

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: 28	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>David</u>	MI	
	NICKNAME	LAST <u>Thacker</u>	SUFFIX	
OFFICE USE ONLY				
Date Received FILED 5/20/24				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	<u>62 Sundrop Ct Lake Jackson TX 77566</u>			
JOYCE HUDMAN, CONSTABLE, BRAZORIA CO., TEXAS BY <u>[Signature]</u> DEPUTY				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			
	<u>(979) 848-7928</u>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Ms</u>	FIRST <u>Rhonda</u>	MI	
	NICKNAME	LAST <u>Irwin</u>	SUFFIX	
	Date Hand-delivered or Date Postmarked			
	Receipt #	Amount \$		
Date Processed				
Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	<u>62 Sundrop Ct Lake Jackson TX 77566</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION			
	<u>(979) 292 4361</u>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year			
	<u>2 / 27 / 2024</u> THROUGH <u>5 / 20 / 2024</u>			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year <u>5 / 28 / 2024</u>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	<u>Brazoria Co. Constable PCT 1</u>		<u>Brazoria Co. Commissioner PCT 1</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		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 David Thacker 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)	\$ 30,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,439.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,639.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,000.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is David Thacker, and my date of birth is 02-15-1965
 My address is 62 Sundrop Ct Walt Jackson II TX 75661 Beaumont
(street) (city) (state) (zip code) (country)
 Executed in Brazoria County, State of TX, on the 20 day of May, 2025.
(month) (year)
David R. Thacker
 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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>30,225⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>16,000⁰⁰</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>30,439.91</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME **David Thacker**

3 Filer ID (Ethics Commission Filers)

4 Date
2/28/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Steve Jones

7 Amount of contribution (\$)
\$ 200⁰⁰

6 Contributor address; City; State; Zip Code
Pearland TX 77581

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/28/24

Full name of contributor out-of-state PAC (ID#: _____)
Allie Thacker

Amount of contribution (\$)
\$ 350⁰⁰

Contributor address; City; State; Zip Code
Van Vleck TX 77482

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/28/24

Full name of contributor out-of-state PAC (ID#: _____)
Rhonda Irwin

Amount of contribution (\$)
\$ 1000⁰⁰

Contributor address; City; State; Zip Code
Lake Jackson TX 77566

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Acct manager

Date
2/28/24

Full name of contributor out-of-state PAC (ID#: _____)
Raba Kisner PAC

Amount of contribution (\$)
\$ 1000⁰⁰

Contributor address; City; State; Zip Code
San Antonio TX 78269

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladys Brooks	7 Amount of contribution (\$) \$50⁰⁰
6 Contributor address; City; State; Zip Code Clute TX 77566		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/24	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 3/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Crosby	Amount of contribution (\$) \$1500⁰⁰
Contributor address; City; State; Zip Code Angleton TX 77515		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dude Payne	Amount of contribution (\$) \$5500⁰⁰
Contributor address; City; State; Zip Code Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camron Blinka	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address; City; State; Zip Code Roseburg TX 77471		
8 Principal occupation / Job title (See Instructor)		9 Employer (See Instructions)

Date 3/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local Union no. 68 PAC	Amount of contribution (\$) \$ 1000⁰⁰
Contributor address; City; State; Zip Code Houston TX 77249-8746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Crosby	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code Angleton TX 77515		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Duby	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code Clute TX 77531		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dude Payne	7 Amount of contribution (\$) \$1000⁰⁰
6 Contributor address; City; State; Zip Code Lake Jackson TX 77566		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickie Henkel	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Jersey Village TX 77040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rovin Garrett	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code Angleton TX 77515		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Thompson	Amount of contribution (\$) \$225⁰⁰
Contributor address; City; State; Zip Code Danbury TX 77534		
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

