# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00084044		2 Total pages	filed: 11
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Kronda			Date Received	
						CALLY FILED
	NICKNAME	LACT		SUFFIX	07/15/2025	07.2211.22
	NICKNAME	LAST Thimesch		SUFFIX	0171372023	
		minescri				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING	2516 Sir Tristram Lane					
ADDRESS					Receipt #	Amount
Change of Address	Lewisville, TX 75056				Date Processed	
'					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Mike				
NAME	IVII.	WIIKC				
	NICKNAME	LACT		CUEFIX		
	NICKNAME	LAST Donnelly		SUFFIX		
		Donnelly				
2 0445404	077557 4777500 (410 70	- BOY BI EASE)	4.5	T / OLUTE // OLT)		TATE 710 000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; S	TATE; ZIP CODE
ADDRESS	302 East Carruth Lane					
(Residence or Business)						
	Double Oak, TX 75077					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER		NE NOWBER E	EXTENSION			
PHONE	(214) 448-9337					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after	campaign treasurer
				L		officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
				reporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	T⊦	HROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		∏G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)	
	(* 3,)				()	
				1		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Thimesch, Kronda (T	he Honorable)		<b>14</b> Filer ID 00084044	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures r	accepted or political expenditu may have been made without t quired to report this information	he candidate's or offi	ceholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	<u> </u>			
	GENERAL					
		COMMITTEE ADDR	ESS			
	SPECIFIC					
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
					<del> </del>	
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
	2. <b>TOTAL POLITIC</b> (OTHER THAN F	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXF	PENDITURES		\$	94.58
	4. TOTAL POLITIC	CAL EXPENDITURES			\$	2,113.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				\$	19,888.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	40,000.00
17 AFFIDAVIT		tr	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.			
			The Honor	able Kronda Thime	esch	
		_	Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			ny hand and seal of office.			
Signature of office	cer administering	Printed name o	f officer administering	Title of offic	er administeri	ng oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			3 of 11				
18 FILER NAM Thimesch	<b>19</b> Filer ID 00084044	(Ethics Commission Filers)					
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 2,113.20				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/8 Rpt: 4/11	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	01/23/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$261.17	1601 Trapelo Road
		Waltham, MA 02451
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 Email Services
		Campaigh Linail Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/24/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.17	1601 Trapelo Road
		Waltham, MA 02451
	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 Email Services
		Campaigh Email Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/24/2025	Payee name
		Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.17	1601 Trapelo Road
		Waltham, MA 02451
	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.
		Compaign Fmail Sonvices
		Campaign Email Services
$\vdash$	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 Candidate/Officeholder/Political Committee

Event Expense Los
Fees Offi
Food/Beverage Expense Pol
Gitt/Awards/Memorials Expense Prin
Legal Services Sal

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: 2/8 Rpt: 5/11	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	04/23/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$261.17	1601 Trapelo Road
		Waltham, MA 02451
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 Email Services
		Campaigh Email Services
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	<u> </u>	
	Date	Payee name
	05/23/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.17	1601 Trapelo Road
		Waltham, MA 02451
	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 Email Services
		Gampaigh Email Get vides
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	06/23/2025	Payee name  Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$293.15	1601 Trapelo Road
L		Waltham, MA 02451
	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 Email Services
		Gampaigh Email Services
_	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: 3/8 Rpt: 6/11	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	01/10/2025	Dropbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.31	1800 Owens Street
		San Francisco, CA 94158
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 File Hosting Services
		Campaign File Hosting Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/10/2025	Dropbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	1800 Owens Street
		San Francisco, CA 94158
	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 File Hosting Services
		Campaign File Hosting Services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	03/10/2025	Dropbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	1800 Owens Street
		San Francisco, CA 94158
	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 File Hosting Services
		Campaign File Hosting Services
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
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l		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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		nmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	strict a category not listed at	oove)
				The Instruction G	uide explains ho	ow to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 4/8 Rpt: 7/11		Thimesch, k	Kronda (The Ho	norable)					00084044		
4	Date	5	Payee name									
	04/10/2025		Dropbox									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$21.31		1800 Owens	s Street								
			San Francis	sco, CA 94158								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Advertising					<b>=</b>			nplete Schedule T.	
	EXI ENDITORE							_		officeholder livin		
								Campaign Fil	e F	losting Serv	/ices	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
	experioration benefit C/Or	<u> </u>										
	Date		Payee name									
	05/08/2025		Dropbox									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$21.31		1800 Owens	s Street								
			San Francis	sco, CA 94158								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Advertising		·	ŕ		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							ш		officeholder livin		
								Campaign Fil	e F	losting Serv	rices	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Off	fice soug	ght			Office h	eld	
	experientare to benefit e/or											
	Date		Payee name						_			
	06/10/2025		Dropbox									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$21.31		1800 Owens	s Street								
			San Francis	sco, CA 94158								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Advertising		·	ŕ					nplete Schedule T.	
	EXPENDITURE									officeholder livin		
								Campaign Fil	e F	losting Serv	rices	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
L	expenditure to benefit C/O	п 										
1												

#### SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/8 Rpt: 8/11	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	01/17/2025	Eventbrite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	155 5th Street
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Event Management Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2025	Eventbrite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	155 5th Street
		San Francisco, CA 94103
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Event Management Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/17/2025	Eventbrite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	155 5th Street
		San Francisco, CA 94103
	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.
		Check if Austin, TX, officeholder living expense  Campaign Event Management Services
		Campaign Event Management Services
	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 Commi

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: 6/8 Rpt: 9/11	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	04/17/2025	Eventbrite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	155 5th Street
		San Francisco, CA 94103
8	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.
		Campaign Event Management Services
		Campaign Event Management Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	05/17/2025	Eventbrite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	155 5th Street
		San Francisco, CA 94103
	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.
		Campaign Event Management Services
		Campaigh Event Management Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 06/17/2025	Payee name
		Eventbrite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	155 5th Street
		San Francisco, CA 94103
	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.
		Check if Austin, TX, officeholder living expense  Campaign Event Management Services
		Campaign Event Management Services
_	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
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officenoider/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: 7/8 Rpt: 10/11	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	01/06/2025	WIX.Com LTD
6	Amount (\$) \$28.14	7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd
		San Francisco, CA 94158
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 Website Hosting
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/07/2025	WIX.Com LTD
	Amount (\$) \$28.14	Payee address; City; State; Zip Code 500 Terry A Francois Blvd
		San Francisco, CA 94158
	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 Website Hosting
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/05/2025	WIX.Com LTD
	Amount (\$) \$36.37	Payee address; City; State; Zip Code 500 Terry A Francois Blvd
		San Francisco, CA 94158
	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 Website Hosting
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

Fees Office Ov.
Food/Beverage Expense Polling E
Gift/Awards/Memorials Expense Printing E
Legal Services Salaries/

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: 8/8 Rpt: 11/11	Thimesch, Kronda (The Honorable) 00084044
4	Date	5 Payee name
	04/07/2025	WIX.Com LTD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.37	500 Terry A Francois Blvd
		San Francisco, CA 94158
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Website Hosting
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/05/2025	WIX.Com LTD
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.37	500 Terry A Francois Blvd
		San Francisco, CA 94158
	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 Website Hosting
		ostinpaight trooping
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/05/2025	WIX.Com LTD
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.37	500 Terry A Francois Blvd
	Ψ00.07	555 Terry AT Territorio Bive
		San Francisco, CA 94158
	DUDDOCE	
	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 Austin, TX, officeholder living expense
		Campaign Website Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1