CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	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	Thompson	SUFFIX	215/2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO BOX 181	BONHAM, TEXA	CITY; STATE; ZIP CODE IS 75418	9:15AM Vieli Milla	
Change of Address				0.000	
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	965-3218	EXTENSION	Pate Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Amount #	
NAME	Mr	David	E	Dale Protessed	
	NICKNAME	Thompson	SUFFIX	Date Imaged	
7 CAMPAICN	STREET ADDRESS (N	O PO BOX PLEASE); APT / S	UITE #: CITY;	STATE; ZIP CODE	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		1 BONHAM, TEXA		divie, al code	
8 CAMPAIGN TREASURER PHONE	(903)	965-3218	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before el	[]	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1	1 / 24	THROUGH 2	/ 5 / 24	
11 ELECTION	Month Day 3 / 5 /	Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Constable, PCT	•	
14 NOTICE FROM POLITICAL COMMITTEE(S)	POLÍTICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLI CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENI				
OOMMITTEE(O)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME DAVID THOMPSON				16	Filer ID (Ethio	cs Commission Filers)
17 CONTRIBUTION TOTALS	PLEDO	UNITEMIZED POLITICA GES, LOANS, OR GUARA RIBUTIONS MADE ELEC		ER THAN	\$	0.00
		POLITICAL CONTRIEST THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF	LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL	L EXPENDITURE.		\$	0.00
	4. TOTAL	L POLITICAL EXPENDI	TURES		\$	2,581.24
CONTRIBUTION BALANCE		POLITICAL CONTRIBUT PORTING PERIOD	IONS MAINTAINED AS OF	THE LAST DA	\$ s	303.13
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF DAY OF THE REPORTING	ALL OUTSTANDING LOAD PERIOD	NS AS OF THE	\$	1,000.00
18 SIGNATURE I	swear, or affirm, un	der penalty of perjury, th	nat the accompanying rep	ort is true and	d correct and	I includes all information
re	quired to be reported	d by me under Title 15, E	lection Code.	7	1	
			4	1		
			Signatu	re of Candid	ate or Office	holder
			3			
		Please comp	lete either option	below:		
Please complete either option below:						
(A) A 677 1 14						
(1) Affidavit						
NOTARY STAMP/SEA	AL.					
Sworn to and subscribed	before me by			this the	day d	of,
20, to certify	which, witness my l	hand and seal of office.				
Signature of officer administ	ering oath	Printed name of offi	cer administering oath		Title of	officer administering oath
			OR			
(2) Unsworn Declarat						
My name is	Avril T	homason	, and my date o	of birth is	06-0	5-72
My address is	. Box 18	1	, Bowhan	~ . 7K	, 754	18, FANNI
	(st	reet)	(city)	(state) (zip cod	e) (country)
My name is	County,	State of 7 PYAY	, on the (111 day o	of Feb (month)	, 20	ear)
				Jan.	Ihr	
			Signature	of Candidate/	Officeholder	(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	19 FILER NAME 20 Filer ID (Ethics C			on Filers)
DAV	ID THOMPSON			
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			2,581.24
10.	0. 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			

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.

	The instruction duide explains now to t	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME David Thompson		3 Filer ID (Ethic	s Commission Filers)
4 Date 01/04/2024	5 Payee name Printrunner			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
696.87	8000 Haskel Ave Van Nuys, CA 9140	06		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Printing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	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 <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	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 Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	10.10.10.10.10.10.10.10.10.10.10.10.10.1	Office held

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME David Thompson	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	·		
01/18/2024	Home Depot			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
155.31 Reimbursement from political contributions intended	Sherman, Texas			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Ad Supplies	Wood		
	(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	Payee name			
01/15/2024	First Graphic Services			
Amount (\$)	Payee address;	City;	State; Zip Code	
2,074.56 Reimbursement from political contributions intended	229 Garvon St Garland, TX 75040			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Political Signs		
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office expenditure to benefit C/OH			
Date	Payee name			
01/17/2024	Fix N Feed			
Amount (\$)	Payee address;	City;	State; Zip Code	
210.73 Reimbursement from political contributions intended	2301 Fix N Feed Dr Bonham, Tx 75418			
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	advertising supplies	t-post		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
1				