# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE	E USE ONLY
	00084044		45			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME	The Honorable	Kronda			02/29/2024	
		NICKNAME	LAST		SUFFIX		
			Thimesch			Date Hand-delivere	ed or Date Postmarked
	ORIGINAL	January 15	Runoff	Other (s	specify)		
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam appointment (office				
		X 8th day before election	Final Report (Attac	• •		Date Processed	
	ORIGINAL PERIOD	Month Day Ye	 ar	Month Day	Year	Date Imaged	
	COVERED	01/26/2024	THROUGH	02/24/2024			
	EXPLANATION OF C	CORRECTION				<u>-</u>	
		red on 2/24/2024 was rece red after filing. One notice o					
	AFFIDAVIT						
	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this correc	eted report is true
'	AFFIDAVIT		and	· · · · · · · · · · · · · · · · · · ·	, , , ,		eted report is true
	AFFIDAVIT		and	correct.  ck the box next to any  Semiannual report:  was made in good fa	and all applicas:  I swear, or aith and without	able statements: r affirm that the o	riginal report ead or to
•	AFFIDAVIT		and	correct. ck the box next to any Semiannual reports	and all applicas:  I swear, or aith and without	able statements: r affirm that the o	riginal report ead or to
,	AFFIDAVIT		and	correct.  ck the box next to any  Semiannual report: was made in good fa misrepresent the infe  Other reports: I s report not later than that the report as ori swear, or affirm, tha	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or	able statements:  r affirm that the o t an intent to misl ined in the report , that I am filing these day after the naccurate or inco	riginal report ead or to his corrected date I learned implete. I
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual report: was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or	able statements:  r affirm that the o t an intent to misl ined in the report , that I am filing these day after the naccurate or inco	riginal report ead or to his corrected date I learned implete. I
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.	able statements:  r affirm that the o t an intent to misl ined in the report , that I am filing these day after the naccurate or inco	riginal report ead or to his corrected date I learned implete. I
	AFFIDAVIT		and Che	Semiannual reports was made in good fa misrepresent the info  Other reports: I sereport not later than that the report as oris swear, or affirm, that filed was made in good.  The I-	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.	able statements:  r affirm that the o t an intent to misl ned in the report  , that I am filing t ess day after the naccurate or inco mission in the rep	riginal report ead or to his corrected date I learned implete. I
		AMP / SEAL ABOVE	and Che	Semiannual reports was made in good fa misrepresent the info  Other reports: I sereport not later than that the report as oris swear, or affirm, that filed was made in good.  The I-	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.	able statements:  r affirm that the o t an intent to misl ined in the report , that I am filing t ess day after the naccurate or inco mission in the rep	riginal report ead or to his corrected date I learned implete. I
	AFFIX NOTARY ST	AMP / SEAL ABOVE	and Che	Semiannual reports was made in good famisrepresent the info  Other reports: I sereport not later than that the report as or is swear, or affirm, that filed was made in good  The F  Signatu	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.	able statements:  r affirm that the o t an intent to misl ned in the report  , that I am filing t ess day after the naccurate or inco mission in the rep  nda Thimesch e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally
	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual reports was made in good famisrepresent the info  Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good.  The Head Signature.	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  Honorable Kro ure of Candidate	able statements:  r affirm that the o t an intent to misl ned in the report  , that I am filing t ess day after the naccurate or inco mission in the rep  nda Thimesch e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual reports was made in good famisrepresent the info  Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good.  The Head Signature.	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  Honorable Kro ure of Candidate	able statements:  r affirm that the o t an intent to misl ned in the report  , that I am filing t ess day after the naccurate or inco mission in the rep  nda Thimesch e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally
	AFFIX NOTARY ST Sworn to and subscoof	ribed before me, by the sa	and Che	Semiannual reports was made in good famisrepresent the info  Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good.  The Head Signature.	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith.  Honorable Kro ure of Candidate, this to	able statements:  r affirm that the o t an intent to misl ned in the report  , that I am filing t ess day after the naccurate or inco mission in the rep  nda Thimesch e or Officeholder	riginal report ead or to  his corrected date I learned mplete. I port as originally

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

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commit 00084044		2 Total pages fi	iled: 45
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Kronda			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME			CUEEIV	02/29/2024	, (2211122
	NICKNAME	LAST Thimesch		SUFFIX	02/23/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING	2516 Sir Tristram Lane					
ADDRESS					Receipt #	Amount
Change of Address	Lewisville, TX 75056					
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Mike		1411		
NAME	IVII.	WIKE				
	NICKNAME	LAST		SUFFIX		
		Donnelly				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	Γ / SUITE #; CITY	; ST	ATE; ZIP CODE
ADDRESS	302 East Carruth Lane					
(Residence or Business)						
,	Double Oak, TX 75077					
7 CAMPAICNI	ADEA CODE DUON	E NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(214) 448-9337					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	ımpaign treasurer
		J court day belore		L	appointment (off	
	July 15	8th day before 6	election	Exceeded modified	Final Report (Att	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024	ПБ	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGH	T (if known)	
III OFFICE	State Representative Distr	ict 65			tative District 65	
	State Representative Distr	101 00		State Represent	tative District 05	
		GO T	O PAGE 2			
I						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 45

13 C / OH NAME	ME Thimesch, Kronda (The Honorable)  14 Filer ID 00084044			`	Ethics Comn	nission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without t quired to report this information	the candidate's or office	holder's kno	wledge or		
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E					
	X GENERAL	Texas Alliance fo	r Life PAC					
		COMMITTEE ADDI	RESS					
	SPECIFIC	8000 Centre Park	Drive					
	Suite 380							
	Austin, TX 78754							
			PAIGN TREASURER NAME					
		Shaw, James						
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS				
		4505 Corazon Co	ove					
		Round Rock, TX	78681					
16 CONTRIBUTION	1. TOTAL UNITEM		ONTRIBUTIONS (OTHER THAI	N PLEDGES LOANS				
TOTALS			CONTRIBUTIONS MADE ELEC		\$	0.00		
		CAL CONTRIBUTION PLEDGES, LOANS, (	<b>NS</b> OR GUARANTEES OF LOANS	5)	\$	486,928.82		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	676.88		
	4. TOTAL POLITIC	CAL EXPENDITURES	S		\$	341,392.45		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	50,893.49		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	40,000.00		
<b>17</b> AFFIDAVIT		t	swear, or affirm, under penalty rue 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 AB	OVE						
Sworn to and subs	cribed before me, by the s	aid		, this the		day		
			my hand and seal of office.					
Signature of offi	cer administering	Printed name o	of officer administering	Title of officer	administerin	ng oath		

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

### FORM C/OH ADDENDUM

Page 4 of 45

				1 age 1 et 16					
C / OH NAME	Thimesch, Kronda (T	he Honorable)	Filer ID 00084044	(Ethics Commission Filers)					
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures 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								
	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME							
	X GENERAL	Secure Our Border Now PAC							
		COMMITTEE ADDRESS							
	SPECIFIC	PO Box 341016							
		Austin, TX 78734							
		COMMITTEE CAMPAIGN TREASURER NAME							
		Stewart, Kevin							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
		807 Brazos St							
		Suite 401							
		Austin, TX 78701							
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have I	I  of political expenditures by political committees to so  peen made without the candidate's or officeholder's  d to report this information only if they receive notic	knowledge or co	nsent. Candidates and					
	COMMITTEE TYPE	COMMITTEE NAME							
	X GENERAL	Texas Realtors PAC							
		COMMITTEE ADDRESS							
	SPECIFIC	1115 San Jacinto Blvd							
		Suite 200							
		Austin, TX 78701							
		COMMITTEE CAMPAIGN TREASURER NAME							
		Cantu, Leslie							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
		P.O. Box 2246							
		Austin, TX 78768							

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

			5 of 45	
18 FILER	NAME esch, Kronda (The Honorable)	<b>19</b> Filer ID 00084044	(Ethics C	ommission Filers)
	DULE SUBTOTALS OF SCHEDULE	SUB	STOTAL AMOUNT	
1. [	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	179,232.67	
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$	307,696.15
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL C	ONTRIBUTIONS	\$	341,392.45
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICA	L CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL F	UNDS	\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$	
11. [	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICA	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	\$		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 6/45
2	FILER NAME Thimesch, K	ronda (The Honorable)		3	Filer ID (Ethics Commission Filers) 00084044
4	Date 02/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$25.00
_	Deireirel	Grand Prairie, TX 75052			
ð	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Arnold & Itkin LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00
	Dringing agg	Houston, TX 77007	Employer (See Instructions	<u>''</u>	
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions	·)	
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#: Atmos Energy  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,500.00
		Dallas, TX 75240			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/09/2024	Full name of contributor			Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
		<b>1</b>			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 7/45	
2	FILER NAME Thimesch, K	ronda (The Honorable)		3	Filer ID (Ethics Commission 00084044	on Filers)
4	Date 02/06/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
0	Dringing ogg	Carrollton, TX 75007	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#: Burhans, Martin Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Deinsinal	HIGHLAND VILLAGE, TX 75077	Farabasa (Garabasa)	$\overline{\Gamma}$		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#: Cadigan, Steve  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Carrollton, TX 75010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Caroline Harris for State Rep  Contributor address; City; State; Zip Code  Round Rock, TX 78664			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#: Chevron Employees PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1	
	The Instru	ction Guide explains how to complete th	his form.	1	otal pages Schedule A1: Sch: 3/13 Rpt: 8/45
2	FILER NAME Thimesch, K	ronda (The Honorable)		1	Filer ID (Ethics Commission Filers)
4	Date 02/09/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:)	7 A	Amount of Contribution (\$) \$2,500.00
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	9 Employer (See Instructions	15)	
•					
	Date 01/31/2024	Full name of contributor out-of-state PAC  Dade Phelan Campaign  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$40,000.00
	Principal occu	Austin, TX 78763 pation / Job title (See Instructions)	Employer (See Instructions	ıs)	
	Date 02/16/2024	Full name of contributor out-of-state PAC Dade Phelan Campaign  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$) \$20,000.00
	Principal occu	Austin, TX 78763 pation / Job title (See Instructions)	Employer (See Instructions	ls)	
	Date 02/02/2024	Full name of contributor out-of-state PAC Donnelly, Mike  Contributor address; City; State; Zip Code  Double Oak, TX 75077			Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l s)	
	Date 02/16/2024	Full name of contributor out-of-state PAC Freese and Nichols PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102	(ID#:)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)	
			•		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 9/45	
2	FILER NAME Thimesch, K	ronda (The Honorable)		3	Filer ID (Ethics Commission 00084044	on Filers)
4	Date 01/29/2024	Priends of The TTU System PAC  Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
_	Deinsinal	Lubbock, TX 79409	la Fundami (On Jantani)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 02/07/2024	Full name of contributor	#: <u>C00199257</u>		Amount of Contribution (\$)	\$500.00
		San Francisco, CA 94080	<b>.</b>			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID Green, George  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$500.00
		Argyle, TX 76226				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID Griffin, Dan  Contributor address; City; State; Zip Code  Lewisville, TX 75077	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID HOSPAC - State  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 10/45	
2	FILER NAME Thimesch, K	ronda (The Honorable)		3	Filer ID (Ethics Commission 00084044	on Filers)
4	Date 02/16/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
	Dringing oggu	Richardson, TX 75081	• Employer (Coo Instructions			
0	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Hines, Karen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Carrollton, TX 75010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>(</b> )		
	Date 01/26/2024	Full name of contributor  out-of-state PAC (ID#: Houston Police Officers Union PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Husch Blackwell Strategies  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Husch Blackwell Strategies  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		· ·				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 11/45	
