## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this forr		r ID (Ethics Comm	ission Filers)	2 Total pages fil	ed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / (MR	FIRST 65/, c		M Da	v,d	OFFICE FILED FO	USE ONLY	
IAVIAIT	NICKNAME	Thomas	<b>,</b>	S	UFFIX	Februs	45,202	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					AT		
ADDRESS Change of Address	200 CR3	42	Coahowa	TX 7	9511	Juni	Undinsor	
5 CANDIDATE/ OFFICEHOLDER PHONE	(432 )	268-3619		EXTENSION		Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS /MB	Leske Leske		Par	, d	Date Processed		
, w	NICKNAME	Thomas		S	UFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); A		CITY;		STATE;	ZIP CODE	
(Residence or Business)	200 CR	342		loa ho mh		7x	79511	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION							
7110112	(7)%)	268-3619					- 5	
9 REPORT TYPE	January 15	30th day b	efore election	Runoff		15th day al treasurer a (Officeholde		
	July 15	8th day bet	fore election	Exceede Reporting	d Modified g Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year			Month	Day Yea	_	
	01 /	01 /2024	THI	ROUGH	01 /	31 /20	24	
11 ELECTION	ELECTION DA				CTION TYPE		- 1	
	Month Day	Year			Other Description			
	03/05/	2024	eneral	Special			pland 12.	
12 OFFICE	OFFICE HELD (if any)	•		County		issioner F	nt 3	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					· į	
Additional Pages	GENERAL	COMMITTEE ADDRESS	<del> </del>				,	
	SPECIFIC	COMMITTEE CAMPAIG	N TREASURER N	AME .				
		COMMITTEE CAMPAIC	ON TREASURER	ADDRESS				
	1							
		GO	TO PAGE	2			• \$	

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Ma	olitical Committee Legal Se			Expense /Wages/Contrac	t Labor Other (e	•	/ not listed above)	
	on Guide explains how to			USE A NEW	PAGE FOR EACH C	<del></del>		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME.	: Thoma	5		3 FILE	R ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEMIZED E	EXPENDITURES CHARGED TO				\$			
5 CREDIT CARD	Name of financial institution			··· · · · · · · · · · · · · · · · · ·				
ISSUER	Captial One							
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Ch							
	\$ 67 68 1-15-		24 2-15-		5-24 City,	-24		
7 PAYEE	(a) Payee name		(b) Payee ad	,		State,	Zip Code	
	Pen Eupress	online						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories	dule)	(b) Description					
Political	Pens							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp				expense			
9 Complete ONLY if direct expenditure to benefit C/OH				ffice Sought Office Held				
expenditure to benefit C/On	Lyshe Thomas Borden Lounty Lommission Pet3							
PAYMENT	(a) Amount Charged (b) Date Expenditure Char			(c) Date(s) Cr	edit Card Issuer Paid			
	\$							
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description				
Political Non-Political	(c) Check if travel o	utside of Texas. Complet	te Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Off			fice Sought		Office Held		
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit Card Issuer Paid				
	s							
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			(b) Description				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Off			fice Sought Office Held				
	ATTACH ADD	ITIONAL COPIE	S OF THIS	SCHEDULI	E AS NEEDED			
					<b></b>			

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	Leste Thomas	20 Filer ID (Ethics Com	nmiss	ion Filers)
21		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	6768
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	le Thomas		16 Filer ID (I	Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN			s 0		
	2. TOTAL POLITICAL CONTRIL (OTHER THAN PLEDGES, LOAD	BUTIONS NS, OR GUARANTEES OF LOAN	15)	0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$	0		
	4. TOTAL POLITICAL EXPEND	ITURES	\$	67.68		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE I	LAST DAY \$	0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS G PERIOD	S OF THE \$	<i>D</i> :		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, t	hat the accompanying report is	true and correct	and includes all information		
	quired to be reported by me under Title 15, E	_		~ .		
		Tu /M_				
		Signature of	Candidate or Of	fficeholder		
		Signature of	Carrollate of O	mognojaci		
	Dlasea comp	lete either option bel	ow.			
	Flease Comp	ioto citilei option bei	~ · · ·	oberge i		
( ( ) My	Shewnes Gass complisation Repires 18/14/2027 aty 18611836896	_	r. H	· · · · · · · · · · · · · · · · · · ·		
Sworn to and subscribed	before me by Leslie	homas this t	he $\underline{\mathcal{J}}$ da	ay of <i>February</i> ,		
	which, witness my hand and seal of office.	0	1	y of February.		
Thaw	ed Dan Mai	una Gass	Count	y reasona		
Signature of officer administe	ering oath Printed name of off	icer administering oath	Title	f officer administering oath		
		OR				
(2) Unsworn Declarati	on					
My name is		, and my date of birth	h is			
My address is						
	(street)	(city)	(state) (zip	code) (country)		
Executed in	County, State of		2	.0 .		
2.000.00	County; Claid of	(me	onth)	(year)		
		Signature of Ca	ndidate/Officehole	der (Declarant)		