

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em; font-weight: bold;">9</div>																																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; text-align: center;">Ms.</td> <td style="width:20%; font-size: 8px;">FIRST</td> <td style="width:20%; text-align: center;">Millie</td> <td style="width:10%; font-size: 8px;">MI</td> <td style="width:10%; text-align: center;">L</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td></td> <td style="font-size: 8px;">LAST</td> <td></td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center; padding-top: 10px;">Thompson</td> </tr> </table>	MS / MRS / MR	Ms.	FIRST	Millie	MI	L	NICKNAME		LAST		SUFFIX		Thompson						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <div style="font-size: 1.5em; font-weight: bold; color: blue; transform: rotate(-5deg);"> JUL 15 2020 ELECTION OFFIC </div> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		<div style="font-size: 1.5em; font-weight: bold; color: blue; transform: rotate(-5deg);"> JUL 15 2020 ELECTION OFFIC </div>		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">Month</td> <td style="width:20%; font-size: 8px;">Day</td> <td style="width:20%; font-size: 8px;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: 8px;">Month</td> <td style="width:20%; font-size: 8px;">Day</td> <td style="width:20%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">/ 23</td> <td style="text-align: center;">/ 2020</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">06</td> <td style="text-align: center;">/ 30</td> <td style="text-align: center;">/ 2020</td> </tr> </table>			Month	Day	Year		Month	Day	Year	02	/ 23	/ 2020	THROUGH	06	/ 30	/ 2020																		
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> </tr> <tr> <td style="width:20%; font-size: 8px;">Month</td> <td style="width:20%; font-size: 8px;">Day</td> <td style="width:20%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">/ 03</td> <td style="text-align: center;">/ 2020</td> </tr> </table>	ELECTION DATE			Month	Day	Year	11	/ 03	/ 2020	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="width:33%;"><input type="checkbox"/> Primary</td> <td style="width:33%;"><input type="checkbox"/> Runoff</td> <td style="width:33%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special															
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Hays County Court at Law Number 3																																	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Millie Leone Thompson

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

3300.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2214.13

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

1927.98

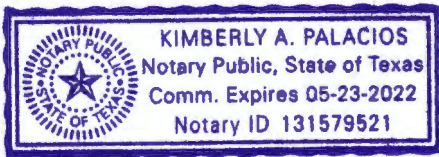
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1600.00

18 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.

Millie Thompson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Millie Thompson, this the 15th day of July, 2020 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 - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Millie Leone Thompson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2900.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 400.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2038.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 176.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Millie Leone Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans For Accountable Government	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 823 Congress Ave., Ste. 700, Austin, Texas 78701		
8 Principal occupation / Job title (See Instructions) Committee		9 Employer (See Instructions) N/A
Date 06/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Lobb	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1108 Lavaca St. Austin TX 78703		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 06/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Kost	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 18808 Wind Valley Way, Pflugerville, Texas 78660		
Principal occupation / Job title (See Instructions) Sr. Product Manager		Employer (See Instructions) Poly, Inc.
Date 06/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Blackburn	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 802 Oakland Ave, Austin, Texas 78703		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Blackburn Betts PLLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Millie Leone Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 06/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aspen Dunaway	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1411 West Ave., Ste. 100 Austin TX 78701		
8 Principal occupation / Job title (See Instructions) Director, attorney		9 Employer (See Instructions) Dunaway Law Firm
Date 06/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays County Democratic Party	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 215 W. San Antonio, St., San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) organization		Employer (See Instructions) n/a
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Millie Leone Thompson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 400.00	
5 Date 3/1, 4/1, 5/1 6/1/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Nevill	8 Amount of Contribution \$ 400.00	9 In-kind contribution description office address for campaign mail
7 Contributor address; City; State; Zip Code 100 Commons Rd., Ste. 11, DS, TX 78620		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Manager of the workplace		13 Contributor's job title (FOR JUDICIAL)(See Instructions) Business Owner - the workplace	
14 Contributor's employer/law firm (FOR JUDICIAL) Self - the workplace		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) NA	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> 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)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: (
2 FILER NAME Millie Leone Thompson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 400.00
5 Date of loan 06/02/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Millie Leone Thompson	9 Loan Amount (\$) 400.00
6 Is lender a financial institution? Y NO	8 Lender address; City; State; Zip Code 100 Commons Rd., Ste. 11, Dripping Springs, TX 78620	10 Interest rate 0%
		11 Maturity date 12/31/2020
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor NA	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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: 1		2 FILER NAME Millie Leone Thompson		3 Filer ID (Ethics Commission Filers)	
4 Date 2/25-06/29/2020		5 Payee name Facebook			
6 Amount (\$) 697.05		7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description campaign ads, and campaign-sponsored ads for the primary runoff		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

Date 06/22/2020		Payee name Stripe, Inc.			
Amount (\$) 9.60		Payee address; City; State; Zip Code 510 Townsend St. San Fransisco CA 94103			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description fees for online campaign contribution website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

Date 06/23/2020		Payee name Austin Sign Co			
Amount (\$) 1331.48		Payee address; City; State; Zip Code 9012 Research Blvd, C9, Austin, Texas 78758			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description yard signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Millie Leone Thompson	3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2020	5 Payee name Ben Salinas	
6 Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 601 University Dr., San Marcos, Texas 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description design of art for yard sign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/26-5/26	Payee name Campaign Partner	
Amount (\$) 116.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 118, Still River, Massachusetts 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense/Solicitation/ Fundraising Expense	Description fee for website with contribution function
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED