

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

| | | | |
|--|---|---|----------------------------------|
| The SPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00067776 | 2 Total pages filed: 9 |
| 3 COMMITTEE NAME Friends of Ed Thompson | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 01/15/2025 | |
| | | Date Hand-delivered or Date Postmarked | |
| 4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2651 Pearland Pkwy Ste 102 Pearland, TX 77581 | | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Anthony D. | | |
| | NICKNAME LAST SUFFIX Carbone | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2651 Pearland Parkway Ste 102 Pearland, TX 77581 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2651 Pearland Pkwy Ste 102 Pearland, TX 77581 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 997-6699 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07/01/2024 12/31/2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME Friends of Ed Thompson | 13 Filer ID (Ethics Commission Filers) 00067776 |
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|---|--|---|----------------------------------|----------------------|--|----------------------|
| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Officeholder | CANDIDATE / OFFICEHOLDER NAME Rep. Edward Thompson OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Representative | | | | |
| | <input type="checkbox"/> Measure | <table style="width:100%"> <tr> <td style="width:50%">BALLOT IDENTIFICATION / #</td> <td style="width:50%">ELECTION DATE</td> </tr> <tr> <td></td> <td style="text-align:center">Month Day Year</td> </tr> </table> | BALLOT IDENTIFICATION / # | ELECTION DATE | | Month Day Year |
| | | BALLOT IDENTIFICATION / # | ELECTION DATE | | | |
| | Month Day Year | | | | | |
| DESCRIPTION | | | | | | |

| | | |
|--------------------------------|--|-----------------------------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ \$0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ \$0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ \$768.53 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ \$4,236.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ \$20,400.53 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ \$0.00 |

16 AFFIDAVIT

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

 Mr. Anthony D. Carbone
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - SPAC

| | |
|--|---|
| 17 COMMITTEE NAME Friends of Ed Thompson | 18 Filer ID (Ethics Commission Filers) 00067776 |
|--|---|

| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|---|--|-----------------|
| | NAME OF SCHEDULE | |
| 1. <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. <input type="checkbox"/> | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. <input type="checkbox"/> | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 8. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 4,236.00 |
| 9. <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 10. <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 12. <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 13. <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 14. <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 2,468.60 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|---|--|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 1/5 Rpt: 4/9 | 2 | FILER NAME Friends of Ed Thompson | 3 | Filer ID (Ethics Commission Filers) 00067776 |
| 4 | Date 12/29/2024 | 5 | Payee name Alvin Education Foundation | | |
| 6 | Amount (\$) \$500.00 | 7 | Payee address; City; State; Zip Code 601 E Clemens St Alvin, TX 77511 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sponsorship | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 10/24/2024 | | Payee name Alvin Education Foundation | | |
| | Amount (\$) \$300.00 | | Payee address; City; State; Zip Code P.O.Box 2342 Alvin, TX 77512 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sponsorship | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 09/04/2024 | | Payee name Alvin Manvel Chamber | | |
| | Amount (\$) \$300.00 | | Payee address; City; State; Zip Code 105 Willis St Alvin, TX 77511 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sponsorship | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 2/5 Rpt: 5/9 | 2 FILER NAME Friends of Ed Thompson | 3 Filer ID (Ethics Commission Filers) 00067776 |
| 4 Date 07/01/2024 | 5 Payee name Alvin Museum Society | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 302 W Sealy st Alvin, TX 77511 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sponsorship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/19/2024 | Payee name Constant Contact | |
| Amount (\$) \$261.17 | Payee address; City; State; Zip Code 1601 Trapelo Rd Ste 329 Waltham, MA 04251 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign communications |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/21/2024 | Payee name Constant Contact | |
| Amount (\$) \$261.17 | Payee address; City; State; Zip Code 1601 Trapelo Rd Ste 329 Waltham, MA 04251 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign communications |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 3/5 Rpt: 6/9 | 2 FILER NAME Friends of Ed Thompson | 3 Filer ID (Ethics Commission Filers) 00067776 |
| 4 Date 11/19/2024 | 5 Payee name Constant Contact | |
| 6 Amount (\$) \$261.17 | 7 Payee address; City; State; Zip Code 1601 Trapelo Rd Ste 329 Waltham, MA 04251 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign communications |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/19/2024 | Payee name Constant Contact | |
| Amount (\$) \$241.98 | Payee address; City; State; Zip Code 1601 Trapelo Rd Ste 329 Waltham, MA 04251 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign communications |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/19/2024 | Payee name Constant Contact | |
| Amount (\$) \$241.98 | Payee address; City; State; Zip Code 1601 Trapelo Road Ste. 329 Waltham, MA 04251 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign communications |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 4/5 Rpt: 7/9 | 2 FILER NAME Friends of Ed Thompson | 3 Filer ID (Ethics Commission Filers) 00067776 |
| 4 Date 09/16/2024 | 5 Payee name Oiler Spirit Inc | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code P.O. Box 2622 Pearland, TX 77588 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sponsorship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/15/2024 | Payee name Williams, Benjamin (Ms.) | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 15412 Quinley Dr. Austin, TX 78728 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/15/2024 | Payee name Williams, Benjamin | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 15412 Quinley Dr Austin, TX 78728 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/5 Rpt: 8/9 | 2 FILER NAME Friends of Ed Thompson | 3 Filer ID (Ethics Commission Filers) 00067776 |
| 4 Date 09/13/2024 | 5 Payee name Williams, Benjamin | |
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code 15412 Quinley Dr Austin, TX 78728 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 9/9 |
| 2 FILER NAME Friends of Ed Thompson | | 3 Filer ID (Ethics Commission Filers) 00067776 |
| 4 Date 12/30/2024 | 5 Name of person from whom amount is received Third Coast Bank SSB | 8 Amount (\$) \$2,468.60 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Pearland, TX 77581 | |
| | 7 Purpose for which amount is received Interest on CD | <input type="checkbox"/> Check if political contribution returned to filer |