FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Мг **James** C NAME PALED FOR RECORD LAST NICKNAME SUFFIX Chuck Thompson APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE FEB 2 8 2024 **OFFICEHOLDER** 3100 VzCr 2410 75103 Canton Texas MAILING **ADDRESS** SUSAN STRICKLAND COUNTY CLERK, VAN ZANDT CO., TX Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** Jack Мг D Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Thompson STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN TREASURER 2237 VzCr 2501 75103 Canton Texas **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 3 24 2 16 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Other Description Primary Runoff Month Day Year General Special 24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Sheriff 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME Mr Jack D Thomps	on		16 Fi	er ID (Ethics	Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$	
	2. TOTAL POLITICAL CONTRIBU- (OTHER THAN PLEDGES, LOANS		ANS)	\$	
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDIT	4. TOTAL POLITICAL EXPENDITURES			173.17
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE	LAST DAY	\$	291.82
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING		AS OF THE	\$	
	Please comple	Signature of the either option be		e or Officehol	der
1) Affidavit Notary P	ENA V. RIOS blic, State of Texas xpires 11-19-2025	V		e or Officehol	der
1) Affidavit Notary P	ENA V. RIOS blic, State of Texas expires 11-19-2025 (ID 124001409	V		e or Officehol	der
NOTARY STAMP/SEA	ENA V. RIOS blic, State of Texas xpires 11-19-2025 / ID 124001409	ete either option be	low:		
NOTARY STAMP/SEA	ENA V. RIOS blic, State of Texas xpires 11-19-2025 / ID 124001409	ete either option be	low:		
NOTARY STAMP/SEA	before me by JACK DALE THE Which, witness my hand and seal of office.	te either option be	low:	day of	
NOTARY STAMP/SEA	before me by JACK DALE THE Which, witness my hand and seal of office. Printed name of office.	this radministering oath	low:	day of	Ebruary
NOTARY STAMP/SEA worn to and subscribed O 24, to certify enabline of officer administra	before me by JACK DALE THE Which, witness my hand and seal of office. LORBNA V. RIOS Defore me by JACK DALE THE Which, witness my hand and seal of office. Printed name of office.	te either option be	low:	day of	Ebruary
NOTARY STAMP/SEA worn to and subscribed to the certify mature of officer administrative	before me by JACK DALE THE Which, witness my hand and seal of office. LORBNA V. RIOS Defore me by JACK DALE THE Which, witness my hand and seal of office. Printed name of office.	te either option be	low:	day of 1	Secretary ser administering on
Notary P Comm. Nota Notary STAMP/SEA worn to and subscribed O, to certify nature of officer administra P Unsworn Declaration y name is	before me by JACK DALE THE Which, witness my hand and seal of office. Printed name of office.	te either option be	low:	day of 1	Secretary ser administering of
NOTARY STAMP/SEA	before me by JACK DALE THE Which, witness my hand and seal of office. Printed name of office.	te either option be	low:	day of 1	Secretary ser administering on

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Mr Jack D Thompson			mmission Filers)	
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE			UBTOTAL	
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.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			173.17	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	\$			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES	OR 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 The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	The state of the s	AME k D Thompson			3 Filer ID (Ethic	cs Commission Filers)
4 Date 02/19/2024	5 Payee na					
6 Amount (\$) 25.44	7 Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement			(b) Description Campaign Flyer		
	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Aust	tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		late / Officeholder name mes Thompson		Office sought Sheriff		Office held
Date 02/24/2024	Payee na Jerry's					
Amount (\$) 147.73	Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Meeting		Meet And Greet			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol-		ames Thompson		Office sought Sheriff		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
			achadula)	Description	7	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	scribudey			
OF	Category	r (See Categories listed at the top of this Check if travel outside of Texas. Complete:			in, TX, officeholder livin	g expense