2	FILER NAME Thimesch, K	ronda (The Honorable)		3	Filer ID (Ethics Commission 00084044	n Filers)
4	Date 01/31/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
_	Daine in all access	Frisco, TX 75035	). Faralas as (Caralas tracticas			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Johnson, Jill Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Dringinal occu	Lewisville, TX 75056 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	oalion7 300 title (See mstructions)	Employer (See Instructions	,		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#: Joyner, Gina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Lewisville, TX 75056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_Kelly, Mark  Contributor address; City; State; Zip Code  Lewisville, TX 75056			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_LIU, JANET  Contributor address; City; State; Zip Code  Dallas, TX 75287			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		-				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 12/45	
2	FILER NAME Thimesch, K	ronda (The Honorable)			3	Filer ID (Ethics Commission 00084044	on Filers)
4	Date 02/21/2024	<ul><li>5 Full name of contributor Lubetzky, Daniel</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$3,000.00
8	Principal occu	Austin, TX 78763 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	·/		
0	Founder	pation / 300 title (See Instructions)	9	KIND	•)		
	Date 02/15/2024	Full name of contributor Marquez, Joseph Contributor address; City; Sta				Amount of Contribution (\$)	\$65.00
	Deinsinal	Carrollton, TX 75007		Faralassa (Ossalastassáisas	$\overline{\Gamma}$		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/30/2024	Full name of contributor  Moak Casey PAC  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$900.00
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/14/2024	Full name of contributor Orr, Elizabeth Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor PSEL PAC Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
The Instru	ction Guide explains how	to complete this fo	orm.		Total pages Schedule A1: Sch: 8/13 Rpt: 13/45	
2 FILER NAME Thimesch, K	Gronda (The Honorable)				Filer ID (Ethics Commission 00084044	on Filers)
4 Date 02/09/2024	Full name of contributor     Pape-Dawson Engineers P     Contributor address; City; Sta		)	7	Amount of Contribution (\$)	\$2,500.00
8 Principal occu	San Antonio, TX 78213		9 Employer (See Instructions	)		
Date 02/16/2024	Full name of contributor Parkhill PAC Contributor address; City; Sta	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$500.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Date 02/23/2024	Full name of contributor [Pausman, Karen Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
Principal occu	Denton, TX 76210 spation / Job title (See Instructions)		Employer (See Instructions	)		
Date 02/12/2024	Full name of contributor [ Reese, Harry  Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
Principal occu	Canton, TX 75103  Ipation / Job title (See Instructions)		Employer (See Instructions	)		
Date 01/31/2024	Full name of contributor  Schwab Jr., Carl  Contributor address; City; Sta  Carrollton, TX 75007	out-of-state PAC (ID#:_ te; Zip Code	)		Amount of Contribution (\$)	\$67.67
Principal occu	I upation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 14/45	
2	FILER NAME Thimesch, K	ronda (The Honorable)		3	Filer ID (Ethics Commission 00084044	on Filers)
4	Date 02/06/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
_	Deinsinal	Stephenville, TX 76401		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Stone, Angela Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Carrollton, TX 75010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: Sysco Corp Good Government Committee, Inc Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Carrollton, TX 77077				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ TMPA  Contributor address; City; State; Zip Code  Austin, TX 78752	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC Contributor address; City; State; Zip Code  Austin, TX 78768			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 15/45
2	FILER NAME Thimesch, K	ronda (The Honorable)		3	Filer ID (Ethics Commission Filers) 00084044
4	Date 02/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$500.00
_	Deinsinal	Austin, TX 78762	O Faralance (Octobration		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID#: Taylor, Kristi  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00
		Carrollton, TX 75010			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Texans for Responsible Government PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Responsible Government PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Responsible Government PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$30,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 16/45
2	FILER NAME Thimesch, K	ronda (The Honorable)		3	Filer ID (Ethics Commission Filers) 00084044
4	Date 02/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$1,500.00
_	<u> </u>	Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association Political Action Comm Contributor address; City; State; Zip Code  Austin, TX 78704	nittee		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas House Republican Caucus PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Restaurant Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78767	)		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Fire Fighters  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()	

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 17/45	
2	FILER NAME Thimesch, K	ronda (The Honorable)			3	Filer ID (Ethics Commission 00084044	on Filers)
4	Date 02/07/2024	<ul><li>5 Full name of contributor Ueckert, Cathy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$250.00
		Lewisville, TX 75077					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	s)		
	Date 02/01/2024	Full name of contributor  Veterinarian Political Acti  Contributor address; City; S				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78754 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> s)		
	Date 01/29/2024	Full name of contributor Vistra Employee PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction	5)	Employer (See Instructions	s)		
	Date 02/15/2024	Full name of contributor Willis, Cheryl Contributor address; City; S Lewisville, TX 75077				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u>I</u> S)		
	Date 02/09/2024	Full name of contributor Wright, John Contributor address; City; S Lewisville, TX 75056	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/13 Rpt: 18/45
2	FILER NAME Thimesch, K	ronda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084044
4	Date 02/09/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$100.00
8	Principal occu	Carrollton, TX 75007 pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
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The Instru	ection Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 1/6 Rpt: 19/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Kronda (The Honorable)		00084044
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
<b>5</b> Date	6 Full name of contributor  ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
02/16/2024	7 GOOGIAGO TROPADIOANO OF TOXAG		contribution (\$) description \$13,000.00 Digital advertisement
	7 Contributor address; City; State; Zip Code		
			<u> </u>
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
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 contribute	or's spouse (if any) (FOR JUDICIAL)
40.11			
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description
02/12/2024	Associated Republicans of Texas		\$14,506.67   Mailer
	Contributor address; City; State; Zip Code		
	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	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description
02/22/2024	Associated Republicans of Texas		\$745.65 I text messaging
	Contributor address; City; State; Zip Code		
	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	•
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
I			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/6 Rpt: 20/45
2 FILER NAME Thimesch, k	Kronda (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084044
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 02/22/2024	7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$786.87 I text messaging
10 Dringing Lagg	Austin, TX 78701  upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (EOD NON	Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	spation / Job title (FOR NON-JODICIAL) (See insudctions)	11 Employer (FOR NON	-JODICIAL) (See institutions)
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)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
Date 02/22/2024	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 \$841.59   text messaging
	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	I-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 contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: Charter Schools Now PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$408.55   Door hangers
Principal occu	Austin, TX 78767  upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-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 contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sch Sch: 3/6 Rpt:	
2 FILER NAME			`	s Commission Filers)
	Kronda (The Honorable)		00084044	
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of contribution (\$)	9 In-kind contribution description
02/20/2024	Charter Schools Now PAC			Texting service
	7 Contributor address; City; State; Zip Code			
			<u> </u>	 
	Austin, TX 78767		Check if travel o	utside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ir	nstructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	or's snouse (if any) (I	EOR JUDICIAL)
14 Contributor 3	employemaw iiiii (i OK 30DioiAL)	13 Law IIIII of Contribute	or a spouse (ii arry) (i	OK JODICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
02/20/2024	Charter Schools Now PAC		contribution (\$) \$829.85	description  Message phone calls
	Contributor address; City; State; Zip Code		·	
			ļ	 
	Austin, TX 78767		Check if travel o	utside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ir	nstructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (I	FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
02/16/2024	Charter Schools Now PAC		contribution (\$)	description Texting service
	Contributor address; City; State; Zip Code		Ψ230.00	l rexuiting service
	Austin, TX 78767		Check if travel o	utside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (I	FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
1				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 4/6 Rpt: 22/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Thimesch, k	Kronda (The Honorable)		00084044
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$
<b>5</b> Date	6 Full name of contributor  ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
02/12/2024	Charter Schools Now PAC		contribution (\$) description \$3,922.00 Direct Mail
	7 Contributor address; City; State; Zip Code		, , , , , , , , , , , , , , , , , , , ,
			į į
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
	,		,
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 contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description
02/23/2024	Dade Phelan Campaign		contribution (\$) description \$6,750.00 Campaign polling
	Contributor address; City; State; Zip Code		I I
			į į
	Austin, TX 78763		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)
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Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution
02/22/2024	Greg Abbott Campaign		contribution (\$) description \$23,987.20 Campaign digital
	Contributor address; City; State; Zip Code		advertising
			į į
	Austin, TX 78767		l 🗖 i
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)
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Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	,		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
			-
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 5/6 Rpt: 23/45
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Thimesch, k	Kronda (The Honorable)		00084044
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
<b>5</b> Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
02/20/2024	Greg Abbott Campaign		contribution (\$) description \$8,568.00   Campaign canvassing
	7 Contributor address; City; State; Zip Code		I
			i
	Augtin TV 70767		_
10 Dringing age	Austin, TX 78767  upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)
10 Principal occi	spation / Job title (FOR NON-JODICIAL) (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 contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution
02/20/2024	Greg Abbott Campaign		contribution (\$) description \$81,238.00   Campaign advertising
	Contributor address; City; State; Zip Code		I
			_
	Austin, TX 78767	1	Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
O a sakailla saka ada	rein single accounting (FOR HIDIOIAL)	O a stalla standa da la la titula	(EOD JUDIOIAL) (Considerations)
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributorio	ampley ox flow firm (FOR HIDICIAL)	Low firm of contribut	orla anguas (if any) (EOD JUDICIAL)
Contributors	employer/law firm (FOR JUDICIAL)	Law IIIII of Contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a shild law firm of parent(s) (if any) (FOR HIDICIAL)		
ii contributori	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description
02/16/2024	TREPAC		\$12,499.37   Direct mail
	Contributor address; City; State; Zip Code		
			į į
	Austin, TX 78768		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)
i ilicipai occi	apadion 7 dob dide (1 dix 14dix dobion/le) (eee memers)	Employer (Foretvore	( dobien, it)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	,		,
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
	,		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	,		

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 6/6 Rpt: 24/45				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Thimesch, k	Kronda (The Honorable)		00084044			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 02/16/2024	6 Full name of contributor out-of-state PAC (ID#: TREPAC	8 Amount of 9 In-kind contribution contribution (\$) description				
	7 Contributor address; City; State; Zip Code		\$4,302.40   Voter phone data   reconciliation 			
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution			
02/23/2024	Texans for Lawsuit Reform PAC		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$6,750.00   Campaign polling			
	A		_			
5	Austin, TX 78701	T = 1 (505,110)	Check if travel outside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of In-kind contribution			
02/05/2024	Texans for Lawsuit Reform PAC		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$128,060.00   Political advertising   I   I			
	Austin, TX 78701	1	Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / 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)	or's spouse (if any) (FOR JUDICIAL)				
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 1/21 Rpt: 25/45	, , ,
4 Date	5 Payee name
02/22/2024	Amazon
6 Amount (\$) \$201.10	7 Payee address; City; State; Zip Code  TX
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign event supplies for GOTV rally
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2024	Anedot Inc.
Amount (\$) \$267.71	Payee address; City; State; Zip Code 1340 Poydras St Ste 770 New Orleans, LA 70112
PURPOSE OF 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
	Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 02/12/2024	Payee name Coronel, Alejandro
Amount (\$) \$500.00	Payee address; City; State; Zip Code 51 Rainey Street
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign staff wages
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica 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: 2/21 Rpt: 26/45	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	02/21/2024	Datum XY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39,783.88	12400 W Hwy 71
		Bee Cave, TX 78738
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign digital advertising program
		Campaigh digital davortioning program
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/31/2024	Datum XY
	Amount (\$)	Payee address; City; State; Zip Code
	\$39,783.88	12400 W Hwy 71
		Bee Cave, TX 78738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign digital advertising program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/16/2024	Datum XY
	Amount (\$)	Payee address; City; State; Zip Code
	\$30,395.40	12400 W Hwy 71
		Bee Cave, TX 78738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign digital advertising program
		Campaigh digital advertising program
_	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/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: 3/21 Rpt: 27/45	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	02/05/2024	Fox Bryant LLC
6	Amount (\$) \$17,250.00	7 Payee address; City; State; Zip Code 855 W Street
		Lincoln, NE 68508
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign canvassing services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2024	Fox Bryant LLC
	Amount (\$) \$14,000.00	Payee address; City; State; Zip Code 855 W Street
		Lincoln, NE 68508
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign canvassing services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	GS-JJ Online Design Systems
	Amount (\$) \$505.00	Payee address; City; State; Zip Code 20829 Valley Blvd
		Walnut, CA 91789
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign promotional novelty item design and printing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T.1 C.1.1 =:	
1	Total pages Schedule F1:	
	Sch: 4/21 Rpt: 28/45	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	02/06/2024	Gamble, Tracy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	9504 Thorncliff Drive
		Frisco, TX 75035
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Campaign staff wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2024	Gamble, Tracy
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	9504 Thorncliff Drive
		Frisco, TX 75035
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Campaign staff wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/19/2024	Glassman, Elena
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1144 Brittany Place
	Ψ200.00	LLTT Dimary France
		Louigvilla, TV 75077
		Lewisville, TX 75077
	PURPOSE 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
		Reimbursement for misc campaign event expenses
		Treimbursement for mise eampaign event expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 5/21 Rpt: 29/45	2 FILER NAME Thimesch, Kronda (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084044
4	Date	5 Payee name
	02/02/2024	Glassman, Elena
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1144 Brittany Place Lewisville, TX 75077
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign staff wages
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2024	Glassman, Elena
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1144 Brittany Place
		Lewisville, TX 75077
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Staff Wages
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2024	Glassman, Elena
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.86	1144 Brittany Place
		Lewisville, TX 75077
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Reimbursement for water purchase
-	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 Comi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Credit Card Payment			mmittee	Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict category not listed ab	ove)
	Credit Card Fayment			The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ī					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 6/21 Rpt: 30/45		Thimesch, I	Kronda (The Ho	norable)					00084044		
4	Date	5	Payee name									
	02/22/2024			Group LLC								
6	Amount (\$)	7	Payee addre	ss; City;	State:	Zip Co	de					
•	\$378.88	ľ	5511 Parkc		o tato,	p 00						
	4010.00		Ste 103	.001 2.110								
				70721								
		L	Austin, TX			-						
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				<b>=</b>		officeholder living	plete Schedule T.	
								Campaign en				
								1 3		J		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/Ol	Н										
	Date		Payee name									
	02/20/2024		Go Creative	Group LLC								
	Amount (\$)	T	Payee addre	ss; City;	State;	Zip Co	de					
	\$193.57		5511 Parkc	rest Drive								
			Ste 103									
			Austin, TX	78731								
	PURPOSE	(a)		ee Categories listed at	the ten of this cahe	dulo)	(b)	Description				
	OF	<u> `</u> `	Advertising		uie top oi tilis sche	dule)	` '	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		<b>.</b>	1				ш		officeholder living		
								Campaign en	nail	design ser	vices	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	0	ffice sou	ght			Office h	eld	
	experience to benefit Gree											
	Date		Payee name									
	02/15/2024		Go Creative	Group LLC								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$3,761.69		5511 Parkc	rest Drive								
			Ste 103									
			Austin, TX	78731								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Advertising		•	,		ш			plete Schedule T.	
	LAFENDITORE							_		officeholder living		
								Campaign en	naıl	design and	distribution se	rvices
	Complete ONLY if direct	Ц,	Candidata/Off	achalder name		ffice so:	abt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/Ol		oanuluale/OIII	ceholder name	U	ffice sou	yııı			Office n	<del>c</del> iu	

### SCHEDULE F1

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

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

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 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: 7/21 Rpt: 31/45	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	02/07/2024	Hernandez, David
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	253 East Round Grove
		Lewisville, TX 75067
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign sign installation services
		Campaign sign installation services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	02/07/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,203.60	1407 Lost Creek Blvd.
	·	
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Texting Services
		Campaign Texting Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/06/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,664.36	1407 Lost Creek Blvd.
	, , , , , , ,	
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign Texting Services
	Complete ONLY if divert	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 8/21 Rpt: 32/45	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	02/16/2024	Lawson Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,305.88	1407 Lost Creek Blvd.
		Austin, TX 78746
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Printing and Design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/27/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,299.10	1407 Lost Creek Blvd.
	Ψ2,233.10	1407 LOST GIECK BIVU.
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Texting Services
		Campaign rexaing Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
_	Date	Davies name
	02/16/2024	Payee name Lawson Strategies, LLC
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,582.32	1407 Lost Creek Blvd.
		Auctin TV 79746
		Austin, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Texting Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/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 (orders extended that is a second or secon

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		<u>_</u>
1	Total pages Schedule F1: Sch: 9/21 Rpt: 33/45	2 FILER NAME Thimesch, Kronda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084044
Ļ	<u> </u>	
4	Date	5 Payee name
	02/23/2024	Lawson Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,178.30	1407 Lost Creek Blvd.
		Auctin TV 70746
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Mailing Design and Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/16/2024	Lawson Strategies, LLC
		<u> </u>
	Amount (\$)	
	\$9,178.30	1407 Lost Creek Blvd.
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Campaign Mailing Design and Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/22/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,467.04	1407 Lost Creek Blvd.
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Texting Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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 Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	)
	Sch: 10/21 Rpt: 34/45	Thimesch, Kronda (The Honorable) 00084044	
4	Date	5 Payee name	_
	01/31/2024	Lawson Strategies, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$4,000.00	1407 Lost Creek Blvd.	
		Austin, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Consulting Services	
_	Operation ONLY & Street	Our stide to 10 th as had done as one of the seconds.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	02/21/2024	Lawson Strategies, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,477.28	1407 Lost Creek Blvd.	
		Austin, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Texting Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	н	
	Date	Payee name	_
	01/27/2024	Lawson Strategies, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8,092.61	1407 Lost Creek Blvd.	
		Austin, TX 78746	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Mailing Design and Services	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Orange to borion Oron		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 11/21 Rpt: 35/45	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	01/27/2024	Lawson Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,092.61	1407 Lost Creek Blvd.
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Mailing Design and Services
		Campaign walling Design and Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	01/27/2024	Lawson Strategies, LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$8,092.61	1407 Lost Creek Blvd.
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Mailing Design and Services
		Campaign walling Design and Services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/27/2024	Lawson Strategies, LLC
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$8,092.61	1407 Lost Creek Blvd.
	Ψ0,032.01	1407 LOST GICCK BIVU.
		Austin, TX 78746
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Mailing Design and Services
L	0 1. 2	
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
1		

### 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 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: 12/21 Rpt: 36/45	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	01/27/2024	Lawson Strategies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,092.61	1407 Lost Creek Blvd.
		Austin, TX 78746
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Mailing Design and Services
		Campaign maining Design and Convect
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/27/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,558.08	1407 Lost Creek Blvd.
		Austin, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Mailing Design and Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/09/2024	Lawson Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,558.08	1407 Lost Creek Blvd.
	Φ0,000.00	1401 Lost Olcok Biva.
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Campaign Mailing Design and Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### 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 Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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ater

### 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 Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment  The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 14/21 Rpt: 38/45	Thimesch, Kronda (The Honorable) 00084044							
4	Date	5 Payee name							
	02/01/2024	Mendonca, Cheridann							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$200.00	2990 Blackburn St							
		Apt 4123							
		Dallas, TX 75204							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Campaign Staff Wages							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experiantific to benefit G/OI								
	Date	Payee name							
	01/30/2024	Mendonca, Cheridann							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5,500.00	2990 Blackburn St							
		Apt 4123							
		Dallas, TX 75204							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Campaign staff wages							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	02/01/2024	Mesta, Ruth							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$100.00	4330 Bull Creek Road							
		Austin, TX 78731							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Campaign staff wages							
		Sampanga nagos							
	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 Committ

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

	Candidate/Officeholder/Politica 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: 15/21 Rpt: 39/45	Thimesch, Kronda (The Honorable) 00084044							
4	Date	5 Payee name							
	02/16/2024	Miller Media Holdings							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,195.00	6101 Long Prairie Rd.							
		Suite 744-186							
		Flower Mound, TX 75028							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
		Campaign print advertising purchase							
		Campaign print advertising purchase							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	02/24/2024	Office Max							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$706.85	6401 W Plano Parkway							
		Plano, TX 75093							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
Campaign printing for poll handouts									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	02/06/2024	Ready Refresh Water Service							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$6.48	P.O. Box 30139							
		College Station, TX 77842							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Capitol office water subscription							
		Capitoi onice water subscription							
_	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
Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica 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: 16/21 Rpt: 40/45	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	02/14/2024	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$406.50	
		Lewisville, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Postage for Campaign mailer
		Postage for Campaign mailer
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2024	Signs PQ LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,006.49	1821 Meadow Ridge Drive
		Flower Mound, TX 75028
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign sign printing
		Campaign sign pinning
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	USPS Postmaster
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.00	
		Lewisville, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Postage Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign mailer postage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica 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: 17/21 Rpt: 41/45	Thimesch, Kronda (The Honorable) 00084044					
4	Date	5 Payee name					
	02/23/2024	USPS Postmaster					
6	Amount (\$) \$6,895.62	7 Payee address; City; State; Zip Code					
		Austin, TX 78701					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/23/2024	USPS Postmaster					
	Amount (\$) Payee address; City; State; Zip Code \$6,895.62						
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Postage						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/27/2024	USPS Postmaster					
	Amount (\$) \$5,762.62	Payee address; City; State; Zip Code					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

### SCHEDULE F1

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

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

	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	<del></del>
	Sch: 18/21 Rpt: 42/45	Thimesch, Kronda (The Honorable) 00084044	
4	Date	5 Payee name	
	01/27/2024	USPS Postmaster	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,762.62		
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Postage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI	and the second of the second o	
_	Data		_
	Date 01/27/2024	Payee name USPS Postmaster	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,762.62		
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Postage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/27/2024	USPS Postmaster	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,762.62		
		Austin, TX 78701	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Postage	
	0 1. 2		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### 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

	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: 19/21 Rpt: 43/45	Thimesch, Kronda (The Honorable) 00084044	
4	Date	5 Payee name	_
	01/27/2024	USPS Postmaster	
6	Amount (\$) \$5,762.62	7 Payee address; City; State; Zip Code  Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/09/2024	USPS Postmaster	
	Amount (\$) \$6,631.66	Payee address; City; State; Zip Code	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Г	Date	Payee name	_
	02/09/2024	USPS Postmaster	
	Amount (\$) \$6,631.66	Payee address; City; State; Zip Code	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

### 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)

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/21 Rpt: 44/45	Thimesch, Kronda (The Honorable)	00084044
4	Date	5 Payee name	•
	02/09/2024	USPS Postmaster	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,762.62		
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	, , ,	theck if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	·	check if Austin, TX, officeholder living expense
		Posi	tage
Ļ	0 1: 0:::::::::::::::::::::::::::::::::		0.6
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	02/16/2024	Vantage ROI	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	PO Box 340836	
		Austin, TX 78734	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Research $\square^{c}$	check if travel outside of Texas. Complete Schedule T.
	-	·	heck if Austin, TX, officeholder living expense npaign research services
		Can	ipaign research services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
H	Dete		
	Date 02/09/2024	Payee name Vonlane	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$135.00	Vonlane.com	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	•
	EXPENDITURE	Onice Overneau/Nental Expense	check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			npaign travel expense for staffer
			F. 1. G. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
H			

#### SCHEDULE F1

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

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

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

Contributions' Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee					Travel Out of District  OTHER (enter a category not listed above)			
				The moduction out	de explains now to co	Jilipi	ete tilis lorili.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 21/21 Rpt: 45/45		Thimesch, K	Ironda (The Hond	orable)				00084044		
4	Date	5	Payee name								
	02/23/2024		Vonlane								
6	Amount (\$)	7	Payee addres	s; City;	State; Zip Co	ado.					
١		ľ			State, Zip Ct	Jue					
	\$89.00		3800 Maple	Avenue							
			Dallas, TX 7	5219							
8	PURPOSE	(a)	Category (so	e Categories listed at the	top of this schodule)	(b)	Description				
	OF	<b> </b> `´		nead/Rental Expe		l`		outsio	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Cinco Cvoii	rodan tomai Expe	71100		Check if Austin,	, TX,	officeholder living	g expense	
							Campaign tra	ivel	expense for	or staffer	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/O	Н									
$\vdash$	Date	Г	Dayca name								
			Payee name	hnical Services L	1.0						
	02/24/2024										
	Amount (\$)		Payee addres	•	State; Zip Co	ode					
	\$28.31		1776 Wilson	Blvd							
			Suite 530								
			Arlington, VA	A 22219							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
	OF		Fees	· ·	,		Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE						_		TX, officeholder living expense		
							Credit Card P	roc	cessing Fee	S	
	Complete ONLY if direct		Candidate/Offic	eholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/O	+									
1											