CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The GIOM Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Comm	ssion Filers) 2 Total pages filed: 39	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST David		OFFICE USE ONLY	
	NICKNAME	Tha cker	si	FFIX Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO			CODE JOYCE HUDMAN, COUNTY CLERK, BRAZORIA CO.,	, TE
Change of Address	led Jun	arop ct hal	Ke Jackson TR	1/564 9 0	and and
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 848-1928	EXTENSION	Date Hand-delivered or Date Postmarke	bei
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS	Rhonda.	L	Receipt # Amount \$	_
	NICKNAME	Irwin	SL	FIX Date Imaged	-
7 CAMPAIGN TREASURER ADDRESS			SUITE #: CITY;	STATE; ZIP CODE	
(Residence or Business)	62 Suna	drop ct Lak	e Jackson 7.	× 77566	
CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 292-4361	EXTENSION		
REPORT TYPE	January 15	30th day before			
10 PERIOD COVERED	Month 7	Day Year / 01 / 2023	THROUGH	Month Day Year 12/31/2023	
11 ELECTION	ELECTION D Month Day	Year Primary		TION TYPE ther escription	
2 OFFICE	OFFICE HELD (if any Brazonia	A A all	POT 13 OFFICE SOUGH	Γ (if known)	
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOU	DITURES MADE BY POLITICAL COMMITTEES TO SUPPO IT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE (IN ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE	OR
South Field	COMMITTEE TYPE	COMMITTEE NAME			-
Additional Pages	GENERAL	COMMITTEE ADDRESS			-
		COMMITTEE CAMPAIGN TRI	EASURER NAME		
			19-19-19-19-19-19-19-19-19-19-19-19-19-1		

5 C/OH NAME		and water and successful the second second
IS COM NAME	Javid Thacker	16 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ER THAN \$_ O-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$ 40, 595, 02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,438.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ 9,179.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAD LAST DAY OF THE REPORTING PERIOD	NS AS OF THE \$
	Tout	re of Candidate or Officeholder
	Signatu Please complete either option BRITTNEE DUBY	re of Candidate or Officeholder
) Affidavit	Signatu Please complete either option	re of Candidate or Officeholder
NOTARY STAMP/SEA	Signatu Please complete either option BRITTNEE DUBY Notary Public-State of Texas Notary ID #13018927-7 Commission Exp. APRIL 15, 2027 L before me by	re of Candidate or Officeholder
Sworn to and subscribed 20_24, to certify Buttinee.Du	Signatu Please complete either option BRITTNEE DUBY Notary Public-State of Texas Notary ID #13018927-7 Commission Exp. APRIL 15, 2027 L before me by <u>BAHACC DUA</u> which, witness my hand and seal of office. M	this the day of
NOTARY STAMP/SEA	Signatu Please complete either option BRITTNEE DUBY Notary Public-State of Texas Notary ID #13018927-7 Commission Exp. APRIL 15, 2027 AL before me by MARCE DUAM which, witness my hand and seal of office. Which, witness my hand and seal of office. Marce DUAM Printed name of officer administering oath	re of Candidate or Officeholder
NOTARY STAMP / SEA worn to and subscribed 0 24, to certify Buttinee Du gnature of officer administe	Signatu Please complete either option BRITTNEE DUBY Notary Public-State of Texas Notary ID #13018927-7 Commission Exp. APRIL 15, 2027 L before me by <u>BAUTACC DUM</u> which, witness my hand and seal of office. Which, witness my hand and seal of office. Printed name of officer administering oath Printed name of officer administering oath	this the day of
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NOTARY STAMP / SEA worn to and subscribed 0 to certify gnature of officer administer) Unsworn Declaration y name is	Signatu Please complete either option BRITTNEE DUBY Notary Public-State of Texas Notary ID #13018927-7 Commission Exp. APRIL 15, 2027 AL before me by MAREC DUAM which, witness my hand and seal of office. Which, witness my hand and seal of office. Printed name of officer administering oath Drinted name of officer administering oath	re of Candidate or Officeholder below: this the day of CEC MANAGA Title of officer administering oat
NOTARY STAMP / SEA worn to and subscribed 0, to certify gnature of officer administer 2) Unsworn Declaration	Signatu Please complete either option BRITTNEE DUBY Notary Public-State of Texas Notary ID #13018927-7 Commission Exp. APRIL 15, 2027	re of Candidate or Officeholder below: this the day of,

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SUBTOTALS	**	C/OH
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FORM C/OH COVER SHEET PG 3

	ILER N/	Pavid Thacker		20 Filer ID (Ethics Co	mmission rifers)
		LE SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	V	SCHEDULEA1: MONETARY POLITICAL CONT	RIBUTIONS	and the second s	\$ 40,595°D
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) P	OLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.		SCHEDULE E: LOANS			\$
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES	MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 32,438.54
6.		SCHEDULE F2: UNPAID INCURRED OBLIGAT	IONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMEN	ITS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY	CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES	MADE FROM PERSONAL FU	INDS	\$
0.		SCHEDULE H: PAYMENT MADE FROM POLI	TICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
1.		SCHEDULE I: NON-POLITICAL EXPENDITURE	S MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
2.		SCHEDULE K: INTEREST, CREDITS, GAINS, TO FILER	REFUNDS, AND CONTRIBU	TIONS RETURNED	\$

SCHEDULE A1

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

Filer ID (Ethics Commission Filers Amount of contribution (\$) 10000^{0} s)
\$ 1000 00
Amount of contribution (\$) 500^{10}
5)
Amount of contribution (\$)
5)
Amount of contribution (\$)
5)

