

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|  |  |  |  |
|--|--|--|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00080423 | <b>2</b> Total pages filed:<br>12                            | <b>OFFICE USE ONLY</b>   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                   | MS / MRS / MR<br>The Honorable                               | FIRST<br>Richard N.  | MI<br>MI                                 |
|  | NICKNAME<br>Ricky  | LAST<br>Thompson   | SUFFIX                                   |
| <b>4</b> ORIGINAL REPORT TYPE                            | <input type="checkbox"/> January 15                          | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other (specify) |
|  | <input type="checkbox"/> July 15                             | <input type="checkbox"/> Exceeded modified reporting limit                                 |  |
|  | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |
|  | <input type="checkbox"/> 8th day before election             | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |  |
| <b>5</b> ORIGINAL PERIOD COVERED                         | Month Day Year<br>01/01/2024                                 | THROUGH  | Month Day Year<br>01/25/2024             |

|   |        |
|---|--------|
| Date Received<br>ELECTRONICALLY FILED<br>02/06/2024 |        |
| Date Hand-delivered or Date Postmarked              |        |
| Receipt #   | Amount |
| Date Processed                                      |        |
| Date Imaged   |        |

**6 EXPLANATION OF CORRECTION**  
 Was sent the wrong address on one person who donated money and got the correct address for him 2/6/2024. I have two expenditures that were left out by accident that I added Higginbotham and double diamond signs.

**7 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Richard N. Thompson  
 \_\_\_\_\_  
 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 oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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<br>(Ethics Commission Filers)<br>00080423 | <b>2</b> Total pages filed:<br>12  |   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable   | FIRST<br>Richard N.   | MI<br>   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>02/06/2024  |  |
|   | NICKNAME<br>Ricky  | LAST<br>Thompson  | SUFFIX<br>   |   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>1510 Josephine St<br><br>Sweetwater, TX 79556  |   | ZIP CODE<br>   | Date Hand-delivered or Date Postmarked<br><br>Receipt # _____ Amount _____<br><br>Date Processed _____<br><br>Date Imaged _____ |  |
|   | MS / MRS / MR<br>Mr.   |   | FIRST<br>Cole E.   | MI<br>  |  |
|   | NICKNAME<br>   |   | LAST<br>Fullwood   | SUFFIX<br>  |  |
|   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>518 County Road 151<br><br>Roscoe, TX 79545   |   |  |   |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(325)   | PHONE NUMBER<br>436-9630                                    | EXTENSION<br>  |   |  |
| <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)<br><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<br>01/01/2024   |   | THROUGH  | Month Day Year<br>01/25/2024  |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>03/05/2024  |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Attorney (Multi-county) District 32   |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Attorney (Multi-county) District 32 Nolan, Fisher, and Mitchell   |   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

3 of 12

**13** C / OH NAME Thompson, Richard N. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00080423

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |    |          |
|-------------------------------|---|----|----------|
| <b>16</b> CONTRIBUTION TOTALS | 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)   | \$ | 6,961.74 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 6,765.00 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 269.91   |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00     |

**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.

The Honorable Richard N. Thompson  
\_\_\_\_\_  
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****FORM C/OH  
COVER SHEET PG 3**

4 of 12

|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Thompson, Richard N. (The Honorable) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00080423 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE             |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 6,961.74   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 6,765.00   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |
| 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:<br>Sch: 1/4 Rpt: 5/12        |
| <b>2</b> FILER NAME<br>Thompson, Richard N. (The Honorable)                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080423       |
| <b>4</b> Date<br>01/06/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Atkins, Brandon & Holly  | <b>7</b> Amount of Contribution (\$) \$250.00                  |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Big Spring , TX 79721 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>partner          |   | <b>9</b> Employer (See Instructions)<br>H & P Boring services  |
| Date<br>01/11/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Atkins, Micheal and Brooke Atkins | Amount of Contribution (\$) \$250.00                           |
| Contributor address; City; State; Zip Code<br><br>Big Spring, TX 79721           |   |  |
| Principal occupation / Job title (See Instructions)<br>self                      |   | Employer (See Instructions)<br>Atkins reality                  |
| Date<br>01/08/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Atkins, Robbie                    | Amount of Contribution (\$) \$250.00                           |
| Contributor address; City; State; Zip Code<br><br>Big Spring, TX 79721           |   |  |
| Principal occupation / Job title (See Instructions)<br>self employed             |   | Employer (See Instructions)<br>self-employed                   |
| Date<br>01/06/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Byrne, Cuatro                     | Amount of Contribution (\$) \$250.00                           |
| Contributor address; City; State; Zip Code<br><br>Loraine , TX 79532             |   |  |
| Principal occupation / Job title (See Instructions)<br>business owner            |   | Employer (See Instructions)<br>Cuatro Bail bonds               |
| Date<br>01/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Davila, Mary Anne                 | Amount of Contribution (\$) \$371.01                           |
| Contributor address; City; State; Zip Code<br><br>Colorado City , TX 79512       |   |  |
| Principal occupation / Job title (See Instructions)<br>office manager            |   | Employer (See Instructions)<br>32nd Judicial District Attorney |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/4 Rpt: 6/12  |
| <b>2</b> FILER NAME<br>Thompson, Richard N. (The Honorable)                    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080423 |
| <b>4</b> Date<br>01/05/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Deloera, Misti<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>roscoe , TX 79545 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>business owner |   | <b>9</b> Employer (See Instructions)<br>Cotton Belles    |
| Date<br>01/04/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Etheredge , Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Sweetwater, TX 79556             | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)<br>Business owner          |   | Employer (See Instructions)<br>Etheredge's farm          |
| Date<br>01/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Foster, Hilary<br><hr/> Contributor address; City; State; Zip Code<br><br>Sweetwater, TX 79556                | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>healthcare              |   | Employer (See Instructions)<br>highland ISD              |
| Date<br>01/03/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fullwood, Cole and Amanda<br><hr/> Contributor address; City; State; Zip Code<br><br>Roscoe , TX 79545        | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Business owner          |   | Employer (See Instructions)<br>Blacklands Smokehouse     |
| Date<br>01/07/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Glass, Rhylon<br><hr/> Contributor address; City; State; Zip Code<br><br>Champion , TX 79545                  | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>sales Tech              |   | Employer (See Instructions)<br>Family RV Center          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/4 Rpt: 7/12            |
| <b>2</b> FILER NAME<br>Thompson, Richard N. (The Honorable)                    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080423           |
| <b>4</b> Date<br>01/10/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gunn, Jeremy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Nolan, TX 79537 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>business owner |   | <b>9</b> Employer (See Instructions)<br>self-employed              |
| Date<br>01/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hanneman , Paul<br><hr/> Contributor address; City; State; Zip Code<br><br>Sweetwater, TX 79556           | Amount of Contribution (\$)<br><br>\$750.00                        |
| Principal occupation / Job title (See Instructions)<br>lawyer                  |   | Employer (See Instructions)<br>Paul Hanneman attorney at law       |
| Date<br>01/10/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Johnson , Kade<br><hr/> Contributor address; City; State; Zip Code<br><br>Roscoe , TX 79545               | Amount of Contribution (\$)<br><br>\$250.00                        |
| Principal occupation / Job title (See Instructions)<br>business owner          |   | Employer (See Instructions)<br>Kade Johnson construction           |
| Date<br>01/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lorfling , Russell<br><hr/> Contributor address; City; State; Zip Code<br><br>Abilene, TX 79605           | Amount of Contribution (\$)<br><br>\$1,000.00                      |
| Principal occupation / Job title (See Instructions)<br>attorney                |   | Employer (See Instructions)<br>Lorfling and Keith attorney at laws |
| Date<br>01/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>M & B oil field company<br><hr/> Contributor address; City; State; Zip Code<br><br>Sweetwater, TX 79556   | Amount of Contribution (\$)<br><br>\$250.00                        |
| Principal occupation / Job title (See Instructions)                            |   | Employer (See Instructions)  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/4 Rpt: 8/12         |
| <b>2</b> FILER NAME<br>Thompson, Richard N. (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080423        |
| <b>4</b> Date<br>01/08/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Montgomery, Derek<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Roscoe, TX 79545 | <b>7</b> Amount of Contribution (\$)<br><br>\$750.00            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney |   | <b>9</b> Employer (See Instructions)<br>Kelly Hart              |
| Date<br>01/03/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Montgomery, Derek<br><hr/> Contributor address; City; State; Zip Code<br><br>Roscoe, TX 79545                   | Amount of Contribution (\$)<br><br>\$350.00                     |
| Principal occupation / Job title (See Instructions)<br>Attorney          |   | Employer (See Instructions)<br>Kelly Hart                       |
| Date<br>01/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Oliver, Tom<br><hr/> Contributor address; City; State; Zip Code<br><br>Sweetwater, TX 79556                     | Amount of Contribution (\$)<br><br>\$250.00                     |
| Principal occupation / Job title (See Instructions)<br>business owner    |   | Employer (See Instructions)<br>self-employed                    |
| Date<br>01/10/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Thompson, Jeremy<br><hr/> Contributor address; City; State; Zip Code<br><br>Sweetwater, TX 79556                | Amount of Contribution (\$)<br><br>\$140.73                     |
| Principal occupation / Job title (See Instructions)<br>Tech              |   | Employer (See Instructions)<br>Ludlum's measurements            |
| Date<br>01/04/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, TJ<br><hr/> Contributor address; City; State; Zip Code<br><br>Sweetwater, TX 79556                      | Amount of Contribution (\$)<br><br>\$250.00                     |
| Principal occupation / Job title (See Instructions)<br>HR                |   | Employer (See Instructions)<br>Rolling Plains Memorial hospital |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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 F1:<br>Sch: 1/4 Rpt: 9/12 | <b>2</b> FILER NAME<br>Thompson, Richard N. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080423 |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>01/17/2024 | <b>5</b> Payee name<br>Creative Graphic Solutions |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$467.64 | <b>7</b> Payee address; City; State; Zip Code<br>1107 E. Broadway Street<br><br>Sweetwater, TX 79556 |
|----------------------------------|--|

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

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

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>01/11/2024 | Payee name<br>Double Diamond Signs |
|--------------------|------------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$584.55 | Payee address; City; State; Zip Code<br>3005 South 1st Street<br><br>Abilene, TX 79605 |
|-------------------------|--|

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

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

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>01/18/2024 | Payee name<br>Extreme Media LLC |
|--------------------|---------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$2,445.00 | Payee address; City; State; Zip Code<br>209 South Danville<br><br>Abilene, TX 79605 |
|---------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Mitchell county radio ads |
|-------------------------------|--|---|

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

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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 F1:<br>Sch: 2/4 Rpt: 10/12     | <b>2</b> FILER NAME<br>Thompson, Richard N. (The Honorable)                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080423   |
| <b>4</b> Date<br>01/16/2024                                  | <b>5</b> Payee name<br>Higginbotham's  |  |
| <b>6</b> Amount (\$)<br>\$136.46                             | <b>7</b> Payee address; City; State; Zip Code<br>288 West 2nd<br><br>Colorado City , TX 79512  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>T post to hang banners on and material for banners |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/22/2024   | Payee name<br>KXOX   |  |
| Amount (\$)<br>\$1,401.80                                    | Payee address; City; State; Zip Code<br>1801 Hoyt Street<br><br>Sweetwater, TX 79556           |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>radio ads  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/15/2024   | Payee name<br>Mitchell County LiveStock Show   |  |
| Amount (\$)<br>\$300.00                                      | Payee address; City; State; Zip Code<br>P.O. Box 657<br><br>Colorado City , TX 79512           |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Stock Show advertisement add Ons.                  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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 F1:<br>Sch: 3/4 Rpt: 11/12 | <b>2</b> FILER NAME<br>Thompson, Richard N. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080423 |
|--|---|--|

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|-----------------------------|---|
| <b>4</b> Date<br>01/14/2024 | <b>5</b> Payee name<br>Nolan County Livestock association |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$680.00 | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 1272<br><br>Sweetwater, TX 79556 |
|----------------------------------|--|

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|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Stock Show ad ons. |
|---------------------------------|--|--|

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

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|--------------------|---|
| Date<br>01/23/2024 | Payee name<br>Riding Cash for Bull bash |
|--------------------|---|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$250.00 | Payee address; City; State; Zip Code<br>115 E. 3rd Street<br><br>Sweetwater, TX 79556 |
|-------------------------|---|

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

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

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>01/24/2024 | Payee name<br>Sweetwater Reporter |
|--------------------|-----------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$125.00 | Payee address; City; State; Zip Code<br>112 W. 3rd Street<br><br>Sweetwater , TX 79556 |
|-------------------------|--|

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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 F1:<br>Sch: 4/4 Rpt: 12/12 | <b>2</b> FILER NAME<br>Thompson, Richard N. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080423 |
|--|---|--|

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|-----------------------------|---|
| <b>4</b> Date<br>01/10/2024 | <b>5</b> Payee name<br>creative Graphic Solutions |
|-----------------------------|---|

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|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$140.73 | <b>7</b> Payee address; City; State; Zip Code<br>1107 East Broadway Street<br><br>Sweetwater, TX 79556 |
|----------------------------------|--|

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

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

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| Date<br>01/22/2024 | Payee name<br>creative Graphic Solutions |
|--------------------|--|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$233.82 | Payee address; City; State; Zip Code<br>1107 East Broadway Street<br><br>Sweetwater, TX 79556 |
|-------------------------|---|

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

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

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