angelo, TX 76904</b>	Amount of contribution (\$)  <span style="font-size: 2em;">500.00</span>
Principal occupation / Job title (See Instructions) <b>Rancher - retired</b>		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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.		

# 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>1</b>		2 FILER NAME <b>Thomas "Tom" N. Thompson</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/08/2025</b>		5 Payee name <b>McLaughlin Advertising</b>			
6 Amount (\$) <b>10,828.99</b>		7 Payee address; <b>115 Park St.</b>		City; <b>San Angelo, TX</b>	State; <b>TX</b> Zip Code <b>76901</b>
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Political Advertising</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>04/14/2025</b>		Payee name <b>Shotgun Willy Enterprises, LLC</b>			
Amount (\$) <b>4,431.76</b>		Payee address; <b>3602 High Meadow Dr.</b>		City; <b>San Angelo, TX</b>	State; <b>TX</b> Zip Code <b>76904</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Signs</b>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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