

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 39
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST David	MI A
	NICKNAME	LAST Thacker	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	62 Sundrop Ct Lake Jackson TX 77566		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	848-1928	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR ms	FIRST Rhonda	MI L
	NICKNAME	LAST Irwin	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY; STATE; ZIP CODE
	62 Sundrop Ct Lake Jackson TX 77566		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	292-4361	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	7	01	2023
	THROUGH		Month Day Year
			12 / 31 / 2023
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03	5	24
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Brazoria Co. Constable Pot 1		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

Date Received
1/16/24

FILED
JOYCE HUDMAN,
COUNTY CLERK, BRAZORIA CO., TEXAS
BY **E. Myca** DEPUTY

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>David Thacker</i>		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 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,595.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,438.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,179.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

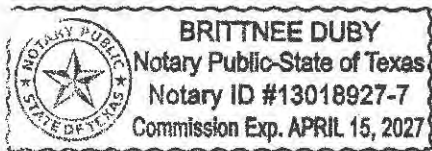
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

David A. Thacker

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Brittnee Duby* this the *16th* day of *January*

20 *24*, to certify which, witness my hand and seal of office.

Brittnee Duby *Brittnee Duby* *Office Manager*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>David Thacker</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,595 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,438.56
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: **15**

2 FILER NAME

David A. Thacker

3 Filer ID (Ethics Commission Filers)

4 Date

8/1/23

5 Full name of contributor

Dude Payne

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 1000⁰⁰

6 Contributor address;

City;

State;

Zip Code

[REDACTED] [REDACTED] [REDACTED] Lake Jackson TX 77566

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/2/23

Full name of contributor

Dude Payne

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

[REDACTED] [REDACTED] [REDACTED] Lake Jackson TX 77566

\$ 500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/23

Full name of contributor

Barry Coleman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

bcoleman63@aol.com

\$ 500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/23

Full name of contributor

Cindy Hammons

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

cindysbailbonds1@gmail.com

\$ 500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Darlow	7 Amount of contribution (\$) \$ 500 ⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny Verner	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Wicker	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mark Fridenburg	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Crosby	7 Amount of contribution (\$) \$900 ⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacey Palidino	Amount of contribution (\$) \$500 ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Ortiz	Amount of contribution (\$) \$2300 ⁰⁰
Contributor address; City; State; Zip Code fortiz@helpingtexas.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casandra Tigner	Amount of contribution (\$) \$500 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] Angleton TX 77515		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Wehring	7 Amount of contribution (\$) \$660 ⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] Clute TX 77531		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Pirtle	Amount of contribution (\$) \$175 ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Archer	Amount of contribution (\$) \$50 ⁰⁰
Contributor address; City; State; Zip Code michellearcher0001@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Bustos	Amount of contribution (\$) \$65 ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie Orsak	7 Amount of contribution (\$) \$175⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] Danbury TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Dodson	Amount of contribution (\$) \$1075⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lito Perez	Amount of contribution (\$) \$1340⁰⁰
Contributor address; City; State; Zip Code gabipsainc@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Rogers	Amount of contribution (\$) \$60⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Richwood TX 75311		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Ross	7 Amount of contribution (\$) \$60⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carley Miller	Amount of contribution (\$) \$70⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda Bedrick	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Thurber	Amount of contribution (\$) \$400⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Salazar	7 Amount of contribution (\$) \$ 225 ⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracie Salazar	Amount of contribution (\$) \$ 600 ⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Brannon	Amount of contribution (\$) \$ 600 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Jones	Amount of contribution (\$) 125 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Clute TX 77531		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trish Thompson	7 Amount of contribution (\$) \$550⁰⁰
	6 Contributor address; City; State; Zip Code jsolutionsm@gmail.com	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Wehring	Amount of contribution (\$) \$2400⁰⁰
	Contributor address; City; State; Zip Code [REDACTED] Clute tx 77531	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joetta yates	Amount of contribution (\$) \$130⁰⁰
	Contributor address; City; State; Zip Code joetta.yates@hotmail.com	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Wallace	Amount of contribution (\$) \$225⁰⁰
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15

2 FILER NAME
David Thacker

3 Filer ID (Ethics Commission Filers)

4 Date
9/7

5 Full name of contributor out-of-state PAC (ID#: _____)
Cindy Hammons

7 Amount of contribution (\$)
\$ 1400⁰⁰

6 Contributor address; City; State; Zip Code
Cindysbaillbonds@gmail.com

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/7

Full name of contributor out-of-state PAC (ID#: _____)
Mike Fulton

Amount of contribution (\$)
\$ 700⁰⁰

Contributor address; City; State; Zip Code
Clute TX 77531

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/7

Full name of contributor out-of-state PAC (ID#: _____)
David Sheets

Amount of contribution (\$)
\$ 1500⁰⁰

Contributor address; City; State; Zip Code
djsheets@yahoo.com

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/7

Full name of contributor out-of-state PAC (ID#: _____)
Tim Keefe

Amount of contribution (\$)
\$ 350⁰⁰

Contributor address; City; State; Zip Code
Clute TX 77531

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME **David Thacker** 3 Filer ID (Ethics Commission Filers)

4 Date 9/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Wicker	7 Amount of contribution (\$) \$800⁰⁰
6 Contributor address; City; State; Zip Code [Redacted] Angleton TX 77515		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Crawford	Amount of contribution (\$) \$900⁰⁰
Contributor address; City; State; Zip Code [Redacted] Angleton TX 77515		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martina Thacker	Amount of contribution (\$) \$400⁰⁰
Contributor address; City; State; Zip Code [Redacted] Van Vleck TX 77482		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dude Payne	Amount of contribution (\$) \$900⁰⁰
Contributor address; City; State; Zip Code [Redacted] Lake Jackson TX 77566		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Welch	7 Amount of contribution (\$) \$ 2500⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Henry	Amount of contribution (\$) \$ 300⁰⁰
Contributor address; City; State; Zip Code JWHJR1971@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Walls	Amount of contribution (\$) \$ 300⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy Carlson	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ram Gonzales	7 Amount of contribution (\$) \$2300⁰⁰
6 Contributor address; City; State; Zip Code ram682@sbcglobal.net		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Archer	Amount of contribution (\$) \$700⁰⁰
Contributor address; City; State; Zip Code michellearcher0001@gmail.com		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Jones	Amount of contribution (\$) \$400⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Blackerby	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME **David Thacker** 3 Filer ID (Ethics Commission Filers)

4 Date 9/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Christensen	7 Amount of contribution (\$) \$1100⁰⁰
	6 Contributor address; City; State; Zip Code	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanney Mc Donough	Amount of contribution (\$) \$2000⁰⁰
	Contributor address; City; State; Zip Code [REDACTED] Bellaire TX 77401	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Hollan	Amount of contribution (\$) \$1850⁰⁰
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Holt	Amount of contribution (\$) \$800⁰⁰
	Contributor address; City; State; Zip Code [REDACTED] Angleton TX 77515	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Yates	7 Amount of contribution (\$) \$150⁰⁰
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Fridenburg	Amount of contribution (\$) \$350⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Freeport TX 77541		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Balmos	Amount of contribution (\$) \$1500⁰⁰
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry Coleman	Amount of contribution (\$) \$1600⁰⁰
Contributor address; City; State; Zip Code bcoleman63@aol.com		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: 15
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gil Rasedo (Gilbert)	7 Amount of contribution (\$) \$250 ⁰⁰
6 Contributor address; City; State; Zip Code gil@btel.com		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 7/20/23	5 Payee name Brazoria County Fair Grounds Association	
6 Amount (\$) \$ 750.00	7 Payee address; City; State; Zip Code 901 S Downing St Angleton TX 77515	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 8/7/23	Candidate / Officeholder name HTTPS Imprint	
Amount (\$) \$ 207.62	Office sought 14550 Beechnut St. Houston TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Koozies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 8/14/2023	Candidate / Officeholder name Hobby Lobby	
Amount (\$) \$ 54.11	Office sought 125 TX-332 Lake Jackson TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 8/15/2023	5 Payee name Friends of the River	
6 Amount (\$) \$100⁰⁰	7 Payee address; City; State; Zip Code PO Box 93 Brazoria TX 77422 Sea Breeze	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Flounder Sponsor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 8/17/23	Candidate / Officeholder name Angleton Chamber of Commerce	
Amount (\$) \$35⁰⁰	Office sought 222 N. Velasco St Angleton TX 77515	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 8/22/23	Candidate / Officeholder name Brazosport Facts	
Amount (\$) \$331.50	Office sought 720 S. main Clute TX 77531	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 8/23/23	5 Payee name Actions Inc	
6 Amount (\$) \$ 75.00	7 Payee address; City; State; Zip Code 501 Karankawa St Angleton TX 77515	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description GOLF TOURNAMENT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/25/23	Payee name PayPal	
Amount (\$) \$ 60.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/28/23	Payee name Office Depot	
Amount (\$) \$ 68.20	Payee address; City; State; Zip Code 104 TX-332 Lake Jackson TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Printing flyers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 8/28/23	5 Payee name Office Depot
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6 Amount (\$) \$ 77.40	7 Payee address; 104 TX 332 Lake Jackson TX 77566	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Printing Flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/30/23	Payee name Back Road Beauties
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Amount (\$) \$ 419.47	Payee address; 502 E Brazos Ave West Columbia TX 77486	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Hats
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/30/23	Payee name Boy Scouts
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Amount (\$) 50 ⁰⁰	Payee address; Bay area Council	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 9/1/23	5 Payee name Hobby Lobby	
6 Amount (\$) 74.02	7 Payee address; City; State; Zip Code 125 TX - 332 Lake Jackson TX 77566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Fundraiser
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/5/23	Payee name Amazon	
Amount (\$) \$95.21	Payee address; City; State; Zip Code Amazon.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description fund raiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/6/23	Payee name Hobby Lobby	
Amount (\$) \$67.09	Payee address; City; State; Zip Code 125 TX - 332 Lake Jackson TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>21</u>	2 FILER NAME <u>David Thacker</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9/6/23</u>	5 Payee name <u>Performance Party</u>	
6 Amount (\$) <u>\$ 382.70</u>	7 Payee address: <u>18088 South Hwy 288 B Angleton TX 77515</u> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	(b) Description <u>Back drop</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>9/7/23</u>	Payee name <u>Asiels</u>	