SCHEDULE A1

	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 □ out-of-state PAC (ID#) Mike Doulow 6 Contributor address; City; State; Zip Code	7 Amount of contribution $($)$
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l ctions)
_{Date} 8/23	Full name of contributor [] out-of-state PAC (ID#) Kenny Vernor Contributor address; City; State; Zip Code Freeport TX 775 41	Amount of contribution (\$) $$500^{\circ}$
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 831	Full name of contributor Dut-of-state PAC (ID#:) Kim Wicker Contributor address; City; State; Zip Code Dugleton TR71515	Amount of contribution (\$) 500^{42}
Principal occupa	tion / Job title (See Instructions) Employer (See Instruct	tions)
Date 9 5	Full name of contributor Dout-of-state PAC (ID#:) Mark Fridenburg Contributor address; City; State; Zip Code Freeport TX 77541	Amount of contribution (\$) $\$ 500^{0}$
Principal occupa	tion / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NA	N N N N N N N N N N N N N N N N N N N	3 Filer ID (Ethics Commission Filers)
	David thacker	
Date 9 7	 5 Full name of contributor □ out-of-state PAC (ID#	$\frac{1}{3} 7 \text{ Amount of contribution ($)} \\ \frac{1}{3} \frac{1}{3} 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 $
Principal o	ccupation / Job title (See Instructions) 9 Employer (See	Instructions)
Date 9/7	Full name of contributor LACEY Paliding Contributor address; City; State; Zip Code	Amount of contribution (\$) $= 500^{10}$
Principal oc	cupation / Job title (See Instructions) Employer (See	Instructions)
Date 917 Principal occ	Full name of contributor Dout-of-state PAC (ID#: Fred Dr Fiz. Contributor address; City; State; Zip Code Forfiz @ helpinctexas.com cupation / Job title (See Instructions) Employer (See I	Amount of contribution (\$)
Date	Full name of contributor Casandra Tigner Contributor address; City; State; Zip Code Angleton TX 77515	Amount of contribution (\$)
	Employer (See Instructions)	nstructions)

SCHEDULE A1

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAM	David Thacker	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor □ out-of-state PAC (ID#) JUSHIN Wehring 6 Contributor address; City; State; Zip Code Clute TX Cupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) $$COOD^{O}$
		uois)
Date 9/7	Full name of contributor [] out-of-state PAC (ID#:) Shane Pir He Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 175 ⁰⁰
Principal occ	- 1	ions)
Date 9/17	Full name of contributor [] out-of-state PAC (10#) Michelle Archer contributor address; City; State; Zip Code Michelle archer 0001 @ gmail. Com	Amount of contribution (\$) 50^{10}
Principal occ	upation / Job title (See Instructions)	ons)
Date 917	Full name of contributor out-of-state PAC (ID#:) MDNICA BUSTDS Contributor address; City; State; Zip Code	Amount of contribution (\$) 465^{00}
Principal occi	upation / Job title (See Instructions) Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	

SCHEDULE A1

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

2 FILER NAME David Thacker 4 Date 5 Full name of contributor □ out-of-state PAC (ID#) 9 7 6 Contributor address; City; State; Zip Code 9 7 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct Date Full name of contributor □ out-of-state PAC (ID#:) Date Full name of contributor □ out-of-state PAC (ID#:) 9 7 Deff Dod Son 0 9 7 Contributor address; City; State; 9 7 Contributor address; City; State; Zip Code	Amount of contribution (\$) \$107500
917 RONNIE Or SAK 6 Contributor address; City; State; Zip Code DanbUry TX 9 Employer (See Instructions) 9 Employer (See Instruct Date 917 Full name of contributor 1 out-of-state PAC (ID#:) 1 Out-of-state PAC (ID#:_	\$17500 tions) Amount of contribution (\$) \$107500
6 Contributor address; City; State; Zip Code Banbury Tx 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct Date Full name of contributor I out-of-state PAC (ID#:) Jeff Dod Son Contributor address; City; State; Zip Code	tions) Amount of contribution (\$) \$107500
Date Full name of contributor I out-of-state PAC (ID#:) 9/7 Jeff Dod Son Contributor address; City;	Amount of contribution (\$) \$107500
9/7 Jeff Dod Son Contributor address; City; State; Zip Code	\$ 107500
97 Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
97 Contributor address; City; State; Zip Code gabipsainc & gmail com	\$ 134000
Principal occupation / Job litle (See Instructions) Employer (See Instructi	ions)
Date Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
9/7 Contributor address; City; State; Zip Code Richwood 7x 71531	\$ 6000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	

SCHEDULE A1

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

4 Date 5 Full name of contributor □ out-of-state PAC (ID#) 7 Arr 9/7 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Date Full name of contributor □ out-of-state PAC (ID#) Arr Ame Gate Full name of contributor □ out-of-state PAC (ID#) Arr	er ID (Ethics Commission Filers rount of contribution (\$) LeD^{UQ} ount of contribution (\$) 70^{UQ}
9/7 Cathy ROSS 6 Contributor address; City; 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor 0 out-of-state PAC (ID#:) Am Cathy ROSS 6 Contributor address; City; State; Zip Code 4 million 0 17 Contributor 0 out-of-state PAC (ID#:) Am 0 17 Contributor address; City; State; Zip Code	Ged ^{UQ} ount of contribution (\$)
Date Full name of contributor I out-of-state PAC (ID#:) Am Q17 Contributor address; City; State; Zip Code	
9/7 Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Melinda Bedrich	ount of contribution (\$) 00^{10}
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Am TOdd Thurber Contributor address; City; State; Zip Code \$4(ount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

SCHEDULE A1

DE SOUCTOU ntributor address; Job title (See Instructions)	out-of-state PAC (ID#: City; State; Zip Code 9 Employer (See I	
Il name of contributor	City; State; Zip Code 9 Employer (See I	\$ 22500
I name of contributor		nstructions)
	out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$) CO
ob title (See Instructions)	Employer (See Ir	istructions)
urbara Branni atributor address;) N Dity; State; Zip Code	\$ 60000
n Jones htributor address; c	Clyfe TX 775	
	Ubara Banny Intributor address; Constructions) Job title (See Instructions)	Il name of contributor address; City; State; Zip Code Lake YeeKSM & 715 Job title (See Instructions) Employer (See Ir Il name of contributor address; City; State; Zip Code M JONES ntributor address; City; State; Zip Code Citye TX 775

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	ME David Thacker	3 Filer ID (Ethics Commission Filers
4 Date 917 8 Principal oc	5 Full name of contributor □ out-of-state PAC (ID#:	
Date 9/7	Full name of contributor Dout-of-state PAC (1D#:	Arrount of contribution (\$) $\Rightarrow 3400^{3}$
Principal occ	cupation / Job title (See Instructions) Employer (See	Instructions)
Date 9 7	Full name of contributor [] out-of-state PAC (1D#:] JOELLA VATES Contributor address; City; State; Zip Code 10ELLA YALES @ NOTMAIL.COM	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions) Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	AS NEEDED

SCHEDULE A1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NA	ME David Thacker	3 Filer ID (Ethics Commission Filers
4 Date 917 8 Principal or	5 Full name of contributor □ out-of-state PAC (ID#:) CINDY HAMMONS 6 Contributor address; City; State; Zip Code CINDYSpailbonds1@gmail.com ccupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:)	
Date	Mike Fulton	Amount of contribution (\$)
9/7	Contributor address; City; State; Zip Code	\$70000
Principal occ	cupation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor [] out-of-state PAC (10#:)	Amount of contribution (\$)
9/7	Contributor address; City; State; Zip Code <u>AJSheets & Yahod. Com</u>	\$150000
Principal occ	supation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor 🗍 out-of-state PAC (ID#)	Amount of contribution (\$)
9/7	Contributor address; City; State; Zip Code	\$ 350 ⁰⁰
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	ons)

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	David Thacker	3 Filer ID (Ethics Commission Filers
9/7/23	 5 Full name of contributor □ out-of-state PAC (ID#:	sode \$800°0_ 7515
Principal occu	ipation / Job title (See Instructions)	see Instructions)
Date	Full name of contributor out-of-state PAC (1D#:	Amount of contribution (3)
9/7/23	Contributor address; City; State; Zip C Angleton TX 77515	ode \$ 900 @_
Principal occur		ee Instructions)
Date	Full name of contributor 🗇 out-of-state PAC (ID#: Mar Ha Hacker Contributor address; City; State; Zip Co	ode \$ 400 00
Principal occup	Van VIECK TX 774	e Instructions)
Date	Full name of contributor Dout-of-state PAC (ID#: Dudu Payne Contributor address; City; State; Zip Co Lake Jackson TX 775) Amount of contribution (\$)
Principal occup		ee Instructions)

SCHEDULE A1

Navid Thacker		2 (ID#:)	3 Filer ID (Ethics Commission Filers
	out-of-state PA	C (ID#:)	-
			7 Amount of contribution (\$)
	City;	State; Zip Code	\$ 250000
ob title (See Instructions)		9 Employer (See Instru	ctions)
			Amount of contribution (\$)
ributor address;	City;	State; Zip Code	\$30000
tJR 1971 @ GMI b title (See Instructions)	al.com	Employer (See Instrue	ctions)
name of contributor E] out-of-state PAC	(ID#:)	Amount of contribution (\$)
ibutor address;	City;	State; Zip Code	\$30000
o title (See Instructions)		Employer (See Instruc	tions)
		(ID#:) State; Zip Code	Amount of contribution $($)$
i title (See Instructions)		Employer (See Instruc	tions)
	ob title (See Instructions) name of contributor [MES HENYY ributor address; <u>LJR 1971 @ gm</u> b title (See Instructions) isame of contributor [ChOLE WALLS ibutor address; b title (See Instructions) rame of contributor [riSHY LARISO	ob title (See Instructions) name of contributor MeS Henry ributor address; City; LIR 1971 @ gm@il.Com b title (See Instructions) name of contributor out-of-state PAC ChQel Walls ibutor address; City; arme of contributor o title (See Instructions) ibutor address; City; arme of contributor I out-of-state PAC Yisty Larlson ibutor address; City;	ob title (See Instructions) 9 Employer (See Instructions) name of contributor 0 out-of-state PAC (ID#) MES HENRY

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 15 2 FileR NAME 3 Filer 10. (Ethics Commission Filers)

2 FILER NAME	David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor [] out-of-state PAC (10#) Ram GON-CALES	7 Amount of contribution (\$)
917/23	6 Contributor address; City; State; Zip Code NAM 682 6 SbCg bal, net	\$ 2300 0-
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Date 2/7/23	Full name of contributor [] out-of-state PAC (10#:) Michelle Archer	Amount of contribution (\$)
11 1120	Contributor address: City: State: Zip Code Michellearcher 0001@gmail.Com	\$70000
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date 9/7/23	Full name of contributor [] out-of-state PAC (ID#:) Steve Jones Contributor address; City; State; Zip Code Lake Jackson TX 775 1010	Amount of contribution (\$) \$400 ⁵⁰
Principal occur	pation / Job title (See Instructions)	lons)
Date 9(7)23	Full name of contributor LON Blackerby Contributor address; City; State; Zip Code	Amount of contribution (\$) $\pm 100^{0}$
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	David Thacker	3 Filer ID (Ethics Commission Filers)
4 Date 9)7/23	 Full name of contributor out-of-state PAC (ID#: Glen Unistensen 6 Contributor address; City; State; Zip C 	\$11000
8 Principal occu	apation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date 9 7 23	Full name of contributor [] out-of-state PAC (1D#: RANNEY MC DON DUGH Contributor address; City; State; Zip C Bellaire TX TT	ode \$2000
Principal occup	ation / Job title (See Instructions) Employer (S	ee Instructions)
Date 9/7/23	Full name of contributor □ out-of-state PAC (ID#: MWK HJICUN Contributor address; City; State; Zip Co	\$ 12 - 00-
Principal occup	ation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 3/7/23	Full name of contributor Dout-of-state PAC (ID#: TIMHOLT Contributor address; City; State; Zip Co Angleton TX TI	~
Principal occup	ation / Job title (See Instructions) Employer (Se	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	

SCHEDULE A1

10	Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
4 Date 5 Full name of contributor □ out-of-state PAC (DE:	2 FILER NAM			3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor 0 out-of-state PAC (DB:		5 Full name of contributor out-of-state PAC	(ID#:)	
Date Full name of contributor □ out-of-state PAC (LD#) Amount of contribution (\$) 9/7/23 Mark Fridenburg Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor □ out-of-state PAC (ID#:	1) 11 20	6 Contributor address; City;	State; Zip Code	4150 -
Mark Fridenburg Amount of contribution (\$) 9/7/23 Mark Fridenburg Contributor address: City: State: Zip Code Freeprit TR 77541 Principal occupation / Job title (See Instructions) Date Full name of contributor Date J/7/23 Contributor address; City: State: Zip Code State: Zip Code Full name of contributor Dotte Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 9/7/23 Full name of contributor Date Full name of contributor Out-of-state PAC (ID#	B Principal occ	supation / Job title (See Instructions)	9 Employer (See Instru	Inctions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (\$) $1/7$ 23 Contributor address; City; State; Zip Code \$ 1500 °° Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 1500 °° Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 1500 °° Date Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (\$) Pate Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (\$) $9/7/23$ Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (\$) $9/7/23$ Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (\$) $9/7/23$ Full name of Contributor \Box out-of-state PAC (ID#:) Amount of contribution (\$) $9/7/23$ Full name of Contributor \Box out-of-state PAC (ID#:) $T 1000°$	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
Helpit TR I 1541 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) 9/7/23 Contributor address; City; State; Zip Code \$ 1500 °° Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 1500 °° Date Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) Pate Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) 9/7/23 Edit region (Gal et al. (Gal et al	9/7/23	Contributor address; City;	State: Zip Code	\$250 00
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9/7/23 David Balmos Ontributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Fuil name of contributor 0 aut-of-state PAC (ID#) Amount of contribution (\$) 9/7/23 Contributor address; City; State; Zip Code	Principal occu			tions)
9/7/23 Contributor address; City; State; Zip Code \$ 1500 % Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) 9/7/23 Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) 9/7/23 Full name of contributor address; City; State; Zip Code 9/7/23 Contributor address; City; State; Zip Code bCole man 63 @ aol. Com Contributor State; Zip Code	Date		(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) 9/7/23 Contributor address; City; State; Zip Code \$1600 \$ 60016 man 63 @ aol com	9/1/22		Plate: Zin Code	\$15000
Date Full name of contributor [] out-of-state PAC (ID#] Amount of contribution (\$) 9/7/23 Barry Weleman Contributor address; City; State; Zip Code \$1600 bcoleman 63 @ aol.com	11120	Contributor address, City,	State, Zip Code	1500
9/7/23 Barry Coleman contributor address; city: State; Zip Code \$1600° bcoleman 63 @ aol.com	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l
bcoleman 63 @ aol com	Date		(ID#:)	Amount of contribution (\$)
beoleman les e aoi com	9/7/23	Barry Coleman	State: Zio Code	\$110000
			A CARE AND A CARE AND	1.400
	Principal occu			tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		If contributor is out-of-state PAC, please see Instruc	tion guide for additional i	reporting requirements.

SCHEDULE A1

2 FILER NAME	David Thacker		-
Date			3 Filer ID (Ethics Commission Filers
17/23	5 Full name of contributor Gil RASCO (Gilber 6 Contributor address; C Gil Q btel Com		$\frac{7}{$} \frac{7}{350} \frac{100}{5}$
Principal occup	ation / Job title (See Instructions)	9 Employer (See Instru	uctions)
Date	Full name of contributor aut		Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instru	ections)
Date	Full name of contributor	-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; Cit	y; State; Zip Code	
Principal occupat	tion / Job title (See Instructions)	Employer (See Instru	(ctions)
Date	Full name of contributor 🗌 out-	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City	y; State; Zip Code	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instru-	ctions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense

Legal Services

71. . .

Food/Beverage Expense

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Fees

EXPENDITURE CATEGORIES	FOR	BOX	8(a)
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Advertising Ex	pense
Accounting/Bankin	g
Consulting Expens	e
Contributions/Dona	ations Made By
Candidate/Office	nolder/Political Committee
Credit Card Payment	

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense

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

	The instruction	Guide	explains	how to	comp	plete	this f	form.	
-									

1 Total pages Schedule F1:	2 FILER NAME David Thacker	3	Filer ID (Ethics Commission Filers)
4 Date 1 20 23	5 Payee name Brazoria County Fair B	The second second second	clation
6 Amount (\$) \$ 750 00	7 Payee address; U	city: releton tx	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule) EVENT EXPENSE	(b) Description Rental	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX,	officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/7/23	Payee name HTTPS Imprint		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 207.62	14550 Beechnut St.	Houston T	x 77083
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description KODZIES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	ware to the second s	
8/14/2023	Hobby Lobby		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 54.11	125 TX-332 Lake Jo	ickson	TX 77566
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Event Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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 NEEDED)

	ITICAL CONTRIBUTIONS	La di La constante di secondo	SCHEDULE F1
If the requested i	nformation is not applicable, DO NOT includ	and the second	port.
Advertising Expense	EXPENDITURE CATEGORIE		
Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polis Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense gexpense as/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F	Lavid Thacker	>	3 Filer ID (Ethics Commission Filers)
B15 2023	Friends of the River		
Amount (\$) \$ 100 @	POBOX 93 Brut Sua Bardollomito	ZORIA TX 7	State: Zip Code
	(a) Category (See Categories listed at the top of this schedule)		2
PURPOSE OF EXPENDITURE	Donation	Flounder !	sponsor
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		in the second
8/17/23	Angleton Chamber of (Commerce	
Amount (\$)	Payee address;	City;	State: Zip Code
\$ 3500-			x 77515
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation		
OF	Donation Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living expense
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin. Office sought	TX, officeholder living expense Office held
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH		
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH		
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name BUCIZOS POTE FACTS Payee address;	Office sought	Office held
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name BLAZOS POTH FACTS Payee address;	Office sought City:	Office held
OF EXPENDITURE	Candidate / Officeholder name Payee name BLAZOS port Facts Payee address; 720 S. Main Clube Category (See Categories listed at the top of this schedule)	City: TX 71531 Description	Office held

	ITICAL CONTRIBUTIONS	ude this page in the rep	ort
	EXPENDITURE CATEGOR		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	Event Expense Loc Fees Off Food/Beverage Expense Poi By Gift/Awards/Memorials Expense Prin	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense nting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
I Total pages Schedule F			Filer ID (Ethics Commission Filers
8 23 23	5 Payee name ACTIONS NC	المغرب الم	
\$ Amount (\$) \$ 7509	501 Karankawa St	city; Angleton TR	State; Zip Code
3	(a) Category (See Categories listed at the top of this schedu		-1713
PURPOSE OF EXPENDITURE	Contribution	GOIF TOW	ment
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder fiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 8 25 23	Payee name PayPal		
Amount (\$) \$ 400	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Adverhisins Expense		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, T	C, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 8 28 23	Payee name DEFICE DEDT		
Amount (\$)	Payee address;	City;	State; Zip Code
\$68.20		ackson TX	Tistele
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule EVENT EX PLASE	Printing	flyers
	Check if travel outside of Texas. Complete Schedule 1	Check if Austin, TX	, officeholder living expense

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card P aymont	The Instruction Guide explain	is how to complete this form.	
1 Total pages Schedule F1	2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 8 28 23	5 Payee name Office Dept	t	
5 Amount (\$)	7 Payee address;	City;	State: Zip Code
\$ 77.40	104 TX 332 Lak	e Jackson	TR 77566
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Printin	ig flyers
	(C) Check if travel outside of Texas. Complete Se	chedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/30/23	Back Road Beauti	es	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 419,47	502 E Brazos Av	e west Colu	unbia tx 77486
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	advertising	Hats	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	and the second	
8130123	Boy scouts		
Amount (\$)	Payee address;	City:	State; Zip Code
5000	Bay area Council		
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Bonation		
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

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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(2	a)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Event Expense Lo Fees O Food/Beverage Expense P Giff/Awards/Memorials Expense P	can Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME David Thack	2.(3 Filer ID (Ethics Commission Filers)
4 Date 9/1/23	5 Payee name Hobby Lobby	x	ļ
6 Amount (\$)	7 Payee address;) City;	State; Zip Code
74,02	125 TX - 332 Lake	Jackson	TX 77566
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche EVENT EX PENSE	(b) Description Fund rc	riser
	(C) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		and all the second s
9/5/23	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$95.21	Amazon.com		
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	Event Expense	fund r	aiser
	Check if travel outside of Texas. Complete Schedu	lie T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/6/23	Hobby Lobby		
Amount (\$)	Payee address;	City;	State; Zip Code
\$67.09	125 TX - 332 Lake	Jackson TR	77566
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Event Expense	Description Fundra	äser
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin	a, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

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If the requested i	ITICAL CONTRIBUTIONS nformation is not applicable, DO NOT include	this page in the re	eport.
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Madi Candidate/Officeholder/Poli Credit Card Payment	Event Expense Loan Re Fees Office Or Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing I	payment/Reimbursement /erhead/Rental Expense /xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F			3 Filer ID (Ethics Commission Filers
Date 9/16/23	5 Payee name Performance P	birty.	
Armount (\$) \$ 382.70	7 Payee address;	Ocity;	State; Zip Code
1.000	(a) Category (See Categories listed at the top of this schedule)	(b) Description	女 17515
PURPOSE OF EXPENDITURE	Event Expense	Back du	υρ
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
9/7/23	Asiels		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 25.52	830 N. Dixie Dr. G. La	he Jackson	7× 775706
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FODCY BEVERAGE ESPENSE	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living expense
			Office hald
	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Candidate / Officeholder name	Office sought	
expenditure to benefit C/O	Candidate / Officeholder name		
Date $7/7/23$	Candidate / Officeholder name H Payee name		Slate; Zip Code
Expenditure to benefit C/O Date $7/7/23$	Candidate / Officeholder name H Payee name South TX Aunsling	City;	
Complete ONLY if direct expenditure to benefit C/O Date 7/7/23 Amount (\$) $$500^{\circ}$ PURPOSE OF EXPENDITURE	Candidate / Officeholder name H Payee name South TX Aunsling Payee address:	City;	
PURPOSE OF	Candidate / Officeholder name H Payee name South TX Aunsling Payee address: 14723 CR 210 Dank Category (See Categories listed at the top of this schedule)	City; City; DWNY-TX Description	

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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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense **Consulting Expense** Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Thacker 4 Date 5 Payee name 8123 6 Amount (\$) 7 Payee address; City; State: Zip Code \$ 75000 8 (a) Category (b) Description top of this schedule? Insurance fi Fundraise PURPOSE Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Waldreens Amount (\$) Payee address; City; State; Zip Code 106.95 5 M IX 0 2 Category Description Printing PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 0 Amount (\$) Payee address; City; State; Zip Code \$4775.00 mpe lietori at the ton of this PURPOSE OF xpens EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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If the requested i	nformation is not applicable, DO NOT inc	lude this page in the r	eport.
and transformer to	EXPENDITURE CATEGO	and the second se	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli Candidate/Officeholder/Poli Credit Card Payment	Event Expense Lc Fees Of Food/Beverage Expense Pc By Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense offing Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen: Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F	1: 2 FILER NAME DOwld thack	ur	3 Filer ID (Ethics Commission Filers)
9/18/23	5 Payee name VOW 22		
Amount (\$) \$ 1000 UD	7 Payee address; PO BOX 1390 Lalle,	city; ACKSOU TX	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schere Donation		1
	(C) Check if travel outside of Texas. Complete Schedu	tie T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
^{Date} 9)20)23	Payee name Angleton Chamb	er	
Amount (\$) \$775 ⁰⁰	Payee address; 222 North Velasc	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Advertissing Check if travel outside of Texas. Complete Schedul	Hole Spi	MSM
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 9 28123	Payee name Sams Club		
Amount (\$) \$ 179.86	Payee address; 15800 S FWU S 1	civ: Pearland .	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul EVENT EX plantsc Check if travel outside of Texas. Complete Schedule	e) Description Natimal	Night Dut
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE

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FROM POL	ITICAL CONTRIBUTIONS		SCHEDULE F1
If the requested i	nformation is not applicable, DO NOT include	this page in the r	eport.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME David thacker		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/23	5 Payee name BOUS + GIVIS C		1
6 Amount (\$) \$ 125°9	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertisin &	Hole Spo	NSOR
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 10)3/23	Payee name KOQUT		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 53.96	800 Dixie Dr Clute 7	17 7753-1	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	national	hight out
	Check if Itavel outside of Texas. Complete Schedule T,	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/3/23	HEB		
Amount (\$)	Payee address;	City;	State; Zip Code
\$62.17	97 Ouster Creek pr	Lake Ja	CKSON TX 77566
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EX PLASE	Description Nationa	e night out

Complete ONLY if direct expenditure to benefit C/OH

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www.ethics.state.tx.us

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

If the requested in	formation is not applicable, DO NOT i	nclude this page in the repo	rt.
	EXPENDITURE CATE		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit/Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement So Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra Salaries/Wages/Contract Labor Ott	licitation/Fundraising Expense ansportation Equipment & Related Expens avel In District avel Out Of District ner (enter a category not listed above)
Total pages Schedule F1	David tha	CKER 31	Filer ID (Ethics Commission Filers)
Date 10/10/23	5 Payee name Zeiglers		
Amount (\$)	7 Payee address;	City;	State; Zip Code
456.82	137 E. Mulberry	Angleton T	2 77575
	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising		
	(C) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/10/23	BIAZONIA County F	air Association	N
Amount (\$)	Payee address;	City;	State; Zip Code
37502	901 S Downing Category (See Categories listed at the top of this sof	Angleton TX Description	77515
PURPOSE OF EXPENDITURE	Sonation / Contribu		umble
	Check if travel outside of Texas. Complete Sch	edule T. 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	Payee name		
10/12/23	Dur Lady Queen	of Peace	
Amount (\$)	Payee address;	City;	State; Zip Code
5000	1600 FM 2004 A	lich, wood the -	17531
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin, TX, o	fficeholder living expense
	Candidate / Officeholder name	Office sought	

	EXPENDITURES MADE		SCHEDULE F1
If the requested in	nformation is not applicable, DO NOT includ	de this page in the r	eport.
	EXPENDITURE CATEGORI		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Focd/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	2 FILER NAME Dawid Thack	er	3 Filer ID (Ethics Commission Filers)
10/17/23	5 Payee name TTOZ 2 YOUR NEAR	Ł	
\$ Amount (\$) \$ 100 m	7 Payee address; 4107 Flagstone Pine	city: Ln. Spring	State: Zip Code
3	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Bonation		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/17/23	Friends of the R	iver	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 20000	POBOX 93 Brazor	a TX T	7422
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/17/23	Brazonia County Fa	ir Associa	tim
Amount (\$)	Payee address;	City;	State; Zip Code
40000	901 S Downing St	- Angete	n 1x 71515
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Lifetime	e membership
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

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POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS 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 Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) mayer 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State: Zip Code (a) Category (See Categor 8 listed at the top of this schedule' (b) Description PURPOSE Unation OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name uston Life stock show and Rodeo 10 Amount (\$ City Zip Code \$ 125 430012 Houston TX gories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name uston Livestock Show + Lodeo D Amount City; State; Zip Code 3 IM 24 as listed at the top of this schedule) Description PURPOSE Donation OF EXPENDITURE Check if travel outside of Jexas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 CAT	EGORIES FOR B	OX 8(a)
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Advertising Expense	
Accounting/Banking	
Consulting Expense	
Contributions/Donations Made By	
Candidate/Officeholder/Political Committee	
Credit Card Payment	

 Event Expense
 Loan F

 Fees
 Office

 Food/Beverage Expense
 Pollarg

 Gitt/Awards/Memorials Expense
 Printir

 Legal Services
 Salarie

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction	Guide	explains	how to	complete	this form.
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\$ 200" 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Dematian Auchim 0 Creck if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held Date Payee name Back Road Beautries City: State: Zip Code \$ 77.94 502 E Brazos Are West Columbia Tx 77.42 Category (See Categories listed at the top of this schedule) Description Purpose Category (See Categories listed at the top of this schedule) Description Tx 77.42 Date Payee name Category (See Categories listed at the top of this schedule) Description Purpose Category (See Categories listed at the top of this schedule) Description Purpose Category (See Categories listed at the top of this schedule) Description Purpose Category (See Categories listed at the top of this schedule) Description Complete ONLY if direct Categories listed at the top of this schedule) Description Complete ONLY if direct Categories listed at the top of this schedule) Description <	1 Total pages Schedule F1:	2 FILER NAME David Thacker	_	3 Filer ID (Ethic	s Commission Filers)
6 Amount (\$) 7 Payee address: City: State: Zip Cod \$ 200 N 7 Payee address: City: State: Zip Cod 8 (a) Category (see Categories listed at the top of this schedule) (b) Description Au Chi MM 9 Complete QNLY if direct expenditure to benefit C/OH Candidate / Office-holder name Office sought Office held 9 Complete QNLY if direct expenditure to benefit C/OH Candidate / Office-holder name Office sought Office held 9 Complete QNLY if direct expenditure to benefit C/OH Candidate / Office-holder name Office sought Office held 0 ate Payee name Back RUad Beauties City: State; Zip Code 11 12 32 Back RUad Beauties Description Tx 77.42 Purpose Expenditure to benefit C/OH Category (see Categories field at the top of this schedule) Description Description Purpose Category (see Categories field at the top of this schedule) Description Description Purpose Category (see Categories field at the top of this schedule) Description Office held Shirt Logo Printing <			9		
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PURPOSE OF EXPENDITURE Advertising Shirt Logo Printing Complete ONLY if direct expenditure to benefit Croh Candidate / Officeholder name Check if Austin, TX. officeholder fiving expense Complete ONLY if direct expenditure to benefit Croh Candidate / Officeholder name Office sought Office held Date III 8 23 Payee name Additories City; State: Zip Code Amount (\$) Payee address; City; State: Zip Code PURPOSE OF EXPENDITURE Dotation Kawa St Amount (\$) And I et al. Dotation PURPOSE OF EXPENDITURE Officen I is schedule; Description	\$77.94	502 E BAZZOS AVE W	est colum	ibia TX	77486
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date 11/8/23 Payee name AttionS Amount (\$) Payee address; City; State: Zip Code § 700 ¹⁰² 501 Karan Kawa St Angleton Tx 77515 Purpose expenditure Office load Description Description Purpose expenditure Donation Fundraisch State:	OF			Logo Pril	nting
Date III Payee name Date III Payee name Aftions Amount (\$) Payee address; \$700 ¹⁰ 501 Karan Kawa St Angleton Tx 77515 Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Donation		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
11/8/23 ACtions Amount (\$) Payee address: City; State: Zip Code \$700 ¹⁰⁹ 501 Karan Kawa St Angleton Tx 77515 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Donation Fundraison			Office sought	, and	Office held
\$700 ¹⁰ <u>501 Karan Kawa St Angleton TX 77515</u> PURPOSE OF EXPENDITURE DONATION Fundraison		A I			
PURPOSE OF EXPENDITURE DONATION Fundraison			city; Angletav		Zip Code 7515
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense	OF	8		802	
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Condidate / Officeholder name Office sought Office held			Office sought		Office held

Forms provided by Texas Ethics Commission

	TICAL CONTRIBUTIONS formation is not applicable, DO NOT include	all to a second second	SCHEDULE F1
			eport.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Pees Office On Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME David Thack		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/23 5 Amount (\$)	5 Payee name The Exchange	Club A	ngleton
750 ^{co}	7 Payee address; 0	City;	V State; Zip Code
1	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation	Sponsor	ship
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11/17/23	Payee name Alvin Community Co	Necze	
Amount (\$) \$ 1800 ⁰²	Payee address; 3110 MUSTANG Rd A	city:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the log of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	and a second sec	
11/28/23	My Hero wears Blu-	e	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 244.45	myhero wears blue. Co	m	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

FROM POLI	EXPENDITURES MADE		SCHEDULE F1
If the requested in	formation is not applicable, DO NOT include	this page in the re	eport.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made f Candidate/Officeholder/Politic Credit Card Payment	rees Office O Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	David Thacke	R	3 Filer ID (Ethics Commission Filers)
Date 11/29/23	5 Payee name Sams Club	1	
Amount (\$)	7 Payee address;	City;	State; Zip Code
58.64	15800 S FOOD FWY S	Pear land	TX 77584
	(a) Category (See Categories listed at the top of this Schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Exspense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
11/29/23	HEB		
Amount (\$)	Payee address;	City;	State; Zip Code
205.11	97 Oyster Cruek Pr.	Lake Jack	son TR 77566
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/29/23	Brazoria County	Baseball	
Amount (\$) 100	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Bonation		
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense

FROM POL	ITICAL CONTRIBUTIONS		SCHEDULE F1
If the requested i	nformation is not applicable, DO NOT include	this page in the r	eport.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Madi Candidate/Officeholder/Poli Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E	xpense. Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F			3 Filer ID (Ethics Commission Filers)
1130)23	5 Payee name Energia Resource	S	L
Amount (\$)	7 Payee address; 0	City;	State; Zip Code
\$ 5000	122 CR 839 angle	ton IR	71515
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	FISH Fru	X
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12/1/23	PO Boys Seafood		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 10600	2605 5 velased St #	Ingleton .	TX 71515
1.1.1.1.1.1	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Fish Fn	X
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		, and a set of the set
12/4/23	PayPal		
Amount (\$) \$ 600	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held

	ITICAL CONTRIBUTIONS		SCHEDULE F1
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A	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense Polling E	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1	2 FILER NAME David Thacker	-	3 Filer ID (Ethics Commission Filers)
Date 12/6/23	5 Payee name Hispanic Chan	nber	
Amount (\$) 140 ⁰⁹	7 Payee address; 200 W. 2nd St Ste 210	City: Errep onr f	State: Zip Code TX 77541
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	17 11511
PURPOSE OF EXPENDITURE	Donation	Scholar	ship
	(C) Check If travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
12/6/23 Amount (\$) \$25000-	Junior Gordon bar Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT Expense	Description	
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/6/23	Brazonia County Repu	olican Pa	rty
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 125000	135 Spanish Oak Circle	Lake Jack	son TX 77566
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Filing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

	ITICAL CONTRIBUTIONS	le this page in the r	SCHEDULE F1
	EXPENDITURE CATEGORIE		choir.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan F Fees Office Food/Beverage Expense Polling By Gift/Awards/Memoria/s Expense Printin	Repayment/Reimbursement Overhead/Rental Expense Stypense g Expense sc/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
Date 12/8/23	5 Payee name POUN Pal		
Arnount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 12)8123	Back Road Beautie	8	
Amount (\$) 446.53	Payee address; <u>502 E. Brazos Ave</u> Category (See Categories listed at the top of this schedule)	City; West Column	state: Zip Code bia TR 77486
PURPOSE OF EXPENDITURE	Advert sing	Harts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
			a anna Allada an is Nachairtí an Staite
Date	Payee name		
Date	Payee name PD BOYS Seafood		
12/11/23	0 0 1	City;	State; Zip Code
12/11/23	Po Boys Seafood	city: Ngleton	State; Zip Code TX 7.7515
Amount (\$)	POBOYS Seafood Payee address;	city; ngleton Description Meet and	77515
12/11/23 Amount (\$) 72.28 PURPOSE OF	PD BOYS Seafood Payee address; 2605 S Velasco A Category (See Categories listed at the top of this schedule)	ngleton Description Meet and	77515

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	ITICAL CONTRIBUTIONS	lude this page in the re	SCHEDULE F1
	EXPENDITURE CATEGO		sport.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Lu Fæs O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F			3 Filer ID (Ethics Commission Filers)
Date 12/11/23	5 Payee name	Surce s	
Amount (\$) 80 ⁰⁰²	7 Payee address;	city; ton tx 77575	State; Zip Code
PURPOSE OF	(a) Category (See Categories listed at the top of this schere EVENT Expense		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedu		0
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date 2 13 23	Payee name Spent 2 Print		
Amount (\$) \$ 7733.35	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	advertising	Sign	
	Check if travel outside of Texas. Complete Scheduk	T. Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 12/15	Payee name SQ OULDOOF ASSOCI	ation	
Amount (\$) 80 ⁰⁰	Payee address; Stafford TX	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Contri buttor	a) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, 1	X, officeholder living expense
omplete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/ContractLabor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 21	2 FILER NAME David The	icker	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/23	E De	r Association	5
6 Amount (\$) TOO^{OD}	7 Payee address; Stafford tx	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this DMAH M	s schedule) (b) Description	
	(C) Check if travel outside of Texas. Complete S	Schedule 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
Date 12/15/23	Payee name Mike Fulton		
Amount (\$) \$220 ¹⁰	Payee address; PO BDX 2040 Cl	city: ute TX 77531	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this : DMAHOM		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete S Candidate / Officeholder name	Office sought	n, TX. officeholder living expense Office held
Date 12)19)23	Payee name Brazosport Facts)	
Amount (\$) 1423, 13	Payee address;	city: LHE TR 7753	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this s advertising		
	Check if travel outside of Texas. Complete S Candidate / Officeholder name		n, TX, officeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Gince held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

		SCHEDULE F1
ormation is not applicable, DO NOT include	this page in the r	eport.
EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E al Committee Legal Services Salaries/	erhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
5 Payee name Mazosport Facts		
7 Payee address;	City;	State; Zip Code
720 S. main Clute tx	(77531	
(a) Category (See Categories listed at the top of this schedule)	(b) Description	
advertising		
(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name Sprint 2 Print		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
advertising	Signs	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
	EXPENDITURE CATEGORIES Event Expense Facs Loan Reg Office Out Food/Beverage Expense Giff/Awards/Memorials Expense Salaries/A The Instruction Guide explains how to 2 FILER NAME David Thacker 5 Payee name David Sport Facts 7 Dab S. Main Clute T) (a) Category (See Categories listed at the top of this schedule) Advertising Advertising Payee name Sprint D Find Advertising Quertising Category (See Categories listed at the top of this schedule) Advertising Quertising Category (See Categories listed at the top of this schedule T. Candidate / Officeholder name Payee name Payee address; <t< td=""><td>TICAL CONTRIBUTIONS Sommation is not applicable, DO NOT include this page in the r EXPENDITURE CATEGORIES OR BOX 6(a) Expenditure categories is not applicable, DO NOT include this page in the r Expenditure categories is not applicable, DO NOT include this page in the r Formation is not applicable, DO NOT include this page in the r Expenditure categories is not applicable. Formation is not applicable, DO NOT include this page in the r Formation is not applicable, DO NOT include this page in the r Formation is not applicable, DO NOT include this page in the r Formation is not applicable. Formation is not applicable, DO NOT include this page in the r Formation is not applicable. Formation is not applicable. Formation is not applicable. Sparse address; Candidate / Officeholder name Office sought Payee name Sprint D Print Candidate / Officeholder name Office sought Advertising Candidate / Officeholder name Office sought Advertising Candidate / Officeholder name Office sought Candidate / Officeholder name Office sought<</td></t<>	TICAL CONTRIBUTIONS Sommation is not applicable, DO NOT include this page in the r EXPENDITURE CATEGORIES OR BOX 6(a) Expenditure categories is not applicable, DO NOT include this page in the r Expenditure categories is not applicable, DO NOT include this page in the r Formation is not applicable, DO NOT include this page in the r Expenditure categories is not applicable. Formation is not applicable, DO NOT include this page in the r Formation is not applicable, DO NOT include this page in the r Formation is not applicable, DO NOT include this page in the r Formation is not applicable. Formation is not applicable, DO NOT include this page in the r Formation is not applicable. Formation is not applicable. Formation is not applicable. Sparse address; Candidate / Officeholder name Office sought Payee name Sprint D Print Candidate / Officeholder name Office sought Advertising Candidate / Officeholder name Office sought Advertising Candidate / Officeholder name Office sought Candidate / Officeholder name Office sought<