

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;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Millie L <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX Thompson	OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; text-align: center;">RECEIVED</div> <div style="font-size: 1.5em; color: blue; text-align: center;">OCT 05 2020</div> <div style="text-align: right; font-size: 1.5em; color: blue; margin-top: 10px;">CJT</div> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 100 Commons Rd., Ste. 11, Dripping Springs, TX 78620		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 293-5800		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Thomas <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX Nevill	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 100 Commons Rd., Ste. 11, Dripping Springs, TX 78620		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 894-9921		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2020 THROUGH 09 / 24 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <u>(18)</u>	\$ 530.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,980.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,280.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,571.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 6th day of October, 2020, to certify which, witness my hand and seal of office.

Jorge H. Castillo

Signature of officer administering oath

Jorge A. Castillo

Printed name of officer administering oath

Notary

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Millie Leone Thompson

3 Filer ID (Ethics Commission Filers)

4 Date
9/24/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Charlie Baird

7 Amount of contribution (\$)
\$1,000.00

6 Contributor address; City; State; Zip Code

8700 Manchaca Rd., Austin, Texas 78745

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Baird Law Firm

Date
9/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
McKinley Melancon

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code

1301 Nueces St., #200, Austin, Texas 78701

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Melancon Law Firm

Date
9/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ben 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 Law Firm

Date
9/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
David Fruhling

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code

100 Commons Rd., Ste. 11, Dripping Springs, Texas 78620

Principal occupation / Job title (See Instructions)

Co-Founder/CEO

Employer (See Instructions)

AppBrilliance, Inc.

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 FILER NAME

Millie Leone Thompson

3 Filer ID (Ethics Commission Filers)

4 Date
9/13/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jaime Adalpe

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code

5511 IH 10 W, Ste. 1, San Antonio, Texas 78201

8 Principal occupation / Job title (See Instructions)

attorney

9 Employer (See Instructions)

self

Date

9/4/2020

Full name of contributor out-of-state PAC (ID#: _____)

Brad Vinson

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

1411 West Ave., Ste. 100, Austin, Texas 78701

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Vinson & Smith

Date

8/20/2020

Full name of contributor out-of-state PAC (ID#: _____)

Bill Morian

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

270 E Lamar St., Jasper, Texas 75951

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self

Date

8/19/2020

Full name of contributor out-of-state PAC (ID#: _____)

Malcolm Greenstein

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

1006 East Cesar Chavez, Austin, Texas 78702

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Millie Leone Thompson

3 Filer ID (Ethics Commission Filers)

4 Date
9/13/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Mike Hanson

7 Amount of contribution (\$) **\$100.00**

6 Contributor address; City; State; Zip Code

PO Box 481, Gonzales, Texas 78629

8 Principal occupation / Job title (See Instructions)

Business owner, Gonzales Rental Properties

9 Employer (See Instructions)

Gonzales Rental Properties

Date

8/6/2020

Full name of contributor out-of-state PAC (ID#: _____)

Ben Benner

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code

608 Pomegranate Pass, Cedar Park, Texas 78613

Principal occupation / Job title (See Instructions)

computer programmer

Employer (See Instructions)

AppBrilliance, Inc.

Date

8/6/2020

Full name of contributor out-of-state PAC (ID#: _____)

William Hines

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code

1307 Nueces St., Austin, Texas 78701

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self

Date

8/6/2020

Full name of contributor out-of-state PAC (ID#: _____)

Paul Landers

Amount of contribution (\$) **\$150.00**

Contributor address; City; State; Zip Code

203 Olde Oak Drive, Georgetown, Texas 78633

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Cooper Commercial Construction

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 FILER NAME

Millie Leone Thompson

3 Filer ID (Ethics Commission Filers)

4 Date
8/6/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Antonio Buehler

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
10201 Aqua Azul Ct, Austin, Texas 78733

8 Principal occupation / Job title (See Instructions)

Business Owner, Educator

9 Employer (See Instructions)

Abrome

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)

~~computer programmer~~ *MLT*

Employer (See Instructions)

~~AppBrilliance, Inc.~~ *MLT*

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)

~~Agency~~ *MLT*

Employer (See Instructions)

~~Self~~ *MLT*

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

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 7/1, 8/1, 9/1/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Nevill	8 Amount of Contribution \$ 300.00	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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME Millie Thompson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 7/15/2020	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) "A B" (likely fake)	8 Amount of Pledge \$ 10.00	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code "123 Main St, Austin, Texas 78787"		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) "A" / "B"		11 Employer (See Instructions) "B" (again, likely fake, and not received)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
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.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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)

Millie Leone Thompson

4 Date **5** Payee name

7/109/24/2020 Facebook

6 Amount (\$) **7** Payee address; City; State; Zip Code

2,146.26 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) Check if travel outside of Texas. Complete Schedule T. 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 Payee name

7/1-9/24/2020 Stripe, Inc.

Amount (\$) Payee address; City; State; Zip Code

123.32 510 Townsend St. San Francisco 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

Check if travel outside of Texas. Complete Schedule T. 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

9/18/2020 3 Bridges Sign Language Services

Amount (\$) Payee address; City; State; Zip Code

250.00 PO Box 40778, Austin, Texas 78704

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Advertising expense

Description video translation to sign & description for the blind

Check if travel outside of Texas. Complete Schedule T. 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

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
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Millie Leone Thompson		3 Filer ID (Ethics Commission Filers)	
4 Date 9/10/2020		5 Payee name Moviehouse & Eatery			
6 Amount (\$) 649.50		7 Payee address; City; State; Zip Code 7415 Southwest Parkway, Bldg 7, Austin, TX 78735			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description election night watch with supporters/contributors deposit		
	(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 7/1-9/24/2020		Payee name Cameo			
Amount (\$) 425.00		Payee address; City; State; Zip Code 400 North Aberdeen Chicago, IL 60642			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description celebrity cameos to encourage Hays Co to vote		
	<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 7/2/2020		Payee name Toonley			
Amount (\$) 164.00		Payee address; City; State; Zip Code www.toonly.com (could not find physical address for the website service)			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description video creation software for campaign ads		
	<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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 9/9/2020	6 Payee name Moviehouse and Eatery
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7 Amount (\$) 450.00	8 Payee address; 7415 Southwest Parkway, Bldg 7, Austin, Texas 78735	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description election night watch with supporters/contributors remaining minimum balance
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(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR 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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Millie Leone Thompson	3 Filer ID (Ethics Commission Filers)
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4 Date 7/1-9/1/2020	5 Payee name MyFax
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6 Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code www.myfax.com (I could not find a physical address for the web service)
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description campaign fax number
	(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
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Date 7/1-9/24	Payee name Campaign Partner
------------------	--------------------------------

Amount (\$) 58.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 118, Still River, Massachusetts 01467
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED