### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (             | Guide explains how to comple      | ete this form.             | 1 Filer ID<br>(Ethics Comm<br>00020791 |                                   | 2 Total pages filed                     |                     |
|------------------------------------|-----------------------------------|----------------------------|--|-----------------------------------|---|---------------------|
| 3 CANDIDATE /                      | MS / MRS / MR                     | FIRST                      | .1                                     | MI                                | OFFICE US                               | SE ONI V            |
| OFFICEHOLDER<br>NAME               | The Honorable                     | Senfronia                  |  |                                   | Date Received                           |                     |
|                                    |                                   |                            |  |                                   | ELECTRONICAL                            | LY FILED            |
|                                    | NICKNAME                          | LAST                       |  | SUFFIX                            | 07/14/2023                              |                     |
|                                    |                                   | Thompson                   |  |                                   |   |                     |
| 4 CANDIDATE /                      | ADDRESS / PO BOX; APT /           | / SUITE #; CIT             | <u>Y;</u>                              | ZIP CODE                          | Date Hand-delivered or D                | Oate Postmarked     |
| OFFICEHOLDER<br>MAILING<br>ADDRESS | 4828 Loop Central Dr. #60         | 0                          |  |                                   | Receipt #                               | Amount              |
| Change of Address                  | Houston, TX 77081                 |                            |  |                                   | Date Processed                          |                     |
|                                    |                                   |                            |  |                                   | Date Imaged                             |                     |
| 5 CAMPAIGN                         | MS / MRS / MR                     | FIRST                      |  | MI                                | <del>-</del>                            |                     |
| TREASURER<br>NAME                  | Mr.                               | Jarvis                     |  |                                   |   |                     |
|                                    | NICKNAME                          | LAST                       |  | SUFFIX                            |   | •••••               |
|                                    |                                   | Thompson                   |  |                                   |   |                     |
| 6 CAMPAIGN                         | STREET ADDRESS (NO PO I           | BOX PLEASE);               | AP                                     | T / SUITE #; CITY;                | STAT                                    | E; ZIP CODE         |
| TREASURER<br>ADDRESS               | 8611 Peachtree                    | <b>50</b> /// <b>5</b> _// | ·                                      | , ,                               | <del>-</del> .                          | <b>-</b> , <b>-</b> |
| (Residence or Business)            | Houston, TX 77016                 |                            |  |                                   |   |                     |
| 7 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHONI<br>(713) 817-6488 | E NUMBER E                 | EXTENSION                              |                                   |   |                     |
| 8 REPORT<br>TYPE                   | January 15                        | 30th day before            | e election                             | Runoff                            | 15th day after camp appointment (office |                     |
|                                    | X July 15                         | 8th day before             | election                               | Exceeded modified reporting limit | Final Report (Attach                    | n C/OH-FR)          |
| 9 PERIOD                           | Month Day Year                    |                            |  | Month Day                         | Year                                    |                     |
| COVERED                            | 01/01/2023                        | Th                         | HROUGH                                 | 06/30/202                         | 3                                       |                     |
| 10 ELECTION                        | ELECTION DATE                     |                            |  | ELECTION TYPE                     |   |                     |
|                                    | Month Day Year                    | P                          | Primary                                | Runoff                            | Other                                   |                     |
|                                    |                                   | G                          | General                                | Special                           |   |                     |
| 11 OFFICE                          | OFFICE HELD (if any)              |                            |  | 12 OFFICE SOUGHT                  | (if known)                              |                     |
|                                    | State Representative Distri       | ict 141                    |  | State Represent                   | ative District 141                      |                     |
|                                    |                                   |                            |  |                                   |   |                     |
|                                    |                                   | GO 1                       | TO PAGE 2                              |                                   |   |                     |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 13

| 13 C / OH NAME                                 | Thompson, Senfronia              | (The Honorable)   |   | <b>14</b> Filer ID 00020791 | (Ethics Cor   | nmission Filers) |
|--|----------------------------------|---|---|-----------------------------|---------------|------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | olitical contributions accepted<br>These expenditures may have<br>officeholders are required to I | been made without t   | he candidate's or offi      | ceholder's kı | nowledge or      |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME  |   |                             |               |                  |
| ш°   | GENERAL                          |   |   |                             |               |                  |
|  |                                  | COMMITTEE ADDRESS   |   |                             |               |                  |
|  | SPECIFIC                         |   |   |                             |               |                  |
|  |                                  | COMMITTEE CAMPAIGN TR   | REASURER NAME   |                             |               |                  |
|  |                                  | COMMITTEE CAMPAIGN TR   | REASURER ADDRES   | SS                          |               |                  |
| 16 CONTRIBUTION TOTALS                         |                                  | ZED POLITICAL CONTRIBUT<br>ES OF LOANS, OR CONTRIB  |   |                             | s, <b>\$</b>  | 0.00             |
|  |                                  | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUAR   | ANTEES OF LOANS   | s)                          | \$            | 1.00             |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | ZED POLITICAL EXPENDITU   | IRES  |                             | \$            | 115.04           |
|  | 4. TOTAL POLITIC                 | AL EXPENDITURES   |   |                             | \$            | 66,132.93        |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE    | AL CONTRIBUTIONS MAINTA<br>RIOD   | AINED AS OF THE LA  | AST DAY OF THE              | \$            | 933,358.20       |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR | AL AMOUNT OF ALL OUTST.<br>TING PERIOD  | ANDING LOANS AS   | OF THE LAST DAY             | \$            | 0.00             |
| <b>17</b> AFFIDAVIT                            |                                  | true and co   | affirm, under penalty<br>orrect and includes al<br>15, Election Code. |                             |               |                  |
|  |                                  |   | The Honoral   | ole Senfronia Thom          | npson         |                  |
|  |                                  |   | Signature of  | Candidate or Officeh        | older         |                  |
| AFFIX NO                                       | TARY STAMP / SEAL ABO            | OVE   |   |                             |               |                  |
| Sworn to and subs                              | cribed before me, by the s       | aid   |   | , this the                  |               | day              |
| of   | , 20, to ce                      | rtify which, witness my hand a  | and seal of office.   |                             |               |                  |
| Signature of office                            | cer administering                | Printed name of officer a   | dministering  | Title of offic              | er administe  | ring oath        |

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

|                       |   |          | O V EI ( OI I E E | 3 of 13   |  |  |  |  |
|-----------------------|---|----------|-------------------|-----------|--|--|--|--|
|                       | 18 FILER NAME19 Filer ID(Ethics Commission Filers)Thompson, Senfronia (The Honorable)00020791 |          |                   |           |  |  |  |  |
| 20 SCHEDUI<br>NAME OF | SUBTOTAL  | AMOUNT   |                   |           |  |  |  |  |
| 1. X                  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   |          | \$                | 1.00      |  |  |  |  |
| 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                              | S        | \$                | 66,132.93 |  |  |  |  |
| 6.                    | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |          | \$                |           |  |  |  |  |
| 7.                    | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                              | ONS      | \$                |           |  |  |  |  |
| 8.                    | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$       |                   |           |  |  |  |  |
| 9.                    | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  |          | \$                |           |  |  |  |  |
| 10.                   | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS                                | OF C/OH  | \$                |           |  |  |  |  |
| 11.                   | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                            | ONS      | \$                |           |  |  |  |  |
| 12.                   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I<br>TO FILER                | RETURNED | \$                |           |  |  |  |  |
|                       |   |          |                   |           |  |  |  |  |

|   | MONETARY POLITICAL CONTRIBUTIONS   | SCHEDULE A1                                      |
|---|--|--|
|   | The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/13 |
| 2 | FILER NAME Thompson, Senfronia (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00020791   |
| 4 | Date 06/19/2023  5 Full name of contributor out-of-state PAC (ID#:) Chacon, Jessica Bylo  6 Contributor address; City; State; Zip Code | 7 Amount of Contribution (\$) \$1.               |
| 8 | Berkeley, CA 94704  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)                                 | ons)   |
|   | not employed not employed  | ,  |
|   |  |  |
|   |  |  |

### SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I 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 F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 1/9 Rpt: 5/13                                     | Thompson, Senfronia (The Honorable) 00020791  |
| 4 | Date   | 5 Payee name  |
|   | 02/09/2023   | Absolute Color Mailplex   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$685.38   | 11101 Ella Blvd.  |
|   |  |   |
|   |  | Houston, TX 77067   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | -  | Constituents Services   |
|   |  | Constituents Services   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9 | expenditure to benefit C/OI                            | - · · · · · · · · · · · · · · · · · · ·   |
| _ | Data   |   |
|   | Date   | Payee name  |
|   | 03/04/2023   | Absolute Color Mailplex   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,545.71   | 11101 Ella Blvd.  |
|   |  |   |
|   |  | Houston, TX 77067   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Constituent Services  |
|   |  | Consultating Services   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
| _ | Date   | Davies same   |
|   | 04/22/2023   | Payee name Absolute Color Mailplex  |
|   |  | ·   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$2,488.76   | 11101 Ella Blvd.  |
|   |  |   |
|   |  | Houston, TX 77067   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Constituent Services  |
|   |  | Sonsuluent Services   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

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

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

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

|          | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.   |
|----------|--|---|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 2/9 Rpt: 6/13                                     | Thompson, Senfronia (The Honorable) 00020791  |
| 4        | Date   | 5 Payee name  |
|          | 05/07/2023   | Absolute Color Mailplex   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$500.00   | 11101 Ella Blvd.  |
|          | 1  |   |
|          |  | Houston, TX 77067   |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|          | l  | Constituents Service  |
|          | l  |   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            | Н   |
|          | Date   | Payee name  |
|          | 01/14/2023   | Coryat, Marina (Ms.)  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$4,000.00   | 8101 Amelia Rd.   |
|          | I  | Unit 402 D  |
|          | I  | Houston, TX 77055   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Constituent Services  |
|          | I  | Sonsaturit Grivios  |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             | <b>S</b>  |
| H        | Date   | Payee name  |
|          | 02/01/2023   | Coryat, Marina (Ms.)  |
| $\vdash$ | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$4,000.00   | 8101 Amelia Rd.   |
|          | 1  | Unit 402 D  |
|          | l  | Houston, TX 77055   |
| H        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|          | l  | Constituents Services   |
| _        | Complete ONLY if direct                                | Condidate/Officeholder name Office cought Office hold   |
|          | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held H   |
|          |  |   |
|          |  |   |
|          |  |   |

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica                    | The Instruction Guide explains how to complete this form.   |
|---|--|---|
| 1 | Total pages Schedule F1:                           | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 3/9 Rpt: 7/13                                 | Thompson, Senfronia (The Honorable) 00020791  |
| 4 | Date   | 5 Payee name  |
|   | 03/14/2023   | Coryat, Marina (Ms.)  |
| 6 | Amount (\$)<br>\$4,000.00                          | 7 Payee address; City; State; Zip Code<br>8101 Amelia Rd.   |
|   | Ψ4,000.00  | Unit 402 D  |
|   |  | Houston, TX 77055   |
| _ | DUDDOCE  |   |
| 8 | PURPOSE<br>OF                                      | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |  | Constituent services  |
|   |  |   |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 06/30/2023   | Coryat, Marina (Ms.)  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$4,000.00   | 8101 Amelia Rd.   |
|   |  | Unit 402 D  |
|   |  | Houston, TX 77055   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | EXI ENDITORE                                       | Check if Austin, TX, officeholder living expense  |
|   |  | Constituent services  |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 04/22/2023   | Gulf Coast AFL-CIO  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,000.00   | 2506 Sutherland Street  |
|   |  |   |
|   |  | Houston, TX 77023   |
|   | PURPOSE<br>OF                                      | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   |  | Working Families Banquet  |
|   |  |   |
|   | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                         |   |
|   |  |   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pot listed above)

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 4/9 Rpt: 8/13                                     | Thompson, Senfronia (The Honorable) 00020791   |
| 4 | Date   | 5 Payee name   |
|   | 01/18/2023   | H-BAD  |
| 6 | Amount (\$) \$260.00                                   | 7 Payee address; City; State; Zip Code P. O. Box 202116  Houston, TX 77220   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership fee   |
| 9 | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 01/22/2023   | Harris County Democratic Party   |
|   | Amount (\$)<br>\$360.00                                | Payee address; City; State; Zip Code 4619 Lyons Avenue   |
|   |  | Houston, TX 77020  |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Annual Local Dues |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 06/14/2023   | Harris County Democratic Party   |
|   | Amount (\$) \$250.00                                   | Payee address; City; State; Zip Code<br>4619 Lyons Avenue  |
|   |  | Houston, TX 77020  |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues   |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held  |
|   |  |  |

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | 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 F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 5/9 Rpt: 9/13                                     | Thompson, Senfronia (The Honorable) 00020791  |
| 4        | Date   | 5 Payee name  |
|          | 06/14/2023   | Harris County Democratic Party  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$1,000.00   | 4619 Lyons Avenue   |
|          |  |   |
|          |  | Houston, TX 77020   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Event Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Democratic Party Fundraiser   |
| Ļ        | Opening the ONLY if allowed                            | Our did to 10 ff as had done as many  |
| 9        | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
|          |  |   |
|          | Date   | Payee name  |
|          | 01/06/2023   | Hodge, Terri (Mrs.)   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$5,000.00   | 7106 Abrams Road  |
|          |  |   |
|          |  | Dallas, TX 75231  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Constituent Services  |
|          |  | Consulterit Services  |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
| _        | Date   | Davies same   |
|          | 02/01/2023   | Payee name<br>Hodge, Terri (Mrs.)   |
|          |  |   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$5,000.00   | 7106 Abrams Road  |
|          |  |   |
|          |  | Dallas, TX 75231  |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Constituents Services   |
|          |  | Consuluents Services  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
|          |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

| l | Credit Card Payment                                | The Instruction Guide explains how to complete this form.   |   |
|---|--|---|---|
| 1 | Total pages Schedule F1:                           | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  | _ |
|   | Sch: 6/9 Rpt: 10/13                                | Thompson, Senfronia (The Honorable) 00020791  |   |
| 4 | Date   | 5 Payee name  | _ |
|   | 03/01/2023   | Hodge, Terri (Mrs.)   |   |
| 6 | Amount (\$)<br>\$5,000.00                          | 7 Payee address; City; State; Zip Code<br>7106 Abrams Road  |   |
|   |  | Dallas, TX 75231  |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Constituent Services |   |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |   |
| Γ | Date   | Payee name  |   |
|   | 04/03/2023   | Hodge, Terri (Mrs.)   |   |
|   | Amount (\$)<br>\$5,000.00                          | Payee address; City; State; Zip Code<br>7106 Abrams Road  |   |
|   |  | Dallas, TX 75231  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Constituent Services |   |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |   |
| Г | Date   | Payee name  | _ |
|   | 05/01/2023   | Hodge, Terri (Mrs.)   |   |
|   | Amount (\$)<br>\$5,000.00                          | Payee address; City; State; Zip Code<br>7106 Abrams Road  |   |
|   |  | Dallas, TX 75231  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Constituent Services |   |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   | _ |
|   |  |   |   |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

|          | Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |                 |                                   |                     |                  | category not listed above | e)    |   |                    |         |
|----------|---|-----------------|-----------------------------------|---------------------|------------------|---------------------------|-------|---|--------------------|---------|
|          |   |                 | The Instruction Guide ex          | xplains how to co   | mple             | ete this form.            |       |   |                    |         |
| 1        | Total pages Schedule F1:  | 2 FILER NAME    | Ē                                 |                     |                  |                           | 3     | Filer ID                                | (Ethics Commission | Filers) |
|          | Sch: 7/9 Rpt: 11/13   | Thompson,       | Senfronia (The Hono               | orable)             |                  |                           |       | 00020791                                |                    |         |
| 4        | Date  | 5 Payee name    |                                   |                     |                  |                           |       |   |                    |         |
|          | 06/01/2023  | Hodge, Ter      | ri (Mrs.)                         |                     |                  |                           |       |   |                    |         |
| 6        | Amount (\$)   | 7 Payee addre   | ss; City;                         | State; Zip Co       | ode              |                           |       |   |                    |         |
|          | \$5,000.00  | 7106 Abran      | ns Road                           |                     |                  |                           |       |   |                    |         |
|          |   |                 |                                   |                     |                  |                           |       |   |                    |         |
|          |   | Dallas, TX      | 75231                             |                     |                  |                           |       |   |                    |         |
| 8        | PURPOSE   | (a) Category (S | ee Categories listed at the top o | of this schedule)   | (b)              | Description               |       |   |                    |         |
|          | OF  | Consulting      |                                   | 51 ti iio concuaio, |                  | _ `                       | outsi | de of Texas. Com                        | plete Schedule T.  |         |
|          | EXPENDITURE   |                 | •                                 |                     |                  | Check if Austin,          | , TX, | officeholder living                     | g expense          |         |
|          |   |                 |                                   |                     |                  | Constituents              | Se    | rvice                                   |                    |         |
|          |   |                 |                                   |                     |                  |                           |       |   |                    |         |
| 9        | Complete ONLY if direct expenditure to benefit C/OI   |                 | ceholder name                     | Office sou          | ght              |                           |       | Office h                                | eld                |         |
|          | experientare to benefit Grot  |                 |                                   |                     |                  |                           |       |   |                    |         |
|          | Date  | Payee name      |                                   |                     |                  |                           |       |   |                    |         |
|          | 06/30/2023  | Hodge, Ter      | ri (Mrs.)                         |                     |                  |                           |       |   |                    |         |
|          | Amount (\$)   | Payee addre     | ss; City;                         | State; Zip Co       | de               |                           |       |   |                    |         |
|          | \$5,000.00  | 7106 Abran      | ns Road                           |                     |                  |                           |       |   |                    |         |
|          |   |                 |                                   |                     |                  |                           |       |   |                    |         |
|          |   | Dallas, TX      | 75231                             |                     |                  |                           |       |   |                    |         |
|          | PURPOSE   | (a) Category (S | ee Categories listed at the top o | of this schedule)   | (b)              | Description               |       |   |                    |         |
|          | OF<br>EXPENDITURE   | Consulting      |                                   |                     |                  | <b>=</b>                  |       |   | plete Schedule T.  |         |
|          | 2/11/2/10/12  |                 |                                   |                     |                  | <b>—</b>                  |       | officeholder living                     | g expense          |         |
|          |   |                 |                                   |                     |                  | Constituent s             | erv   | ices                                    |                    |         |
| _        | Complete ONLY if direct   | Candidate/Offi  | ceholder name                     | Office sou          | abt              |                           |       | Office he                               | ald                |         |
|          | expenditure to benefit C/OI   |                 | cerioidei riairie                 | Office 300          | giit             |                           |       | Office fit                              | siu                |         |
| _        | Date  |                 |                                   |                     |                  |                           |       |   |                    |         |
|          | Date 06/05/2023   | Payee name      | main                              |                     |                  |                           |       |   |                    |         |
|          |   | My Safe Do      |                                   |                     |                  |                           |       |   |                    |         |
|          | Amount (\$)   | Payee addre     |                                   | State; Zip Co       | ode              |                           |       |   |                    |         |
|          | \$295.00  | P.O. Box 23     | 330                               |                     |                  |                           |       |   |                    |         |
|          |   |                 |                                   |                     |                  |                           |       |   |                    |         |
|          |   | Henderson       | ville, NC 23793-2330              |                     |                  |                           |       |   |                    |         |
|          | PURPOSE<br>OF   | 1               | ee Categories listed at the top o | of this schedule)   | (b)              | Description               |       |   |                    |         |
|          | EXPENDITURE   | Fees            |                                   |                     |                  |                           |       | de of Texas. Com<br>officeholder living | plete Schedule T.  |         |
|          |   |                 |                                   |                     |                  | legislative Do            |       |   | у схрепас          |         |
|          |   |                 |                                   |                     |                  | . 5                       |       |   |                    |         |
| $\vdash$ | Complete ONLY if direct   | Candidate/Offi  | ceholder name                     | Office sou          | <u>l</u><br>ight |                           |       | Office he                               | eld                |         |
|          | expenditure to benefit C/OI   |                 |                                   |                     | <b>J</b>         |                           |       |   |                    |         |
|          |   |                 |                                   |                     |                  |                           |       |   |                    |         |
|          |   |                 |                                   |                     |                  |                           |       |   |                    |         |
| l        |   |                 |                                   |                     |                  |                           |       |   |                    |         |

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | 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 F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 8/9 Rpt: 12/13                                    | Thompson, Senfronia (The Honorable) 00020791  |
| 4        | Date   | 5 Payee name  |
|          | 06/10/2023   | North Forest High School FFA  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$500.00   | 10726 Mesa Drive  |
|          |  |   |
|          |  | Houston, TX 77078   |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                      |
|          |  | Contribution to the North High School FFA State   |
|          |  | Convention for students participation.  |
| 9        | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held   |
| H        | Date   | Payee name  |
|          | 01/18/2023   | TX LGBTQ Caucus   |
| ┝        | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$800.00   | P. O. BOX 2910  |
|          | φου.υυ   |   |
|          |  | Room E1 -501 Capitol  |
|          |  | Austin, TX 78768-2910   |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
|          | EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|          |  | Membership Dues   |
|          |  |   |
|          | Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought Office held   |
| ⊨        | Dete   |   |
|          | Date<br>03/04/2023                                     | Payee name  |
| L        |  | TX Legislative Study Group  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$1,000.00   | P. O. Box 12943   |
|          |  | Austin, TX 78711  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
| l        |  | Check if Austin, TX, officeholder living expense  TX Legislative Group Fees   |
|          |  | TA Legislative Group Fees   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| $\vdash$ |  |   |
|          |  |   |
| ı        |  |   |

#### SCHEDULE F1

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

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|     | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Vages/Contract Labor OTHER (enter a category not listed above) |
|-----|--|--|--|
| 1   | Total pages Schedule F1:   | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                          |
|     | Sch: 9/9 Rpt: 13/13  | Thompson, Senfronia (The Honorable)                              | 00020791   |
| 4   | Date   | 5 Payee name   |  |
| (   | 01/18/2023   | TX Women Health Caucus   |  |
| 6   | Amount (\$)  | 7 Payee address; City; State; Zip Co                             | ode  |
|     | \$500.00   | 5925 Mesa Verde Cir  |  |
|     |  |  |  |
|     |  | Austin, TX 78749   |  |
| 8   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
|     | OF<br>EXPENDITURE  | Fees   | Check if travel outside of Texas. Complete Schedule T.         |
|     | LAFENDITORE  |  | Check if Austin, TX, officeholder living expense               |
|     |  |  | Membership Fees  |
|     |  |  |  |
|     | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name Office sou<br>H                      | ight Office held   |
|     | Date   | Payee name   |  |
|     | 06/30/2023   | Thompson, Senfronia  |  |
|     |  | ·  |  |
| _ ′ | Amount (\$)  | Payee address; City; State; Zip Co                               | oue  |
|     | \$3,833.04   | 4828 Loop Central Drive  |  |
|     |  | Suite 600  |  |
|     |  | Houston, TX 77081  |  |
|     | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
|     | OF<br>EXPENDITURE  | Event Expense  | Check if travel outside of Texas. Complete Schedule T.         |
|     | EXI ENDITORE   |  | Check if Austin, TX, officeholder living expense               |
|     |  |  | NOBEL Women Conference in San Juan, Puerto                     |
|     |  |  | Rico   |
|     |  |  | Rico   |
|     | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh                                 | Candidate/Officeholder name Office sou<br>H                      |  |