CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. М 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME 出 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address CANDIDATE/ Date Ha **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN М **TREASURER** Date Processed NAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE) STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Runoff Other Month Description 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME N	y DONALD THAMES JR 1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION / TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,692.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ O
(1) Affidavit	Please complete either option below:	didate or Officeholder
20 to certify Signature of officer administe	which, witness my hand and seal of office. Out out Julia Sauceda ring oath Printed name of officer administering oath OR	day of November, Deputy Clerk Title of officer administering oath
(2) Unsworn Declaration	on	
My name is	, and my date of birth is _	
My address is		,
	(street) (city) (sta	ate) (zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candidat	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	P FILER NAME 20 Filer ID (Ethics Comm						
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	a .	\$	0			
4.	SCHEDULE E: LOANS		\$	0			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	u e	\$	0			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$	\mathcal{O}			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	-	\$ 6	2,692			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	UNDS	\$	0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	UTIONS RETURNED	\$	0			

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Political	
The Instruction	Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME GUY DOWALD MAMES TR 3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXI	Senditures charged to a credit card \$992.85
5 CREDIT CARD ISSUER	Name of financial institution ChAse BANK
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$\frac{476.00}{2} = \frac{8-2024}{2} \qquad \frac{4-1-2024}{2}
7 PAYEE	(a) Payee name (b) Payee address; City, State, Zip Code U. S. POSTAL SERVICE 201 S. BETTY AVE MONAHANS, TX 9356
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) ADVERHISING EXPENSE (b) Description FLYENS MAILES OUT
Non-Political	(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 / Office holder name Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 476.00 (b) Date Expenditure Charged \$ 476.00 \$ 476.00
	, ,,,
PAYEE	(a) Payee name (b) Payee address; City, State, Zip Code 1.5. ASAU SERVICE 2015. BEHY AVE MANAHANS, TX79756
PURPOSE OF EXPENDITURE Political	
PURPOSE OF EXPENDITURE	(a) Payee name (b) Payee address; City, State, Zip Code 1.5. ASAL SERVICE (a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE Political	(a) Payee name (b) Payee address; City, State, Zip Code 1.5. ASAN SERVICE (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Payee address; City, State, Zip Code (b) Description (b) Description ADVERTISING EXPENSE PLYENS MAILES OUT
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Payee name (b) Payee address; City, State, Zip Code 1. S. ASAL SERVICE (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description PLYENS MAILED OUT (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Payee name (b) Payee address; City, State, Zip Code 1. S. ASAL SERVICE (a) Category (See Categories listed at the top of this schedule) (b) Description ADVERTISING EXPENSE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE Political	(a) Payee name (b) Payee address; City, State, Zip Code 1. S. ASSALSERVICE (a) Category (See Categories listed at the top of this schedule) (b) Description ADVERSING EXPENSE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$40.85 ACE HARDWARE (b) Payee address; City, State, Zip Code P. D. BOX 10 90 MWAHANS TX 79756 (a) Category (See Categories listed at the top of this schedule) ADVERSING EXPENSE (b) Description SUPLISE SUPLISE SUPLISE SUPLISE SuppliseS
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE Political Non-Political	(a) Payee name (b) Payee address; City, State, Zip Code 1. S. ADSHL SERVICE 20 S. BEHLY AVE MONAHANS, TX79 756 (a) Category (see Categories listed at the top of this schedule) (b) Description 1. S. ADSHL SERVICE 20 S. BEHLY AVE MONAHANS, TX79 756 (b) Description 21 Check if Lavel outside of Texas. Complete Schedule T. (c) Check if travel outside of Texas. Complete Schedule T. (d) Description Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held (e) Date(s) Credit Card Issuer Paid SHOWN State, Zip Code ACE HANDWARE (b) Payee address; City, State, Zip Code Check if Austin, TX, officeholder living expense (b) Description ADVENTS IN EXPENSE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE Political	(a) Payee name (b) Payee address; City, State, Zip Code 1. S. ASSALSERVICE (a) Category (See Categories listed at the top of this schedule) (b) Description ADVERSING EXPENSE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$40.85 ACE HARDWARE (b) Payee address; City, State, Zip Code P. D. BOX 10 90 MWAHANS TX 79756 (a) Category (See Categories listed at the top of this schedule) ADVERSING EXPENSE (b) Description SUPLISE SUPLISE SUPLISE SUPLISE SuppliseS

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 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)

Contributions/Donations Made		s/Memorials Expense	Printing E	xpense	Travel Out Of District
Candidate/Officeholder/Politi				Vages/Contract Lab	
-	Guide explains how to co	mplete this form.		USE A NEW PAG	GE FOR EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	G MY DON	ALD THA	mes:	TR	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP					s66,49
5 CREDIT CARD ISSUER	Name of financial institut	BANK	<u> </u>		,
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit	Card Issuer Paid
*	\$14.93	2-19-		4-1	1-2024
7 PAYEE	ACC HARDWA	ne	(b) Payee add		City, State, Zip Code MONAHANS, TX 79756
8 PURPOSE OF	(a) Category (See Categories lis	sted at the top of this sched		(b) Description	
EXPENDITURE Political	ADVERTISINE	EXPens	e	Suppli	es
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.	Che	eck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder i	name //	Offic	ce Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit	Card Issuer Paid
	\$/0,71	4-2-2	24	5.	-3-2024
PAYEE	(a) Payee name ACE HARDWA	re	(b) Payee add		City, State, Zip Code WAhAn 5, TX 99756
PURPOSE OF	(a) Category (See Categories lis	sted at the top of this sched		(b) Description	
Political	Advertisin6	Expense		SUPPL	ies
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.	Ch	eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder i	name WA	Offic	ce Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit	Card Issuer Paid
	\$40.85	4-2-20	24	5	3-7024
PAYEE	(a) Payee name		(b) Payee add		City, State, Zip Code
	ACEHAROWA	re	P.O. BU	X 1090 1	nowahans, TX 79756
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sched	ule)	(b) Description	1/100
Political	ADVER5116	tollne	e	5UPP	425
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		heck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name M	Offic	e Sought	Office Held

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol The Instruction	de By Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above) EACH CREDIT CARD ISSUER
		OUL A NEW TAGE TON	
SCHEDULE F4:	2 FILER NAME BUY DONALD THA	mes JR	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EX	(PENDITURES CHARGED TO A CREDIT CARD		59a.44
5 CREDIT CARD ISSUER	Name of financial institution Ch ASE BANK		•
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Cha	arged (c) Date(s) Credit Card Issu	uer Paid
	521.51 4-3-202	34 5-3-2	024
7 PAYEE		ayee address;	ty, State, Zip Code HANS.TX 19756
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description Supplies	
Non-Political	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged (b) Date Expenditure Charges (3 -10 - 20 2	arged (c) Date(s) Credit Card Issu	uer Paid
PAYEE	(a) Payee name ACE HARDWARE P. 1	ayee address; C	ity, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) ADVINISING EXPENSE	(b) Description Supplie	?5
Non-Political	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged 4-12-20 2	arged (c) Date(s) Credit Card Issue $\mathcal{Y} = 3 - 3$	
PAYEE	1 - 1/11 11 1	ayee address; Ci	hans, TX 79756
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVIALS ING EXPLOSE (c) Check if travel outside of Texas. Complete Sched	(b) Description Supplies Supplies	istin, 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 NEE	DED

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Po	olitical Committee Legal Serv		Salaries	Wages/Contrac	ct Labor (Travel Out Of District Other (enter a categor	
The Instruction	on Guide explains how to co	mplete this form.		USE A NEW	PAGE FOR EA	ACH CREDIT CAR	DISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME G MY	DONALD	Them	es Ja	2	3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO A	CREDIT CARD				\$ 1.540	.75
5 CREDIT CARD ISSUER	Name of financial institut	BANK				1) - / -	
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cr	edit Card Issue	r Paid	
7 DAVEE	(1)2	7 00	ovog	-	10	var	
7 PAYEE	ACE HANDWI	ARC	P.O. By		MONAH	ANS, TX	79756
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories II:		edule)	(b) Description	phe	5	
Non-Political	(c) Check if travel out	tside of Texas. Comple	te Schedule T.		Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name //	d off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$ 59.34	(b) Date Expendit	ure Charged	(c) Date(s) Cr	redit Card Issuer	Paid Paid	
PAYEE	(a) Payee name ACE HARDUA	Re	(b) Payee add	dress; 0X/09	O MONA	hans TX	Zip Code 19756
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	Expens	e	(b) Description	olies		
Non-Political	(c) Check if travel out	tside of Texas. Complet	te Schedule T.		Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name M	A Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$ 1, 460 - 00	(b) Date Expendito	DOH	(c) Date(s) Cro	edit Card Issuer	Paid Paid	
PAYEE	(a) Payee name U.S. POSTAL S	ervice	(b) Payee add	dress;	City,	1 -	Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories lis	sted at the top of this sche Supple Side of Texas. Complet	se	(b) Description	n IRS MA	HEB OU	T avananca
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r			ice Sought	onedkii yadan	Office Held	Б схрспэс
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE	E AS NEEDI	ĒD	3