Amount (\$) <u>\$ 25.52</u>	Payee address: <u>830 N. Dixie Dr. G. Lake Jackson TX 77566</u> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>9/7/23</u>	Payee name <u>South TX Gunslinger</u>	
Amount (\$) <u>\$500⁰⁰</u>	Payee address: <u>14723 CR 210 Danbury TX 77534</u> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising</u>	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 9/8/23	5 Payee name The Hester Group	
6 Amount (\$) \$ 750.00	7 Payee address; City; State; Zip Code 504 This way A Lake Jackson TX 77566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Insurance for Fundraiser
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 9/12/23	Payee name Walgreens	
Amount (\$) 106.95	Payee address; City; State; Zip Code 51 Dixie A Clute TX 77531	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 9/12/23	Payee name On the River	
Amount (\$) \$ 4775.00	Payee address; City; State; Zip Code 919 West 2nd St. Freeport TX 77541	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food/Catering Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Poling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center;">21</p>	2 FILER NAME <p style="text-align:center;">David Thacker</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center;">9/18/23</p>	5 Payee name <p style="text-align:center;">VOW 22</p>	
6 Amount (\$) <p style="text-align:center;">\$1000⁰⁰</p>	7 Payee address; City; State; Zip Code <p style="text-align:center;">PO Box 1390 Lake Jackson TX 77466</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Donation</p>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <p style="text-align:center;">9/20/23</p>	Payee name <p style="text-align:center;">Angleton Chamber</p>	
Amount (\$) <p style="text-align:center;">\$75⁰⁰</p>	Payee address; City; State; Zip Code <p style="text-align:center;">222 North Velasco</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Advertising</p>	Description <p style="text-align:center;">Hotel Sponsor</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <p style="text-align:center;">9/28/23</p>	Payee name <p style="text-align:center;">Sams Club</p>	
Amount (\$) <p style="text-align:center;">\$179.86</p>	Payee address; City; State; Zip Code <p style="text-align:center;">15800 S Fwy 5 Pearland TX 77584</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Event Expense</p>	Description <p style="text-align:center;">National Night Out</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 10/2/23	5 Payee name Boys + Girls Club	
6 Amount (\$) \$125 ⁰⁰	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Hole Sponsor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/3/23	Payee name Kroger	
Amount (\$) \$53.96	Payee address; City; State; Zip Code 800 Dixie Dr Clute TX 77531	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description national night out
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/3/23	Payee name HEB	
Amount (\$) \$62.17	Payee address; City; State; Zip Code 97 Oyster Creek Dr Lake Jackson TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description national Night Out
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/23	5 Payee name Zeiglers	
6 Amount (\$) 456.82	7 Payee address; City; State; Zip Code 137 E. mulberry Angleton TX 77575	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/23	Payee name Brazoria County Fair Association		
Amount (\$) 375⁰⁰	Payee address; City; State; Zip Code 901 S Downing Angleton TX 77575		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation/Contribution	Description Calf Scramble	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/12/23	Payee name Our Lady Queen of Peace		
Amount (\$) 50⁰⁰	Payee address; City; State; Zip Code 1600 Fm 2004 Richwood TX 77531		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 21	2 FILER NAME David Tracker	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/23	5 Payee name Trot 2 your heart	
6 Amount (\$) \$100⁰⁰	7 Payee address; City; State; Zip Code 4107 Flagstone Pine Ln. Spring TX 77386	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/17/23	Payee name Friends of the River	
Amount (\$) \$200⁰⁰	Payee address; City; State; Zip Code PO Box 93 Brazoria TX 77422	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/17/23	Payee name Brazoria County Fair Association	
Amount (\$) 400⁰⁰	Payee address; City; State; Zip Code 901 S Downing St Angleton TX 77515	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Lifetime membership
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 10/18/23	5 Payee name Hispanic Chamber
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6 Amount (\$) \$250⁰⁰	7 Payee address; City; State; Zip Code 200 W. 2nd St Ste 210 Freeport TX 77541
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 10/25/23	Payee name Houston Lifestock Show and Rodeo
-------------------------	---

Amount (\$) \$125⁰⁰	Payee address; City; State; Zip Code PO Box 430012 Houston TX 77243
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/30/23	Payee name Houston Livestock Show + Rodeo
-------------------------	---

Amount (\$) \$100⁰⁰	Payee address; City; State; Zip Code PO Box 430012 Houston TX 77243
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 11/2/23	5 Payee name Moolah mafia	
6 Amount (\$) \$200⁰⁰	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Auction
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 11/6/23	Payee name Back Road Beauties	
Amount (\$) \$77.94	Payee address; City; State; Zip Code 502 E Brazos Ave West Columbia TX 77486	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Shirt Logo Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 11/8/23	Payee name Actions	
Amount (\$) \$700⁰⁰	Payee address; City; State; Zip Code 501 Karan Kawa St Angleton TX 77515	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/23	5 Payee name The Exchange Club Angleton	
6 Amount (\$) 7500⁰⁰	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 11/17/23	Payee name Alvin Community College	
Amount (\$) \$1800⁰⁰	Payee address; City; State; Zip Code 3110 Mustang Rd Alvin TX 77511	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 11/28/23	Payee name my Hero wears Blue	
Amount (\$) \$244.45	Payee address; City; State; Zip Code myherowearsblue.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 11/29/23	5 Payee name Sams Club
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6 Amount (\$) 58.64	7 Payee address; City; State; Zip Code 15800 S Loop Fwy S Pearland TX 77584
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/29/23	Payee name HEB
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Amount (\$) 205.11	Payee address; City; State; Zip Code 97 Oyster Creek Dr. Lake Jackson TX 77566
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/29/23	Payee name Brazoria County Baseball
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Amount (\$) 100	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21		2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/23		5 Payee name Energia Resources			
6 Amount (\$) \$50⁰⁰		7 Payee address; City; State; Zip Code 122 CR 839 Angleton TX 77515			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fish Fry		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 12/1/23		Candidate / Officeholder name			
Payee name PO Boys Seafood		Office sought		Office held	
Amount (\$) \$106⁰⁰		Payee address; City; State; Zip Code 2605 S Velasco St Angleton TX 77515			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Fish Fry		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 12/4/23		Candidate / Officeholder name			
Payee name PayPal		Office sought		Office held	
Amount (\$) \$60⁰⁰		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 12/6/23	5 Payee name Hispanic Chamber
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6 Amount (\$) 140⁰⁰	7 Payee address; City; State; Zip Code 200 W. 2nd St Ste 210 Freeport TX 77541
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Scholarship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/6/23	Payee name Junior Gordon Band
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Amount (\$) \$250⁰⁰	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/6/23	Payee name Brazoria County Republican Party
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Amount (\$) \$1250⁰⁰	Payee address; City; State; Zip Code 135 Spanish Oak Circle Lake Jackson TX 77566
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 12/8/23	5 Payee name Pay Pal
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6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/8/23	Payee name Back Road Beauties
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Amount (\$) 446.53	Payee address; City; State; Zip Code 502 E. Brazos Ave West Columbia TX 77486
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Hats
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/11/23	Payee name PO Boys Seafood
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Amount (\$) 72.28	Payee address; City; State; Zip Code 2605 S Velasco Angleton TX 77515
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet and Greet
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 12/11/23	5 Payee name Energia Resources
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6 Amount (\$) 80⁰⁰	7 Payee address; City; State; Zip Code 122 CR 839 Angleton TX 77575
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description meet and greet
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/23	Payee name Spent 2 Print
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Amount (\$) \$ 7733.35	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Sign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15	Payee name SQ Outdoor Association
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Amount (\$) 80⁰⁰	Payee address; City; State; Zip Code Stafford TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/23	5 Payee name S& Outdoor Association	
6 Amount (\$) 700⁰⁰	7 Payee address; City; State; Zip Code Stafford tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 12/15/23	Candidate / Officeholder name Mike Fulton	
Amount (\$) \$220⁰⁰	Office sought Clute TX 77531	
PURPOSE OF EXPENDITURE	Office held	
	Category (See Categories listed at the top of this schedule) Donation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Date 12/19/23	Candidate / Officeholder name Brazosport Facts	
Amount (\$) 1423.13	Office sought Clute TX 77531	
PURPOSE OF EXPENDITURE	Office held	
	Category (See Categories listed at the top of this schedule) Advertising	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>21</i>	2 FILER NAME <i>David Thacker</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/20/23</i>	5 Payee name <i>Brazosport Facts</i>	
6 Amount (\$) <i>1423.13</i>	7 Payee address; City; State; Zip Code <i>720 S. main Clute TX 77531</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date <i>12/22/23</i>	Candidate / Officeholder name <i>Sprint 2 Print</i>	
Amount (\$) <i>1650.81</i>	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED