

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00069797	<b>2</b> Total pages filed: 7				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Ernest P.	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME Perry	LAST Thomas	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 02/05/2024		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 200 Sunset  Llano, TX 78643			Date Hand-delivered or Date Postmarked			
				Receipt #      Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Margaret S.	MI				
	NICKNAME	LAST Thomas	SUFFIX				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 200 Sunset  Llano, TX 78643						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(409)	673-0434					
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2024		01	25	2024
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/05/2024			ELECTION TYPE			
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known)			
				District Attorney (Multi-county) District 33 Llano, Blanco, Burnet, and San_saba			

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Thomas, Ernest P. (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00069797
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td style="width:80%"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>				
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>										
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>										
	<input type="checkbox"/> SPECIFIC											
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>												
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>												

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,700.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	2,452.84
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,700.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,100.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Ernest P. Thomas  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Thomas, Ernest P. (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00069797
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,700.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 30,100.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 102.84
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,350.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
<b>2</b> FILER NAME Thomas, Ernest P. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069797
<b>4</b> Date 01/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cofer, Rick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kiem, Peter <hr/> Contributor address; City; State; Zip Code  Burnet , TX 78611	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Gary <hr/> Contributor address; City; State; Zip Code  Marble Falls, TX 78654	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reinstra, Matt <hr/> Contributor address; City; State; Zip Code  Austin, TX 78709	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 5/7	
<b>2</b> FILER NAME Thomas, Ernest P. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069797	
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>	
<b>5</b> Date of loan 01/17/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Commercial National Bank	<b>9</b> Loan Amount (\$) \$30,000.00	
<b>6</b> Is lender a financial institution? Yes	<b>8</b> Lender address; City; State; Zip Code  Brady, TX 76825	<b>10</b> Interest Rate	
		<b>11</b> Maturity Date 01/17/2025	
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor <hr/> <b>18</b> Guarantor address; City; State; Zip Code		<b>19</b> Amount Guaranteed (\$)
	<b>20</b> Principal occupation		
<b>21</b> Employer (See Instructions)			
<b>5</b> Date of loan 01/11/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ernest	<b>9</b> Loan Amount (\$) \$100.00	
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Llano, TX 78643	<b>10</b> Interest Rate	
		<b>11</b> Maturity Date	
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor <hr/> <b>18</b> Guarantor address; City; State; Zip Code		<b>19</b> Amount Guaranteed (\$)
	<b>20</b> Principal occupation		
<b>21</b> Employer (See Instructions)			

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 6/7	<b>2</b> FILER NAME Thomas, Ernest P. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069797
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Education First FCU		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$102.84	(b) Date of Charge 01/21/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Gorjana		(b) Payee address; City, State, Zip Code 1221 S. Congress Ave. Austin, TX 78704
<b>8</b> PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Gift for a fund raiser that mentioned my campaign name.  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name                      Office sought                      Office held		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 7/7	<b>2</b> FILER NAME Thomas, Ernest P. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00069797
<b>4</b> Date 01/18/2024	<b>5</b> Payee name Scruggs, Kevin	
<b>6</b> Amount (\$) \$2,350.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 19322 Red Canyon Ln.  Tomball, TX 77377	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought                      Office held