SCHEDULE G

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Office Ov Polling E se Printing B Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NA	NALA TA	Ames	TR.	3 Filer ID (Ethics	Commission Filers)
2-8-2024	5 Payee mar	PostAL SERVIC	p			
6 Amount (\$)476.00	7 Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	2015.	BEHY AVE MI	ONAhan	s Texas	79756	
8 PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b) Description	/	
OF EXPENDITURE	Advers	45116 EXPEN	56	Flyens 1	nailesou	ナ
		Check if travel outside of Texas. Comp	olete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	N/A	Office sought	(Office held
2-9-2024	Payee nar	no OSFAL SERVI	'ce			
Amount (\$) 476.00	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	2015.	BEHYAVE	MONAH	Ans, TX	1975	6
PURPOSE OF EXPENDITURE	Category ADVIN	(See Categories listed at the top of	of this schedule) ${\cal SQ}$	Description Flyens 1	MAILES OU	T
		Check if travel outside of Texas. Comp	olete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
2-19-2024	Payee nan	FAROUARE				
Amount (\$) 40.85	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	P.O.B.	X/090 MON	Ahans	, TEXAS	79756	
PURPOSE OF EXPENDITURE	ADVERTIS	(See Categories listed at the top o	f this schedule)	Supplie	S	
		Check if travel outside of Texas. Comp	lete Schedule T.		TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	//A	Office sought		Office held
	ATTA	CH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE G

	2	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Ву	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Office C Polling I Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense //Wages/Contract Labor complete this form.	Transportat Travel In D Travel Out	istrict Of District	Expense ent & Related Expense not listed above)
1 Total pages Schedule G:	2 FILER NAM	YDONALD	THAN	res JR	3 Filer ID) (Ethics C	commission Filers)
2-19-2024	5 Payee nam	HARDWARE	7				
6 Amount (\$) 14.93	7 Payee add	ess;	_	City;		State;	Zip Code
Reimbursement from political contributions intended	P-0-BO	× 1090 MO	WAhar	5, TEXAS	19756	-	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Sing Exp	of this schedule)	(b) Description 54994	15		
	(c) C	eck if travel outside of Texas. Com	plete Schedule T.	Check if Aus	stin, TX, officehold	ler living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name	1/A	Office sought		C	office held
1-2-2024	Payee name	ARDWARE					
Amount (\$) 10.71	Payee addr	ess;		City;		State;	Zip Code
Reimbursement from political contributions intended	P.O.B8	X/090 M	WAhA	15, TEXAS	197	56	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule)	Description SUPPL	ils		_ 0
		neck if travel outside of Texas. Com	plete Schedule T.	Check if Au	stin, TX, officehold	ter living exp	ense
Complete ONLY if direct expenditure to benefit C/0		te / Officeholder name	//A	Office sought		0	office held
14-2-20H	Payee name	HARDUARE	7				
Amount (\$) 40.85 Reimbursement from	Payee addr	ess;	,	City;	St	ate;	Zip Code
political contributions intended	P.O. BO)	C 1090 MOV See Categories listed at the top of	1Ahans	TEXAS	1975	2	
PURPOSE OF EXPENDITURE	Adventis	Ind Expen	50	Description SUPPLIE	25		
		eck if travel outside of Texas. Comp te / Officeholder name	piete Scriedule 1.	Office sought	tin, TX, officehold	-	ffice held
Complete ONLY if direct expenditure to benefit C/OH	34	1	VA.	- moo oougin			
	ATTAC	H ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NEE	DED		

SCHEDULE G

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment	Fees Food By Gift/A cal Committee Lega	at Expense MBeverage Expense Awards/Memorials Expense Il Services e Instruction Guide ex	Office Ov Polling Ex Printing E Salaries/	xpense Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NAME	-uy DON	ALD IT	1AMES IR	3 Filer ID (Ethics	Commission Filers)
4-3-2024	5 Payee name ACE H	ARDUARE				
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
Reimbursement from political contributions intended	P.O.BOX	1090 M	enah	MS,TX	19756	•
8 PURPOSE OF EXPENDITURE	(a) Category (See C	Categories listed at the top of t	this schedule)	(b) Description SUPPLIE	S	
	(c) Check if	travel outside of Texas. Comple	te Schedule T.	Check if Austin	, TX, officeholder living e	kpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate /	Officeholder name	/A	Office sought		Office held
3-10-2024	Payee name ACE H	HANDWAR	e			
Amount (\$) 8.66	Payee address;			City;	State;	Zip Code
Reimbursement from political contributions intended	P.O.BO)	× 1090 Mi	WANA	ns, TX	19756	
PURPOSE OF EXPENDITURE	Category (See C	Categories listed at the top of	this schedule)	Description SUPPLIE	5	
	Check if	travel outside of Texas. Comple	te Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		Officeholder name	//A	Office sought		Office held
Date 4-12-2024	Payee name ACC HA	ROWARE				
Amount (\$) (2) - 27	Payee address;			City;	State;	Zip Code
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / 0	Officeholder name	I/A	Office sought		Office held
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SCHEDULE G

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		EXPENDITOR	E CAI EGORIE	S FOR BOX 8(a)		
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Contributions/Donations Made	Ву	Gift/Awards/Memorials Ex		Expense	Travel In District Travel Out Of District	
Candidate/Officeholder/Politi	ical Committee	Legal Services		s/Wages/Contract Labor	Other (enter a category	not listed above)
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1 Total pages Schedule G:	2 FILER NA	ME-		_	3 Filer ID (Ethics (Commission Filers)
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