#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. MI FIRST OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE / OFFICEHOLDER Joseph Date Received NAME SUFFIX LAST NICKNAME Thompson Date Hand-delivered or Date Postmarked ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** Change of Address Bastrop, TX 78602 Date Processed Date Imaged MI CAMPAIGN MS/MRS/MR FIRST **TREASURER** NAME MRS GEKLICIA SUFFIX NICKNAME LAST THOMPSON STATE; ZIP CODE APT / SUITE #; CITY: STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN TREASURER 7860 Z IX BASTROP E Paul Branco ADDRESS (Residence or Business) **EXTENSION** PHONE NUMBER CAMPAIGN AREA CODE TREASURER 512 PHONE REPORT 15th day after campaign treasurer appointment (officeholder only) Runoff TYPE January 15 30th day before election Final Report (Attach C/OH-FR) Exceeded modified 8th day before election July 15 reporting limit Month Day Year PERIOD Day Year COVERED 04/28/2023 THROUGH 04/07/2023 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Other Primary Runoff Month Day Year 05/06/2023 Special X General 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Place 3 District Bastrop ISD None GO TO PAGE 2

### CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

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

				2010
13 C / OH NAME	Thompson, Joseph		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)		political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
П	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITED OR GUARANTE	MIZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE	AN PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00
	2. TOTAL POLITION (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEN	MIZED POLITICAL EXPENDITURES		\$ 0.00
	53	CAL EXPENDITURES		\$ 1,045.00
CONTRIBUTION BALANCE	REPORTING P			\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPO	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	S OF THE LAST DAY	\$ 0.00
	ANEYELLE REAL (A. A.)		all information required to	companying report is p be reported by me
	tary Public, State of Te omn: Expires 04-28-20 No.: ID 133069374	25	of Candidate or Officehol	lder
	OTARY STAMP / SEAL A		, this the $2$	8 ±12 day
of PORIL		certify which, witness my hand and seal of office.		
Signature of off	ficer administering	Danieur Annue F	WING NO Title of office	Otary Public er administering oath
				Version V3.5.1.7bd706d4

#### FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 Filer ID 18 FILER NAME Thompson, Joseph 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS 350.00 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 5, X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ \$ 695.00 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS X 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12.

#### SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, . I Co	mmittee	Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Transportation Equipment Travel in District Travel Out of District OTHER (enter a category	
		_		The Instruction Guide explain	is how to comp	olete this form.	la el ID	
1	Total pages Schedule F1:	2					3 Filer ID	
	Sch: 1/1 Rpt: 4/5		Thompson	, Joseph				
4	Date	5	Payee name					
	04/14/2023		Facebook					
6	Amount (\$)	7	Payee addre	ess; City; Sta	te; Zip Code			
	\$350.00		1 Hacker V	Vay				
								139
				k, CA 94025	[4			
8	PURPOSE OF	(a		See Categories listed at the top of this	schedule)	<ul> <li>Description</li> <li>Check if trave</li> </ul>	el outside of Texas. Complete So	chedule T
l	EXPENDITURE		Advertising	g Expense			in, TX, officeholder living expens	
l						Social Media	a Ads	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	Office sough	nt	Office held	
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#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out of District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule G: 2 FILER NAME Thompson, Joseph Sch: 1/1 Rpt: 5/5 4 Date Payee name Facebook 04/21/2023 State; Zip Code Payee address; City; 6 Amount (\$) \$275.00 1 Hacker Way Reimbursement from political contributions Menlo Park, CA 94025 intended (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if Auslin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Social Media Advertising Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/19/2023 Good Guys Signs Payee address; City; State; Zip Code Amount (\$) 5002 N Howard Ave \$160.00 Rembursement from political contributions intended Tampa, FL 33603 Check if travel outside of Texas. Complete Schedule T. Description **PURPOSE** Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Large Highway Signs Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name Vistago Print, LLC 04/17/2023 Payee address; State; Zip Code Amount (\$) 6706 Lohman Ford Rd \$260.00 Reimbursement from political contributions Lago Vista, TX 78645 intended Check if travel outside of Texas, Complete Schedule T. Description Category (See Calegories listed at the top of this schedule) **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Yard signs Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

#### FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. MI CANDIDATE / MS/MRS/MR FIRST OFFICE USE ONLY OFFICEHOLDER Joseph Date Received NAME SUFFIX LAST NICKNAME Thompson Date Hand-delivered or Date Postmarked ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / **OFFICEHOLDER** one May 121237 MAILING Receipt# Amount **ADDRESS** Change of Address Bastrop, TX 78602 Date Processed Date Imaged MI FIRST CAMPAIGN MS/MRS/MR **TREASURER** 6 ORLICIA NAME SUFFIX LAST NICKNAME "66" THOMPSON STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; CAMPAIGN TREASURER TX 78602 BASTROP ADDRESS (Residence or Business) EXTENSION PHONE NUMBER CAMPAIGN AREA CODE TREASURER 512 PHONE REPORT

	TYPE	January 15 X	30th day before election		ay after campaign treasurer trnent (officeholder only)
		July 15	8th day before election	Exceeded modified Final R reporting limit	Report (Attach C/OH-FR)
9	PERIOD COVERED	Month Day Year 01/16/2023	THROUGH	Month Day Yea 04/06/2023	ır
10	ELECTION	ELECTION DATE Month Day Year 05/06/2023	Primary  X General	ELECTION TYPE Runoff Oth Special	er
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known Place Place 3 District Ba	

**GO TO PAGE 2** 

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Forms provided by Texas Ethics Commission

Version V3.5.1.3ac88bc0

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

2 of 10

			14 Filer ID		
13 C / OH NAME	Thompson, Joseph				
15 NOTICE FROM POLITICAL COMMITTEE(S)		political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this information			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
1					,
		IZED POLITICAL CONTRIBUTIONS (OTHER THA	AN PLEDGES LOANS.	1	
16 CONTRIBUTION TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE	ECTRONICALLY)	\$	0.00
1	(OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	1,850.00
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$	0.00
		CAL EXPENDITURES		\$	2,240.62
CONTRIBUTION BALANCE	REPORTING P			\$	350,00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
j.		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to	companying o be reporte	report is ed by me
all and the second	DANEYELLE RENAEE FRAI	Control of the Contro			
A SEN	lotary Public, State of T	exas	. / _	/	
The state of the s	Comm. Expires 04-28-2 Notary ID 13306937		1		
• 1100			of Candidate or Officehol	lder	
A E E I Y NI	OTARY STAMP / SEAL AL	BOVE			
				ath	desir
Sworn to and sub	scribed before me, by the	said certify which, witness my hand and seal of office.	, this the <b>_</b>	<i>V</i>	day
1	AL.	Danielle R FRANC	cis Notai	ry of	Public
Signature of of	ficer administering	Printed name of officer administering	Title of office	administer	ring oath

SUBTOTALS - C/OH	FORM C/OH COVER SHEET PG 3 3 of 10
18 FILER NAME Thompson, Joseph	) Filer ID
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,850.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<b>\$</b> 1,515.62
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 725.00
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	\$ \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	\$ \$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/10 3 Filer ID 2 FILER NAME Thompson, Joseph 7 Amount of Contribution (\$) out-of-state PAC (ID#: 4 Date 5 Full name of contributor \$50.00 03/07/2023 Bailey, Teresa 6 Contributor address; City; State; Zip Code 489 Leisure Lane Bastrop, TX 78602 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) University of Texas at Austin Professor X out-of-state PAC (ID#: c00027342 Amount of Contribution (\$) Full name of contributor Date International Brotherhood of Electrical Workers Political Action Committee \$1,000.00 02/17/2023 Contributor address; City; State; Zip Code 900 Seventh St, N.W Washington, DC 20001 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$500.00 04/04/2023 Johnson, Greg (Mr.) Contributor address; City; State; Zip Code 110 WAGON GAP CT Bastrop, TX 78602 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 01/25/2023 Koch, Kristi Contributor address; City; State; Zip Code 1408 Water St. Bastrop, TX 78602 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID# Date \$200.00 03/25/2023 Washington, Charles Contributor address; City; State; Zip Code 109 Swift Water Loop Bastrop, TX 78602 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired

# SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selection Manuel/Contract Labor Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Political Credit Card Payment	Committee	Legal Services The Instruction Guide 6			Contract Labor te this form.	OTHER (enter a category not listed and	JVE)
1	Total pages Schedule F1:	2 FILER NAM					3 Filer ID	
	Sch: 1/4 Rpt: 5/10	Thompson						
4	Date	5 Payee name						
	01/21/2023	Canva						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de			
	\$125.00	110 Kippa	St.					
	2	Surry Hills	NSW 2010 Australia	a 				
8	PURPOSE		See Calegories listed at the top	of this schedule)	(b)	Description  Check if travel	outside of Texas, Complete Schedule T	
	OF EXPENDITURE	Advertising	Expense				n, TX, officeholder living expense	
						Post Cards		
9	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	ight		Office held	
ฮ	expenditure to benefit C/Ol		noonoto name		_			
	Date	Payee nam	9					
	02/16/2023	Canva				*)		
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode			
	\$125.00	110 Kippa	x St.					
		Surry Hills	NSW 2010 Australi	a				
	PURPOSE		See Categories listed at the to	p of this schedule)	(b)	Description	outside of Texas, Complete Schedule T.	
	OF EXPENDITURE	Advertisin	g Expense				n, TX, officeholder living expense	
						Postcards		
-	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	ught		Office held	
	expenditure to benefit C/O				_			
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L	03/04/2023		Cir.	State: 7in C	odo			
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		Surry Hills	Surry Hills NSW 20	10 Australia	_			
Γ	PURPOSE	(a) Category	See Calegories listed at the to	op of this schedule)	(b)	Description	La valda of Tauco Compilato Cabadalla T	
	OF EXPENDITURE	Advertisin	g Expense				el outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
١						Postcards	and the automoran and anharms	
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-	Consists ONLY & Student	Candidate/O	fficeholder name	Office so	ught		Office held	
١	Complete ONLY if direct expenditure to benefit C/C		micentituei flattie	Office 30	agni			
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							Version V2 5	1 22000h

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee	Gift/Awards/Memorials Exp Legal Services  The Instruction Guid	Salaries/W	/ages/0	Contract Labor		HER (enter a calegory n	ot listed above)
1	Total pages Schedule F1:	2 FILER	NAME				3 File	er ID	
	Sch: 2/4 Rpt: 6/10	Thom	ipson, Joseph						
4	Date	5 Payee	name						
	03/15/2023	Canv	a						
6	Amount (\$)	7 Payee	e address; City;	State; Zip Co	de				
	\$125.00	110 K	Kippax St.						
		Surry	Hills Surry Hills NSW 20	010 Australia					
8	PURPOSE	(a) Categ	JOTY (See Categories listed at the	top of this schedule)	(b)	Description			-1- T
	OF EXPENDITURE	Adve	rtising Expense					f Texas, Complete Sche ceholder living expense	eddle 1
1	_,,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Postcards	.,, ., ., ., ., ., ., ., ., ., .,	sving expense	
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L			-		<u></u>			Office hald	
9	Complete ONLY if direct expenditure to benefit C/OH		late/Officeholder name	Office sou	ıght			Office held	
-	Date	Devi	a name						
1	Date	l ′	e name Book						
L	03/05/2023				, <sub>-</sub> -				
	Amount (\$)	1	e address; City;	State; Zip Co	)ae				
1	\$114.28	1 Ha	cker Way						
1		Menl	o Park, CA 94025						
H	PURPOSE	(a) Cated	GOTY (See Categories listed at the	top of this schedule)	(b)	Description			
1	OF	1	ertising Expense			Check if travel		of Texas, Complete Scho	
	EXPENDITURE	, lave						ceholder living expense	
						Social Media	a Adve	rtising	
Г	Complete ONLY if direct		date/Officeholder name	Office sou	ight			Office held	
	expenditure to benefit C/O	Н							
H	Date	Davis	e name						
	04/04/2023	1 '	e name ebook						
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1	Amount (\$)		e address; City;	State; Zip C	oue				
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		Men	lo Park, CA 94025						
۲	PURPOSE	(a) Cater	GOTY (See Calegories listed at the	top of this schedule)	(b)	Description			
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H	Complete ONLY if direct		date/Officeholder name	Office so	ught			Office held	
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expens mmittee Legal Services The Instruction Guide ex	Office Ov Polling E Se Printing I Salaries/	verhea xpens Expens Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME	3.			3	Filer ID
	Sch: 3/4 Rpt: 7/10		Thompson, Joseph					
4	Date	5	Payee name					
	03/15/2023		Good Guys Signs					
6	Amount (\$) \$219.56	7	Payee address; City; 5002 N Howard Ave Tampa, FL 33603	State; Zip C	ode			
8	PURPOSE OF EXPENDITURE	(a	Category (See Categories listed at the top of Advertising Expense	f this schedule)	(b)	_	TX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held
	Date	Г	Payee name					
ı	02/04/2023	1	Vistago Print, LLC					
	Amount (\$) \$121.43		Payee address; City; 6706 Lohman Ford Rd Lago Vista, TX 78645	State; Zip C	ode			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Advertising Expense	f this schedule)	(b)			de of Texas, Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held
Г	Date		Payee name					
	03/15/2023		Vistago Print, LLC					
	Amount (\$) \$126.73		Payee address; City; 6706 Lohman Ford Rd	State; Zip C	ode			
			Lago Vista, TX 78645					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Advertising Expense	f this schedule)	(b)	<b>□</b>		de of Texas. Complete Schedule T officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Fees
Food/Beverage Expense
Gill/Awards/Memorials Expense
Legal Services

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to complete this form.	
L	Total pages Schedule F1:	2	FILER NAME	Filer ID
	Sch: 4/4 Rpt: 8/10		Thompson, Joseph	
1	Date	5	Payee name	
	04/04/2023		Vistago Print, LLC	

6	Amount (\$)	265.62	7 Payee address; 6706 Lohman For	City; rd Rd	State;	Zip	Code	6
			Lago Vista, TX 78	3645				

8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense		Lago Vista, TX 78645	
Yard signs	OF	, , , , , , , , , , , , , , , , , , , ,	Check if travel outside of Texas, Complete Schedule T

Candidate/Officeholder name H	Office sought	Office held
	Candidate/Officeholder name H	Carialantification

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Polling Expense Printing Expense Food/Beverage Expense Travel Out of District Gilt/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule G: 2 FILER NAME Thompson, Joseph Sch: 1/2 Rpt: 9/10 Date Payee name Facebook 03/06/2023 State; Zip Code Payee address; City; 6 Amount (\$) \$200.00 1 Hacker Way Reimbursement from political contributions Menlo Park, CA 94025 Check if travel outside of Texas Complete Schedule T (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Social Media Ads Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/17/2023 **Facebook** State; Zip Code Payee address; City; Amount (\$) \$100.00 1 Hacker Way Reimbursement from political contributions Menlo Park, CA 94025 intended Check if travel outside of Texas, Complete Schedule T, Description PURPOSE Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Social Media Ads Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Facebook 03/13/2023 State; Zip Code Payee address; City; Amount (\$) 1 Hacker Way \$50.00 Reimbursement from political contributions Menlo Park, CA 94025 intended Check if travel outside of Texas. Complete Schedule T. Description **PURPOSE** Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Social Media Ads Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Fees Travel in District Travel Out of District Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 2 FILER NAME 1 Total pages Schedule G: Thompson, Joseph Sch: 2/2 Rpt: 10/10 Payee name 4 Date 03/28/2023 Facebook State; Zip Code Payee address; City; 6 Amount (\$) \$175.00 1 Hacker Way Reimbursement from political contributions Menlo Park, CA 94025 intended Check if travel outside of Texas. Complete Schedule T. (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** Social Media Ads Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Payee name Date 03/29/2023 Facebook State; Zip Code Payee address; City; Amount (\$) 1 Hacker Way \$200.00 Reimbursement from political contributions intended Menlo Park, CA 94025 Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Social Media Ads Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH