CANDIDAT CAMPAIGI	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:				
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR	FIRST David	MI E	OFFICE USE ONLY			
NAME	NICKNAME	LAST Thompson	SUFFIX	2/26/2024			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; PO Box 181 E	APT / SUITE #; Bonham, Texas 7:	Theki Miller				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 965-3218	EXTENSION	Pate/Hand-deliyered or Date Post/Narked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr NICKNAME	FIRST David LAST	MI E SUFFIX	Date Processed			
		Thompson		2/24/2024			
7 CAMPAIGN TREASURER ADDRESS		no po box please); apt Bonham, Texas		STATE; ZIP CODE			
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	(903)	PHONE NUMBER 965-3218	EXTENSION				
9 REPORT TYPE	January 15	30th day befo	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 2	Day Year / 7 / 24	Monti	h Day Year / 26 / 24			
11 ELECTION	ELECTION DA		THROUGH Z				
W ELECTION	Month Day	Year Prima	ary Runoff Other				
	,		Description Pral Special	1			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KING Constable, PCT				
14 NOTICE FROM POLITICAL	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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
Additional Fages	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2							

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15 C/OH NAME David Thompson	Fifer ID (Ethic	r ID (Ethics Commission Filers)			
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	EES OF LOANS)	\$	C	
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	C		
	4. TOTAL POLITICAL EXPENDITURES	\$	1,177.38		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT AINED AS OF THE LAST DAY				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	E \$	1,000.00		
	Please complete either of		late or Office	holder	
(1) Affidavit NOTARY STAMP/SEA	Please complete either o		late or Office	holder	
	Please complete either o				
NOTARY STAMP/SEA	Please complete either o	ption below:			
NOTARY STAMP/SEA	Please complete either on the complete either either on the complete either either on the complete either	ption below:	day o		
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administer	Please complete either op L before me by which, witness my hand and seal of office. Printed name of officer administering oa	ption below:	day o	f	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administer (2) Unsworn Declaration	Please complete either of the plant of the p	ption below: this the	day o	f	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administer (2) Unsworn Declaration My name is	Please complete either op L before me by	this theth	day o	f	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administer (2) Unsworn Declaration My name is	Please complete either op L before me by	this theth	day of Title of of 5/05/1972`75418	officer administering oa	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	Please complete either op before me by	this theth	Title of c 6/05/1972` 75418 (zip code 20 ²⁴	officer administering oa	

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SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) **David Thompson** 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE AMOUNT 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 4 SCHEDULE E: LOANS \$ 250.35 5. \$ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 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 \$ 927.03 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 S TO FILER

3 of 18

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Fravel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: David Thompson 4 Date 5 Payee name 02/16/2024 United States Postal Service 6 Amount (\$) 7 Payee address: City; State: Zip Code 300 N. Center Bonham, Texas 75418 250.35 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Political Advertisement Postcard Mailing **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH David Thompson Constable Pct 1 Payee name Date Amount (\$) City; State; Zip Code Pavee address: Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Carididate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Credi 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 G:	2 FILER NAME David Thompson	3	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name							
02/16/2024	United States Postal Service							
6 Amount (\$) 696.49 Reimbursement from political contributions intended	7 Payee address; 300 N Center Bonham, Texas 75418	City;	State;	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Advertisement	(b) Description Postcards M	Mailing					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name David Thompson	Office sought Constable Pct 1	None	fice held				
Date 02/06/2024	Payee name DISCOUNTMUGS.com							
Amount (\$) 140.64 Reimbursement from political contributions intended	Payee address; 126 NW 115 Ave Medley, FL	City; 33178	State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Advertisment	Pens						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder riame DH David Thompson	Office sought Constable Pct 1		fice held				
Date 02/08/2024	Payee name Fix N Feed							
Amount (\$) 89.90 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2301 Fix N Feed Dr Bonham, Texas 75418							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Supplies	Description T post						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name David Thompson C	Office sought Constable Pct. 1		fice held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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