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: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Ripple	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code Lake Jackson TX 77566		
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Brannan	Amount of contribution (\$) \$1200⁰⁰
Contributor address; City; State; Zip Code Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Miller	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code TEXAS CITY TX 77518		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah and Dude Payne	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Thacker	7 Amount of contribution (\$) \$400⁰⁰
6 Contributor address; City; State; Zip Code Van Vleet TX 77482		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Pearson	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Houston TX 77019		
Principal occupa title		Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Henry	Amount of contribution (\$) \$350⁰⁰
Contributor address; City; State; Zip Code Angleton TX 77515		
Principal occup Job title (See Instructions)		Employer (See Instructions)
Date 4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin Biar	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Surf Beach TX 77541		
Principal occupa Job title (See In		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pape Dawson Engineers PAC	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code San Antonio TX 78213		
8 Principal occup	See Instruc	9 Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Friudenberg	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code Freeport TX 77541		
Principal occupation / Job	tions)	Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rod Hall	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Lake Jackson TX 77566		
Principal occupation / Job title (See	ns)	Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collin & Motte	Amount of contribution (\$) \$600⁰⁰
Contributor address; City; State; Zip Code Houston TX 77008		
Principal occupa	b title (See Instructions)	Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie + Matthew Broadus	7 Amount of contribution (\$) \$1000⁰⁰
6 Contributor address; City; State; Zip Code Lake Jackson TX 77566		
8 Principal occup Job title (9 Employer (See Instructions)	

Date 4/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) International Union of Operating Engineers Local 450	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code Mont Belvieu TX 77580		
Principal occupation / Job title (See instructions)		Employer (See Instructions)

Date 5/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Thacker	Amount of contribution (\$) \$350⁰⁰
Contributor address; City; State; Zip Code Van Vleck TX 77482		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 5/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Dessens	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Houston TX 77079		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telbryn John	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code Cypress TX 77423		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date 5/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EARA Engineering PAC	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code Houston TX 77042		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date 5/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnie Riley	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date 5/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Fulton	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

--	--	--

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 5/8/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toby Romero	7 Amount of contribution (\$) \$ 100⁰⁰
6 Contributor address; City; State; Zip Code Rich wood TX 77531		
8 Principal occupation		9 Employer (See Instructions)
Date 5/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walt Sass	Amount of contribution (\$) \$ 235⁰⁰
Contributor address; City; State; Zip Code Katy TX 77450		
Principal occupation		Employer (See Instructions)
Date 5/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmad Araswad	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code Galveston 77550		
Principal occupation		Employer (See Instructions)
Date 5/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Turber	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code Bellaire TX 77401		
Principal occupation / Job title		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 5/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Melass	7 Amount of contribution (\$) \$250⁰⁰
6 Contributor address; State; Zip Code Lake Jackson TX 77506		
8 Principal occupa. b title (See Instructions)	9 Employer (See Instructions)	
Date 5/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Archer	Amount of contribution (\$) \$135⁰⁰
Contributor address; City; State; Zip Code Freeport TX 77541		
Principal occupation / Job title Instructions)	Employer (See Instructions)	
Date 5/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Schmidt	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Marvel TX 77578		
Principal occupa b ti	Employer (See Instructions)	
Date 5/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Sydow	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code Katy TX 77493		
Principal occupa titl	Employer (See Instructions)	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis Crawford Contributor address; City; State; Zip Code Angleton TX 77515	7 Amount of contribution (\$) \$500⁰⁰
8 Principal occupation / Job title	9 Employer (See Instructions)	
Date 5/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Barry Contributor address; City; State; Zip Code Pearland TX 77581	Amount of contribution (\$) \$500⁰⁰
Principal occupation / Job title	Employer (See Instructions)	
Date 5/17/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Miller Contributor address; City; State; Zip Code Texas City TX 77568	Amount of contribution (\$) \$500⁰⁰
Principal occupation / Job title	Employer (See Instructions)	
Date 5/17/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Ramirez Contributor address; City; State; Zip Code Freeport TX 77541	Amount of contribution (\$) \$440⁰⁰
Principal occupation / Job title	Employer (See Instructions)	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle Ragdale	7 Amount of contribution (\$) \$200⁰⁰
6 Contributor address; City; State; Zip Code Freeport TX 77541		
8 Principal occup ob (s)		9 Employer (See Instructions)
Date 5/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Archer	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code Freeport TX 77541		
Principal occupa tile		Employer (See Instructions)
Date 5/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Kees	Amount of contribution (\$) \$150⁰⁰
Contributor address; City; State; Zip Code Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrel Schuster	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Jones Creek TX 77541		
Principal occup Jc ee Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14
---	--------------------------------------

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

4 Date 5/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Salazar	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code Clute TX 77531		

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

Date 5/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Brannan	Amount of contribution (\$) \$590⁰⁰
Contributor address; City; State; Zip Code Lake Jackson TX 77506		

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)
---	-----------------------------

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)
---	-----------------------------

--

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

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME David Thacker		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ - 0 -
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) First State Bank	9 Loan Amount (\$) 4000⁰⁰
6 Is lender a financial Institution? (Y) N	8 Lender address; City; State; Zip Code 200 Brazosport Blvd Clute TX 77531	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none Truck 150 Ford		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor David Thacker	19 Amount Guaranteed (\$) \$ 4000⁰⁰
	18 Guarantor address; City; State; Zip Code 62 Sundrop Ct Lake Jackson R 77566	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
-------------------------------------	--------------------------------------	---------------------------------------

4 Date 3/1/24	5 Payee name Tri - m Boat + mini Storage
-------------------------	--

6 Amount (\$) 90.⁰⁰	7 Payee address; City; State; Zip Code 1320 Old Angleton Rd Clute TX 77531
--	--

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
--	-------------------------------	---------------	-------------

Date 3/4/24	Payee name Newman Limited Partnership
-----------------------	---

Amount (\$) \$23,000.⁰⁰	Payee address; City; State; Zip Code Houston TX
--	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/6/24	Payee name Pizza Hut
-----------------------	--------------------------------

Amount (\$) \$113.64	Payee address; City; State; Zip Code 120 Circle Way St Lake Jackson TX 77566
--------------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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: 9	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
----------------------------------	-------------------------------	---------------------------------------

4 Date 3/11/24	5 Payee name Sams Club
-------------------	---------------------------

6 Amount (\$) \$66.76	7 Payee address; City; State; Zip Code 15800 S. Freeway Pearland TX 77584
--------------------------	--

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
--	-------------------------------	---------------	-------------

Date 3/13/24	Payee name HLR
-----------------	-------------------

Amount (\$) 170 ⁰⁰	Payee address; City; State; Zip Code Houston TX
----------------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/14/24	Payee name Captain Marks
-----------------	-----------------------------

Amount (\$) \$124.35	Payee address; City; State; Zip Code 603 W. 2nd Street Freeport TX 77541
-------------------------	---

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
--	-------------------------------	---------------	-------------

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: 9	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
-------------------------------------	-----------------------------------	---------------------------------------

4 Date 3/14/24	5 Payee name Our Lady Queen of Peace
-----------------------	---

6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1600 Fm 2004 Richwood TX 77531
-------------------------------	---

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/18/24	Payee name HEB
---------------------	-----------------------

Amount (\$) \$60.55	Payee address; City; State; Zip Code 97 Duster Creek Dr Lake Jackson TX 77566
----------------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/20/24	Payee name Jeff Barry
---------------------	------------------------------

Amount (\$) \$260.73	Payee address; City; State; Zip Code 3503 Boxwood Gate Trl Pearland TX 77581
-----------------------------	--

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
-------------------------------------	-----------------------------------	---------------------------------------

4 Date 3/28/24	5 Payee name Imprints
-----------------------	------------------------------

6 Amount (\$) \$ 257.70	7 Payee address; City; State; Zip Code 14550 Beechnut St Houston TX 77083
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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
--	-------------------------------	---------------	-------------

Date 4/03/24	Payee name Tri-m Boat + Mini Storage
---------------------	---

Amount (\$) 90.00	Payee address; City; State; Zip Code 1320 Old angleton Rd Clute TX 77531
--------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/11/24	Payee name Twin Liquors
---------------------	--------------------------------

Amount (\$) 83.33	Payee address; City; State; Zip Code 2803 Business Center Dr # 127 Pearland TX 77584
--------------------------	--

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
--	-------------------------------	---------------	-------------

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: 9	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
-------------------------------------	-----------------------------------	---------------------------------------

4 Date 4/11/24	5 Payee name Exchange Club
-----------------------	-----------------------------------

6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code Angleton TX 77515
----------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/11/24	Payee name Sams Club
---------------------	-----------------------------

Amount (\$) 104.66	Payee address; City; State; Zip Code 15800 S. Freeway Pearland TX 77584
---------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/11/24	Payee name Kroger
---------------------	--------------------------

Amount (\$) \$66.49	Payee address; City; State; Zip Code 800 Dixie Dr 77531 Clute TX 77531
----------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
-------------------------------------	-----------------------------------	---------------------------------------

4 Date 4/15/24	5 Payee name Britt nee Duby
-----------------------	------------------------------------

6 Amount (\$) 196.00	7 Payee address; Lake Jackson TX 77566	City;	State;	Zip Code
-----------------------------	---	-------	--------	----------

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/16/24	Payee name Office Depot
---------------------	--------------------------------

Amount (\$) 128.00	Payee address; 104 TX-332 Suite 300 Lake Jackson TX 77566	City;	State;	Zip Code
---------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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
--	-------------------------------	---------------	-------------

Date 4/17/24	Payee name Hobby Lobby
---------------------	-------------------------------

Amount (\$) 69.20	Payee address; 125 TX 332 Lake Jackson TX 77566	City;	State;	Zip Code
--------------------------	--	-------	--------	----------

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
---------------------------------	-------------------------------	---------------------------------------

4 Date 4/24/24	5 Payee name Captain Marks
-------------------	-------------------------------

6 Amount (\$) \$512.52	7 Payee address; 1003 W 2nd St Freeport TX 77541	City;	State;	Zip Code
---------------------------	---	-------	--------	----------

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
--	-------------------------------	---------------	-------------

Date 5/8/24	Payee name Tri-m Boat + Mini Storage
----------------	---

Amount (\$) \$100 ⁰⁰	Payee address; 1320 Old Angleton Rd Clute TX 77531	City;	State;	Zip Code
------------------------------------	---	-------	--------	----------

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 5/8/24	Payee name Academy
----------------	-----------------------

Amount (\$) \$113.61	Payee address; 120 TX 332 Lake Jackson TX 77566	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>9</u>	2 FILER NAME <u>David Tracker</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>5/8/24</u>	5 Payee name <u>United Way</u>	
6 Amount (\$) <u>\$300⁰⁰</u>	7 Payee address; City; State; Zip Code <u>4005 Technology Rd Ste 1020 Angleton TX 77515</u>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Donation</u>	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>5/13/24</u>	Payee name <u>Peters Cut Rate</u>	
Amount (\$) <u>\$133.10</u>	Payee address; City; State; Zip Code <u>1036 N Velasco St. Angleton TX 77515</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>5/16/24</u>	Payee name <u>HEB</u>	
Amount (\$) <u>\$96.55</u>	Payee address; City; State; Zip Code <u>97 Muster Creek Dr Lake Jackson TX 77566</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	
	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

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: 9	2 FILER NAME David Thacker	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 5/16/24	5 Payee name Sams
--------------------------	-----------------------------

6 Amount (\$) \$ 317.12	7 Payee address; City; State; Zip Code 15800 S. Freepenny Pearland TX 77584
-----------------------------------	---

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
--	-------------------------------	---------------	-------------

Date 5/17/24	Payee name Freeport Municipal Golf Course
------------------------	---

Amount (\$) \$ 3705.00	Payee address; City; State; Zip Code 830 Slaughter Rd Freeport TX 77541
----------------------------------	---

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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED