CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complet	te this form.	1 Filer ID (Ethics Commi 00084044	,	2 Total page	es filed: 21
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
OFFICEHOLDER NAME	The Honorable	Kronda			Date Received	
						NICALLY FILED
	-	LAST		SUFFIX	02/05/2024	
		Thimesch				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Y;	ZIP CODE	Date Hand-delive	ered or Date Postmarked
OFFICEHOLDER MAILING	2516 Sir Tristram Lane					
ADDRESS					Receipt #	Amount
Change of Address	Lewisville, TX 75056					
					Date Processed	
					Data Imagod	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Mike				
NAME						
	NICKNAME	_AST		SUFFIX		
		Donnelly				
		Donneny				
6 CAMPAIGN	STREET ADDRESS (NO PO E		ΔΡ.	r / SUITE #; CITY;		STATE; ZIP CODE
TREASURER	302 East Carruth Lane	JOA FLEASE),	AF	1730HL#, CHT,		STATE, ZIF CODE
ADDRESS	SUZ EASI CATULIT LAITE					
(Residence or Business)						
	Double Oak, TX 75077					
7 CAMPAIGN	AREA CODE PHONE	NUMBER	EXTENSION			
TREASURER	(214) 448-9337					
PHONE						
8 REPORT						
TYPE	January 15 X	30th day before	e election	Runoff		er campaign treasurer
				European and an and it is at	-	(officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report	(Attach C/OH-FR)
9 PERIOD	Month Dov Voor			Month Dov	Voor	
9 PERIOD COVERED	Month Day Year	ті	IROUGH	Month Day	Year	
	01/01/2024	11	ROUGH	01/25/2024	4	
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
10 ELECTION	Month Day Year	X P	rimary		Other	
	03/05/2024		liniary			
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distric	ct 65		State Representa	ative District	65
				1		
		GO 1	O PAGE 2			
Forme provided by Ta	was Ethias Commission			6		$\sqrt{2} = \frac{1}{2} = \frac{1}{2}$
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	5	V	ersion V3.5.1.9000c471

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 21

13 C / OH NAME	3 C / OH NAME Thimesch, Kronda (The Honorable) 14 Filer ID (00084044								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t officeholders are required to report this information	he candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	X GENERAL	Texas Alliance for Life PAC							
		COMMITTEE ADDRESS							
	SPECIFIC	8000 Centre Park Drive							
		Suite 380							
		Austin, TX 78754							
		COMMITTEE CAMPAIGN TREASURER NAME							
		Shaw, James							
		COMMITTEE CAMPAIGN TREASURER ADDRES	S						
		4505 Corazon Cove							
		Round Rock, TX 78681							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	i)	\$ 149,932.41					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 772.13					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 139,483.24					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 132,834.65					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 40,000.00					
17 AFFIDAVIT	•			•					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		The Honor	able Kronda Thimeso	ch					
		Signature of	Candidate or Officehold	der					
AFFIX NO	TARY STAMP / SEAL ABO	JVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath					
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47					

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 21 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Thimesch, Kronda (The Honorable) 00084044 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 122,735.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 27,197.41 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 139,483.24 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 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. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/6 Rpt: 4/21 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Thimesch, Kronda (The Honorable) 00084044 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/18/2024 Associated General Contractors of Texas PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78768 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/22/2024 \$1,000.00 **BEEF-PAC** Contributor address; City; State; Zip Code Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/16/2024 Bacon, Kimberly \$25.00 Contributor address; City; State; Zip Code Beckville, TX 75631 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/25/2024 \$3,000.00 Brian Cree Irrevocable Trust Contributor address; City; State; Zip Code Carrollton, TX 75006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 01/24/2024 Coalition Por/For Texas PAC \$62,500.00 Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/21	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Thimesch, K	ronda (The Honorable)	ļ		00084044	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/03/2024	Crow, Harlan (Mr.)		l		\$5,000.00
		6 Contributor address; City; State; Zip Code		l		
		1				
		Dallas, TX 75219				
8	Principal occu Chairman	pation / Job title (See Instructions)	9 Employer (See Instructions) Crow Family Holdings)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/22/2024	Dade Phelan Campaign		l		\$25,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin TV 70762				
┝	Drincinal OCCU	Austin, TX 78763 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Рппыра осса)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/23/2024	Delorbe, CharlySue		l		\$50.00
		Contributor address; City; State; Zip Code				
		Flower Mound, TX 75028				
┝	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
				, 		
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/11/2024	Esposito, Thomas (Mr.)				\$200.00
		Contributor address; City; State; Zip Code				
		1				
		Carrollton, TX 75006				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	· · · · · · · · · · · · · · · ·		,,,,,	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:) !	Γ	Amount of Contribution (\$)	
	01/24/2024	Friends of the TTU System PAC			-	\$5,000.00
		Contributor address; City; State; Zip Code		l		
		1		l		
		1	ļ			
		Lubbock, TX 79409]	Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
\vdash						
1						

The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/21	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	Kronda (The Honorable)		00084044	
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)	
01/25/2024	IBAT PAC			\$500.00
	6 Contributor address; City; State; Zip Code		•	
	Austin, TX 78701			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
01/05/2024	Lawson, Ronald			\$100.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494	i		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor Out-of-state PAC	 C (ID#:)	Amount of Contribution (\$)	
01/16/2024	Lloyd Gosselink Rochelle & Townsend, P.0			\$500.00
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
01/12/2024	Longbow Partners			\$500.00
			-	
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC) (ID#-	Amount of Contribution (\$)	
01/05/2024	Marchant Good Government Fund) (IDif)		\$1,500.00
01/00/2021	Contributor address; City; State; Zip Code			<i>41,000.00</i>
	Carrollton, TX 75006			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 4/6 Rpt: 7/21	
2	FILER NAME				Filer ID (Ethics Commissio	on Filers)
_		(ronda (The Honorable)			00084044	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/16/2024	Merigian, Gabriel				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		1				
_	Driveinel eeu	The Colony, TX 75056		Ĺ		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/17/2024	PACE Political Action Committee for Engineers				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78768				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	** 520.00
	01/18/2024	Richmond, Curt				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Carrollton, TX 75010				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ເ)		
				'		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/06/2024	Sayre Jr., Arthur				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		1				
L		Corinth, TX 76210	<u> </u>	Ĺ		
	Principal occu	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/09/2024	Sims, Alan				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Carrollton, TX 75007				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		

The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/21	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Thimesch, K	(ronda (The Honorable)		00084044	
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)	
01/12/2024	TREPAC/Texas Association of Realtors PAC	;		\$2,500.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78768			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
01/20/2024	Texas Association of Health Plans PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
01/24/2024	Texas Automobile Dealers Association PAC			\$2,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
01/20/2024	Texas Construction Association PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (IE)	Amount of Contribution (\$)	
01/20/2024	Texas Republican House Caucus			\$2,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78737			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	

The Instr	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/21	
2 FILER NAM			3 Filer ID (Ethics Commission	on Filers)
Thimesch,	Kronda (The Honorable)		00084044	
4 Date	5 Full name of contributor X out-of-state PAC (ID#:	C00376376)	7 Amount of Contribution (\$)	
01/04/202	4 Travelers Companies PAC			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Hartford, CT 06183			
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor X out-of-state PAC (ID#:	C00010470)	Amount of Contribution (\$)	
01/18/202	4 Union Pacific Corporation Fund for Effective Go	vernment		\$1,500.00
	Contributor address; City; State; Zip Code			
	Washington, DC 20004			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/23/202	4 Whitmire, Whitney			\$250.00
	Contributor address; City; State; Zip Code			
	Hauston TV 77010			
Dringingligg	Houston, TX 77018		<u> </u>	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions))	
Data		<u> </u>	Amount of Contribution (\$)	
Date 01/25/202	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀኃ በባብ በበ
UTIZOIZOZ				\$2,000.00
	Contributor address; City; State; Zip Code			
	Conroe, TX 77305			
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions))	
	•		, ,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/04/202	—			\$1,000.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79407			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions))	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/21							
2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
	(ronda (The Honorable)		00084044						
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
5 Date 01/23/2024	 6 Full name of contributor out-of-state PAC (ID#: Associated Republicans of Texas 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) description \$11,267.34 Campaign mailer						
10 Dringing and	Austin, TX 78701	11 Employer (EOD NON	Check if travel outside of Texas. Complete Schedule T.						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)						
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 01/23/2024	Full name of contributor out-of-state PAC (ID#: Associated Republicans of Texas Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$14,787.06 Campaign mailer						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I							
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution						
01/19/2024	Associated Republicans of Texas Contributor address; City; State; Zip Code		contribution (\$) description \$1,143.01 Campaign Text Messaging						
	Austin, TX 78701		I I Check if travel outside of Texas. Complete Schedule T.						
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributor i	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

	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 Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/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 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 11/21		mesch, Kronda (The Hon	orable)				00084044
4	Date 01/25/2024	-	vee name edot Inc.					
6	Amount (\$) \$43.50	134 Ste	vee address; City; 40 Poydras St 9 770 w Orleans, LA 70112	State;	Zip Coo	le		
8	PURPOSE OF EXPENDITURE	(a) Cat	egory (See Categories listed at the	e top of this sch	edule)	Check if Austir Fees for Cre	n, тх, dit (ide of Texas. Complete Schedule T. , officeholder living expense Card Processing for Campaign pted 1/1-1/25
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office sou	ht		Office held
	Date	Pay	vee name					
	01/16/2024	Big	D Party and Event Renta	d				
	Amount (\$) \$492.35	323	vee address; City; 37 Commander Drive	State;	Zip Coo	le		
	PURPOSE OF EXPENDITURE	(a) Cat	rrollton, TX 75006 egory (See Categories listed at the ent Expense	e top of this sch	edule)	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense t Equipment Rentals
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office sou	ht		Office held
	Date	Pay	vee name					
	01/25/2024		k Bryant LLC					
	Amount (\$) \$16,250.00		vee address; City; 5 W Street	State;	Zip Coo	le		
		Lin	coln, NE 68508					
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the nvassing Expense	e top of this sch	edule)	Check if Austir	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ASSING SERVICES
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholder name	С	Dffice sou	ht		Office held

	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 Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	rheac iense pense ages	e /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:	12		e explaine	11000 10 00.	libic		3	Filer ID (Ethics Commission Filers)
T	Sch: 2/10 Rpt: 12/21		Thimesch, Kronda (The Hono	rable)				3	00084044
4	Date	5	Payee name						
	01/04/2024		Gamble, Tracy						
6	Amount (\$) \$250.00		Payee address; City; 9504 Thorncliff Drive	State;	; Zip Co	de			
			Frisco, TX 75035						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Salaries/Wages/Contract Lab		nedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense 2S
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	01/02/2024		Glassman, Elena						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$200.00		1144 Brittany Place Lewisville, TX 75077						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Salaries/Wages/Contract Lab		nedule)	(b)		, тх,	de of Texas. Complete Schedule T. . officeholder living expense CS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	01/10/2024		Glassman, Mollie						
	Amount (\$) \$335.99		Payee address; City; 1144 Brittany Place	State;	; Zip Co	de			
			Lewisville, TX 75077		i				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Salaries/Wages/Contract Lab		nedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense 2S
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held

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 The Instruction Guide explains how to complete this form. The Instruction Guide explains how to complete this form. Solicitation/Fundraising Expense	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
Sch: 3/10 Rpt:13/21Thimesch, Kronda (The Honorable)00084044	,
4 Date 5 Payee name	
01/16/2024 Go Creative Group LLC	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$5,412.50 5511 Parkcrest Drive	
Ste 103	
Austin, TX 78731	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Campaign Digital Advertising	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
01/03/2024 Kris Tees T-Shirts	
Amount (\$) Payee address; City; State; Zip Code	
\$584.56 502 E Purnell St	
Lewisville, TX 75057	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Campaign T-shirts	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/05/2024 Lawson Strategies, LLC	
Amount (\$) Payee address; City; State; Zip Code	
\$4,000.00 1407 Lost Creek Blvd.	
Austin, TX 78746	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Consulting Expense Consulting Expense	
EXPENDITURE	
Campaign Consulting Fee	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 Filer ID (Ethics Commission Filers)							
	Sch: 4/10 Rpt: 14/21	Thimesch, Kronda (The Honorable)	00084044							
4	Date	5 Payee name								
	01/11/2024	Lawson Strategies, LLC								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$3,998.20	1407 Lost Creek Blvd.								
		Austin, TX 78746								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
			nting and Design							
			с с							
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/12/2024	Lawson Strategies, LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,924.03	1407 Lost Creek Blvd.								
		Austin, TX 78746								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense nting and Design							
			-							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/04/2024	Lawson Strategies, LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$23,347.94	1407 Lost Creek Blvd.								
		Austin, TX 78746								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense nting and Design							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Corr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide expla	Offi Poll Prir Sala	ce Overl ling Expe ating Exp aries/Wa	ense ges/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	Filer ID (Ethics Commission Filers)	
	Sch: 5/10 Rpt: 15/21		Thimesch, Kronda (The Honorable))				00084044	
4	Date	5	Payee name						
	01/23/2024		Lawson Strategies, LLC						
6	Amount (\$)	7	Payee address; City; S	tate; Zi	p Cod	e			
	\$438.21		1407 Lost Creek Blvd.						
			Austin, TX 78746						
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule) (b) Description			
	OF EXPENDITURE		Contractor Reimbursement					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Campaign II	ave	el Reimbursement	
9	Complete ONLY if direct	L C	andidate/Officeholder name	Office	e soug	ht		Office held	
	expenditure to benefit C/OI	Н			-				
	Date		Payee name						
	01/23/2024		Lawson Strategies, LLC						
_	Amount (\$)		_	tate; Zi	n Cod	۹			
	\$159.00		1407 Lost Creek Blvd.	iuio, 21	000	0			
	φ105.00		1407 LOSt Creek Divu.						
			Austin, TX 78746						
	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule) (b) Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Campaign D	iyita	ai ree	
	Complete ONLY if direct		andidate/Officeholder name	Office	e soug	ht		Office held	
	expenditure to benefit C/OI	Н			0				
	Date		Payee name						
	01/23/2024		Lawson Strategies, LLC						
	Amount (\$)		Payee address; City; S	tate; Zi	o Cod	e			
	\$924.37		1407 Lost Creek Blvd.						
			Austin, TX 78746						
	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule) (b) Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Campaign D	igita	al Messaging Service	
	Complete ONLY if direct		andidato/Officabolder name	Office		ht		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	UNICE	e soug	in and a second s		Office field	

	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 Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhead opense xpens Vages	e /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	Filer ID (Ethics Commission Filers)	
	Sch: 6/10 Rpt: 16/21		Thimesch, Kronda (The Honorable)					00084044	
4	Date	5	Payee name						
	01/23/2024		Lawson Strategies, LLC						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$20,236.84		1407 Lost Creek Blvd.						
			Austin, TX 78746						
8	PURPOSE	(a)			(h)	Description			
ľ	OF	("	Category (See Categories listed at the top of this so Printing Expense	hedule)	(5)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense	
						Campaign Pr	inti	ing and Design	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	01/23/2024		Lawson Strategies, LLC						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$457.90		1407 Lost Creek Blvd.	· •					
			Austin, TX 78746						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		ide of Taura Consults Ochodula T	
	EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								ing and Design	
						eapa.g.			
-	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office held	
	expenditure to benefit C/Oł			0	.g			0	
_	Data	—	D						
	Date 01/02/2024		Payee name Mendonca, Cheridann						
				7. 0					
	Amount (\$)			e; Zip Co	bde				
	\$200.00		2990 Blackburn St						
			Apt 4123						
			Dallas, TX 75204						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Campaign W	age	es	
	_								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitf/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/10 Rpt: 17/21		Thimesch, Kro	nda (The Hono	rable)				00084044		
4	Date	5	Payee name								
	01/02/2024		Mendonca, Ch	eridann							
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				
	\$5,500.00		2990 Blackbur	n St							
			Apt 4123								
			Dallas, TX 752	04							
8	PURPOSE						(b) p				
°	OF	(a)	Category (See C			edule)	(b) Description	outsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Salaries/waye	s/Contract Labo	UI				officeholder living		
								age	es		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeh	older name	0)ffice sou	ght		Office he	eld	
	Date		Payee name								
	01/12/2024		Miller Media H	oldings							
	Amount (\$)		Payee address;	City;	State;	Zip Co	de				
	\$350.00		6101 Long Pra	irie Rd.							
			Suite 744-186								
			Flower Mound	TX 75028							
_	PURPOSE	(a)	Category (See C	atenories listed at the t	on of this sche	edule)	(b) Description				
	OF		Advertising Ex			cuule)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		5						officeholder living		
							Campaign ac	lve	rtising in nev	vspaper	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeh	older name	0	office sou	ght		Office he	eld	
_	Date		Payee name								
	01/13/2024		Payee name Passion Coffee	Company							
_					Stato:	Zip Co	do				
	Amount (\$) \$449.66		Payee address; 1 Westvale Pla	City;	Sidle,	Zip Cu	ue				
	\$449.00		I Westvale Fid	ice							
			Plano, TX 750	74							
	PURPOSE	(a)	Category (See C	ategories listed at the to	op of this sche	edule)	(b) Description				
	OF		Event Expense			,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								officeholder living		
							Food and Be	ver	age for Cam	ipaign Event	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeh	older name	Ō	office sou	ght		Office he	ld	
		1									

	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 Gift/Awards/Memorials Ex Inmittee Legal Services The Instruction Guid		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/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					3	Filer ID (Ethics Commission Filers)	
T	Sch: 8/10 Rpt: 18/21	2	Thimesch, Kronda (The Hond	orable)			3	00084044	
4	Date	5	Payee name						
	01/17/2024		Signs PQ LLC						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$2,568.24		1821 Meadow Ridge Drive						
			Flower Mound, TX 75028						
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	iedule)	(b) Description			
	OF EXPENDITURE		Printing Expense		,			side of Texas. Complete Schedule T.	
								K, officeholder living expense	
						Campaign	sign	printing	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	ght		Office held	
	Date		Payee name						
	01/24/2024		Strategic Media Services						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$39,594.00		4601 N. Fairfax Drive						
	,		Suite 730						
			Arlington, VA 22203						
	PURPOSE	(a)				(b) Description			
	OF	(")	Category (See Categories listed at the Advertising Expense	top of this sch	iedule)		el outs	side of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Aus	tin, TX	K, officeholder living expense	
						Campaign	elev	rision advertising	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office held	
	Date		Payee name						
	01/13/2024		The Colony Police Association	n					
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$610.02		P.O. Box 560461						
			The Colony, TX 75056						
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description	al -: '	ide of Taylog, Complete Och chule T	
	EXPENDITURE		Event Expense					side of Texas. Complete Schedule T. K, officeholder living expense	
								for Campaign Event Security	
						e buty i t			
	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name		Office sou	aht		Office held	
	expenditure to benefit C/OF			,	51100 300	A			

	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 Expense umittee Legal Services The Instruction Guide expl	ains h	Office Over Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /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	Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 19/21		Thimesch, Kronda (The Honorable	e)					00084044
4	Date 01/20/2024		Payee name USPS Postmaster						
6	Amount (\$) \$6,337.23		Payee address; City; S Austin, TX 78701	State;	Zip Coo	de			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Advertising Expense	nis sche	edule)			TX,	de of Texas. Complete Schedule T. . officeholder living expense AGE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ght			Office held
	Date		Payee name						
	01/22/2024		USPS Postmaster						
	Amount (\$) \$3,139.55		Payee address; City; S	State;	Zip Coo	de			
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Advertising Expense	iis sche	edule)			TX,	de of Texas. Complete Schedule T. officeholder living expense age
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office sou	ght			Office held
	Date		Payee name						
	01/25/2024		WinRed Technical Services LLC						
	Amount (\$) \$41.02		Payee address; City; S 1776 Wilson Blvd Suite 530 Arlington, VA 22219	State;	Zip Coo	de			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th	nis sche	edule)		Check if Austin,	тх, lit C	de of Texas. Complete Schedule T. officeholder living expense Card Processing for Campaign pted 1/1-1/25
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office souç	ght			Office held

			EXPENDITURE CATEGORIES FOR						
	Advertising Expense Accounting/Banking		Fees Office Ove	erhea	ent/Reimbursement d/Rental Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
	Consulting Expense Contributions/ Donations Made By	-	Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex				Travel in District Travel Out of District		
	Candidate/Officeholder/Politica Credit Card Payment	l Co			s/Contract Labor		OTHER (enter a category not listed above)		
	-		The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 10/10 Rpt: 20/21		Thimesch, Kronda (The Honorable)				00084044		
4	Date	5	Payee name						
	01/10/2024		Your Candid Memories						
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode					
-	\$866.00	-	2002 S. Stemmons Freeway						
	+000100		Suite 500						
			Lake Dallas, TX 75065						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Campaign Ev	/en	Photography		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ight			Office held		

TEXT ANNOTATION		
	Sch [.] 1/1 Rr	nt [.] 21/21

FILER NAME

Thimesch, Kronda (The Honorable)

Filer ID (Ethics Commission Filers) 00084044

Schedule A1

Information entered by filer as a memo:

Donations over \$1,000 are triggering an error for lack of employer/occupation, but COH State Guide 2023 states "Candidates for and holders of statewide executive-branch offices and legislative offices are required to disclose an individual contributor's principal occupation or job title and the full name of the contributor's employer if, during the reporting period, the filer has accepted contributions aggregating \$1,010 from the individual."