

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:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>David</i>	MI <i>A</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>Thacker</i>	SUFFIX		Date Received <i>FILED 2-6-2024</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <i>62 Sundrop Ct</i>	APT / SUITE #;	CITY; <i>Lake Jackson TX</i>	STATE; <i>TX</i>	ZIP CODE <i>77566</i>	FILED <i>2-6-2024</i> JOYCE HUDMAN, COUNTY CLERK, BRAZORIA CO., TEXAS BY <i>AJ Monahan</i> DEPUTY	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>848-7928</i>	EXTENSION			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Ms</i>	FIRST <i>Rhonda</i>	MI <i>L</i>				
	NICKNAME	LAST <i>Irwin</i>	SUFFIX			Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); <i>62 Sundrop Ct, Lake Jackson TX</i>		CITY; <i>TX</i>		STATE; <i>TX</i>	ZIP CODE <i>77566</i>	
	8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>292-4361</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <i>01</i>	Day <i>01</i>	Year <i>2024</i>	THROUGH	Month <i>02</i>	Day <i>05</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month <i>03</i>	Day <i>05</i>	Year <i>2024</i>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any) <i>Brazoria Co. Constable Pct 1</i>			OFFICE SOUGHT (if known) <i>Brazoria Co Commissioner Pct 1</i>			
	14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	COMMITTEE TYPE		COMMITTEE NAME			
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS					
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME					
COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

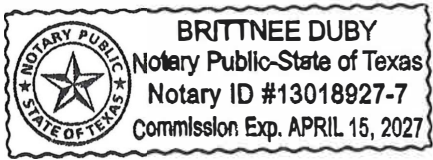
15 C/OH NAME <i>David Thacker</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,350 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,872.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,448.78
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 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 6th day of February, 2024, to certify which, witness my hand and seal of office.
Brittnee Duby Printed name of officer administering oath
Brittnee Duby Title of officer administering oath
Office Manager

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		\$ 14,350 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		\$ 18,972.13
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 900 ⁰⁰
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: 5
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Rogers	7 Amount of contribution (\$) \$1100⁰⁰
6 Contributor address; City; State; Zip Code Richwood TX 77531		
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
Date 1/9/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickie Henkel	Amount of contribution (\$) \$1500⁰⁰
Contributor address; City; State; Zip Code Houston TX 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre + Fields LP PAC	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Sugarland TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EHR A PAC	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Houston TX 77042		
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: 5
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IDS Engineering Group PAC	7 Amount of contribution (\$) \$1500⁰⁰
6 Contributor address; City; State; Zip Code Houston TX 77040		
8 Principal occupation / Job title (See Instru		9 Employer (See Instructions)

Date 1/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pape - Dawson Engineers PAC	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code San Antonio TX 78213		
Principal occupation / Job title (See instructions)		Employer (See Instructions)

Date 1/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telfryn John	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Cypress TX 77433		
Principal occupation / Job title (See instructions)		Employer (See Instructions)

Date 1/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed Valdez	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Cypress TX 77433		
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 1/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Balmo S	7 Amount of contribution (\$) \$1500⁰⁰
6 Contributor address; City; State; Zip Code - Cypress TX 77433		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Barlow	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Bellaire TX 77401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Moss	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Houston TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Sunderwala	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Cypress TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Heisch	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address; City; State; Zip Code Houston TX 77009		
8 Principal occupation / Job title (See Instructions) ns	9 Employer (See Instructions)	
Date 1/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Brannen	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code Cypress TX 77433		
Principal occup	le (See Instructions) Employer (See Instructions)	
Date 1/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Jacob	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code Spring TX 77379		
Principal occup	ti e I structions) Employer (See Instructions)	
Date 1/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Janak	Amount of contribution (\$) \$ 1500⁰⁰
Contributor address; City; State; Zip Code Houston TX 77094		
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: 5
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Garza	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address; City; State; Zip Code Houston TX 77025		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Miller	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code Houston TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Sydow	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code Katy TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 7	2 FILER NAME David Tracker	3 Filer ID (Ethics Commission Filers)
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4 Date 11/3/2024	5 Payee name American Legion
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6 Amount (\$) \$200 ⁰⁰	7 Payee address; West Columbia TX	City;	State;	Zip Code
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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 11/5/2024	Payee name Direct Effect marketing
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Amount (\$) \$920.74	Payee address; 2409 E Mulberry St. Angleton TX 77515	City;	State;	Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/8/2024	Payee name Imprint
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Amount (\$) 207.13	Payee address; 14550 Beechnut St Houston TX 77083	City;	State;	Zip Code
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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 <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: 7	2 FILER NAME David Tracker	3 Filer ID (Ethics Commission Filers)
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4 Date 1/8/2024	5 Payee name Tri - m Storage
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6 Amount (\$) \$ 90 ⁰⁰	7 Payee address; 1300 Old Angleton Rd City; Clute TX State; Zip Code 77531
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expense	(b) Description Storage
	(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 1/12/2024	Payee name Amazon
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Amount (\$) 32.46	Payee address; Amazon.com 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/12/2024	Payee name Sams
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Amount (\$) 301.04	Payee address; 6614 Gulf Fwy City; Lamarque TX State; Zip Code 77568
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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 <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: 4	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 1/16/2024	5 Payee name Office Depot
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6 Amount (\$) 38.97	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) Printing 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/16/2024	Payee name Peters Cut Rate
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Amount (\$) \$84.41	Payee address; 2532 S Velasco St Angleton TX 77515	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/16/2024	Payee name He B
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Amount (\$) 84.44	Payee address; 1239 E. Mulberry St Angleton TX 77515	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 <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			

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1 Total pages Schedule F1: 7	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 1/17/2024	5 Payee name Matt Mathis Band
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6 Amount (\$) \$ 250⁰⁰	7 Payee address; 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
	(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 1/17/2024	Payee name Junior Gordon Band
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Amount (\$) 650.00	Payee address; Alvin TX	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/17/2024	Payee name Miracle House of Prayer
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Amount (\$) \$ 350⁰⁰	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 <u>ONLY</u> 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

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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: 7	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 1/18/2024	5 Payee name Angleton Christian School
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6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code 976 Anchor Rd Angleton TX 77515
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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 1/18/2024	Payee name Brazoria County Septic Service
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Amount (\$) \$156.93	Payee address; City; State; Zip Code 332 County Rd 223 Freeport TX 77541
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Portable toilet
	<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 1/19/2024	Payee name HLSR
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Amount (\$) \$400 ⁰⁰	Payee address; City; State; Zip Code 3 NRG Park Houston TX 77054
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Sponsor
	<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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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: 7	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 11/18/2024	5 Payee name Brazosport Chamber
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6 Amount (\$) \$75 ⁰⁰	7 Payee address; 300 Abner Jackson Pkwy, 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) 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 11/21/2024	Payee name HLSR
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Amount (\$) \$170 ⁰⁰	Payee address; 3 NRG Park Houston TX 77054	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/24	Payee name Brazoswood Baseball
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Amount (\$) 100 ⁰⁰	Payee address; 302 Brazoswood Dr. Clute TX 77531	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 <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: 7	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
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4 Date 1/25/2024	5 Payee name Neumann + Company
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6 Amount (\$) \$14,761.01	7 Payee address; City; State; Zip Code 5417 Pine Street Bellaire, TX 77401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting/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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/25/2024	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 <u>ONLY</u> 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 1/25/2024	6 Payee name Angleton Chamber of Commerce	
7 Amount (\$) \$900 ⁰⁰	8 Payee address; City; State; Zip Code 222 N Velasco St Angleton TX 77515	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 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		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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