



TEXAS ETHICS COMMISSION STATEMENT OF DEFENSE

Complete this form if you are raising a defense to a late filing.
You must complete either Jurat 1 or Jurat 2 below.

OFFICE USE ONLY	
Date Received	
Date Postmarked	
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Document #	

Filer Name Millie Leone Thompson	Filer ID #
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I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct:

This statement is filed for the 8 Day Before March Primary report due on February 24, 2020. I learned that the report was late on July 14, 2020
(type of report) (report due date) (date)

by reviewing the website for the July 15th report.
(how filer learned the report was late)

The reasons for requesting a waiver or reduction are (attach additional pages if necessary):

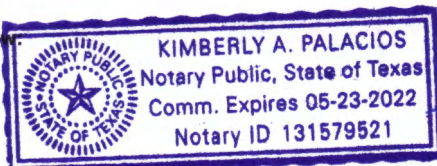
On July 14, 2020, while working on my July 15th Report, I looked through the other reports I filed. When I looked at the Ethics Commission website for the beginning and ending date of the period covered for the July 15th Report, I saw the 8th day before the March 3rd Primary due date on this website: <https://www.ethics.state.tx.us/data/filinginfo/schedules/s20state.pdf>.

I realized then that I should have filed an 8th Day report because I was in an opposed race and had not. I did not calendar the report's due date. This is not an excuse. This is the first time I have run for office. This is also not an excuse. I apologize.

I would ask for a reduction in the fine. My campaign raised less than \$5,000.00 since January 24th (to the date of this signature). I did not intend to deceive anyone by failing to file the 8th Day report before the March primary. It was a mistake.

Please complete either option below

(1) Affidavit



**JUL 15 2020
ELECTION OFFICE**

Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Millie Thompson this the 15th day of July, 2020, to certify which, witness my hand and seal of office.

Kimberly A. Palacios Signature of officer administering oath
Kimberly A. Palacios Printed name of officer administering oath
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (country) (ZIP code)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(date) (month) (year)

Signature of Filer (Declarant)