CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MS. Millie NICKNAME LAST Thompson	MI L SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 100 Commons Rd., Ste. 11, Dripp	city; state; zip code ping Springs, TX 78620	JUL' 15 2020 ELECTION OFFIC.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512)293-5800	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr. Thomas NICKNAME LAST Nevill	MI 	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 100 Commons Rd., Ste.	SUITE #; CITY; 11, Dripping Springs, TX 7	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 894-9921	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 /24 /2020	THROUGH 02	Day Year / 22 / 2020
11 ELECTION	ELECTION DATE Month Day Year Primary 03 03 2020 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know Hays County Court	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			5 Filer ID (Ethics Commission Filers)
Millio	e Leone Thomp	son	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL (OTHER	\$ 1125.00	
EXPENDITURE TOTALS	3. TOTAL	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ _{2102.49}
CONTRIBUTION BALANCE	5. TOTAL OF REP		
OUTSTANDING LOAN TOTALS	6. TOTAL I		
18 AFFIDAVIT			
SOUTH NO	tary Public, State of the Comm. Expires 05-2 Notary ID 131579	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
		Signature of Cano	lidate or Officeholder
AFEIV NOTA DV OTA NA	D (05 A) AD 0 V 5		
AFFIX NOTARY STAM			ye.
Sworn to and subsc	ribed before me, t	by the said Mill'e Thompson	, this the
day of July		to certify which, witness my hand and seal of office.	
Jainbel	A Pale	- Kimberly A Palacios	Notary Public
Signature of officer	dministering 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 2	0 Filer ID (Ethics Commission Filer	rs)
	Millie Leone Thompson		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTO AMOU	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,025	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$200	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON-	FRIBUTIONS \$2073.4	19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$ 29.00)
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	USINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Millie Leone Thompson 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 01/30/2020 \$25.00 Gregory LeRoy State; Zip Code 6 Contributor address; City; 10800 Lakeline Blvd, #2302, Austin, TX 78717 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Software developer TX Dept. Licensing & Reg Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 2/1 & 2/14 Benjamin Blackburn 350.00 Contributor address; State; Zip Code City; 802 Oakland Ave, Austin, Texas 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Blackburn Betts PLLC Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 02/13/2020 150.00 Paul Quinzi State; Zip Code Contributor address; City; 707 W. 10th Street, Austin, Texas 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ 02/16/2020 250.00 Patricio Garza Izaguirre ty; State; Zip Code Contributor address; 7600 Chevy Chase Dr., Ste. 118, Austin, Texas 78752 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Garza & Narvaez

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Millie Leone Thompson 4 Date 5 Full name of contributor ___ out-of-state PAC (ID#:___ 7 Amount of contribution (\$) 02/18/2020 250.00 Steven Donahue City; State; Zip Code 6 Contributor address; 1416 Howlin Wolf Trl, Pflugerville, TX 78660 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) unemployed Full name of contributor ut-of-state PAC (ID#:____ Date Amount of contribution (\$) State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; State; Zip Code City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	Ē		3 Filer ID (Ethics Commission Filers)
Millie Leone	Thompson		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 100.00
5 Date 02/01/2020	6 Full name of contributor out-of-state PAC (ID#: Thomas Nevill 7 Contributor address; City; State; 100 Commons Rd., Ste. 11, Dripping Springs	Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description 100.00 Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
	principal occupation (FOR JUDICIAL) he workplace		utor's job title (FOR JUDICIAL)(See Instructions) Owner - the workplace
14 Contributor's none	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T		

LOANS	Type text here		SCHEDULE E	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Millie Leone Thor	mpson			
4 TOTAL OF UN	IITEMIZED LOANS		\$ 200	
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)	
02/20/2020	Millie Thompson		200.00	
6 Is lender a financial Institution?	8 Lender address; City; 100 Commons Rd., Ste. 11, Dripp	State; Zip Code ping Springs, TX 78620	10 Interest rate 0%	
Y N			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	12/31/2020	
Attorney	,	self		
14 Description of Coll	ateral	15 Charleif according	nds were deposited into political	
☑ none		account (See Instruc		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable 20 Principal Occupat	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal fur account (See Instruc	nds were deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
	on (See Instructions)	Employer (See Instructions)	1	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Travel In District

Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense
Contributions/Donations Made By Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Millie Leone Thompson 4 Date 5 Payee name 1/22-2/22 Facebook 7 Payee address; Zip Code 6 Amount (\$) City; State; 1757.00 1 Hacker Way Menlo Park CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising expense campaign ads **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Hays CC3 Millie Thompson Payee name Date Shutterstock 1/30/2020 City: State: Zip Code Amount (\$) Payee address; 63.38 6 60 Broad Street, 30th FI, New York, New York 10004 Description Category (See Categories listed at the top of this schedule) images for website and ads Advertising expense PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 2/11/2020 Google Ads Amount (\$) Payee address; City; State; Zip Code 221.58 1600 Amphitheatre Parkway, Mountain View, California Category (See Categories listed at the top of this schedule) Description Advertising expense campaign ads **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made	Bv	EVent Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Over	ayment/Reimbursement erhead/Rental Expense spense	Travel In District	oment & Related Expense
Candidate/Officeholder/Politi Credit Card Payment		Legal Services The Instruction Guide explai		Vages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule G:					3 Filer ID (Ethics	s Commission Filers)
4 -		one Thompson				
4 Date 01/27/2020	5 Payee na	n Partner				
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code
29.00 Reimbursement from political contributions intended		118, Still River, Massac	husetts		State,	Zip Code
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis Fundrai	sing expense/Solicitation sing Expense	n/	campaign webs	ite with donatio	n capability
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	DED	

POLITICAL EXPENDITURES MADE 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

Event Expense Fees Food/Beverage Expense Gift/Awar/Mermorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME Millie Leone Thompson	3 Filer ID (Ethics Commission Filers)			
Date /4 - 2/21/2020	5 Payee name Stripe, Inc.				
Amount (\$) 1.53	7 Payee address;	City;	State; Zip Code		
	510 Townsend St.	San Fransisco	CA	94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Solicitation/Fundraising Expense	(b) Description fees for online campaign contribution webs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
EXI ENDIVORE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	