

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME John Thomaides **16 ACCOUNT # (Ethics Commission Filers)**

17 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,035. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,344. ⁵⁶
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 170.81
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,840. ⁰⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,378. ⁷⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Thomaides, this the 15th day of July, 20 10, to certify which, witness my hand and seal of office.

Cynthia K. Knox CYNTHIA K. KNOX NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1 of 9**

2 FILER NAME
JOHN THOMAIDES

3 ACCOUNT # (Ethics Commission Filers)

4 Date
6/3/10

5 Full name of contributor out-of-state PAC (ID#: _____)
CHARLES A. SIMS

7 Amount of contribution (\$) **1,000⁰⁰**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**304 OAKRIDGE
SAN MARCOS, TX 78666**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
6/3/10

Full name of contributor out-of-state PAC (ID#: _____)
JAMES H. and JANE W. KELLEY

Amount of contribution (\$) **2,000⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**P.O. Box 687
San Marcos, TX 78666**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/28/10

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

Amount of contribution (\$) **1,500⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1250 WONDERWORLD DRIVE
SAN MARCOS, TX 78666**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/3/10

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

Amount of contribution (\$) **2,000⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**120 W. HOPKINS, STE 200
San Marcos, TX 78666**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/1/10

Full name of contributor out-of-state PAC (ID#: _____)
Jim and Jean BARGETT

Amount of contribution (\$) **500⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**726 W. HOPKINS
San Marcos, TX 78666**

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 9	
2 FILER NAME JOHN THOMASIDES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/3/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN LEONARD	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 1254 San Marcos, TX 78667		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW GARY	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 727 San Marcos, TX 78667		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. G. Weaver	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 120 W. HOPKINS, STE 100 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Shy and JAMIE SHY	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 139 E. HOPKINS, STE 100 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON HOWELL	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 350 N. GUADALUPE ST 140-270 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 9	
2 FILER NAME JOHN THOMAIDES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/3/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID WENDELL, III	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 118 E HOLLAND SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE DAWOUD	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 126 N. LBJ DR SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID M. NEWMAN	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 128 HOLLAND ST SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH ALLAN GILES	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 N. AUSTIN SEGUIN, TX 78155		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE AND DEBBIE HARVEY	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1116 MOUNTAIN VIEW DR. SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 9	
2 FILER NAME JOHN THOMAIDES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/2/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE PORTERFIELD	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 806 Mountain Drive San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TED AND FRANCES BREIHAN	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 477 San Marcos, TX 78667		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOROTHY PAYNE SIMS	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 484 San Marcos, TX 78667		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUPE CARBAJAL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 125 N. Guadalupe St. Ste 201 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGIE AND BOBBIE GILBERT	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 72 San Marcos, TX 78667		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 9	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/3/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY OLAN RASCO	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 805 INDIANA ST. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KYLE BRAXTON MYHUS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1022 W. MLK San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY HOWARD	Amount of contribution (\$) 125⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 119 E. HOPKINS San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX LINCOLN	Amount of contribution (\$) 125⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 119 E. HOPKINS San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD DERKACZ AND BETSY ROBERTSON	Amount of contribution (\$) 120⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A 629	
2 FILER NAME JOHN THOMAIDES		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 7/13/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# SHERI AND DON BILSON	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 2006 LISA LANE San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# TIMOTHY and LEA ANN RICE	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 104 W. LAUREL LANE San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# GORDON AND MARGARET SABIN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 122 E. HOLLAND ST. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# E. CARMEN MEL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code P.O. Box 1248 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# BLAS SANTELLAN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 908 CHEATHAM ST. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A 7 of 9	
2 FILER NAME JOHN THOMAIDES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/15/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# GAYLE S. RAMSEY	7 Amount of contribution (\$) 1500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 350 N. GUADALUPE, STE 1407MB234 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# J C TIDWELL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1915 CASTLE GATE San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/16/10	Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# SHERAN SIEF	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 124 ELM HILL CT. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# KYLE W. MAYSEL	Amount of contribution (\$) 2500⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 108 E. San Antonio San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC/ID# CARL AND DIANE FURRY	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 811 W. San Antonio San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A 879	
2 FILER NAME JOHN THOMAS		3 ACCOUNT # (Ethics Commission Filers):	
4 Date 7/11/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# THEODORE AND THEA DAKE 6 Contributor address: City: State Zip Code 220 N. JOHNSON AVE SAN MARCOS, TX 78666	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions):		10 Employer (See Instructions):	
Date 7/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# EDNA C. WALKER Contributor address: City: State Zip Code 1708 LANCASTER ST. SAN MARCOS, TX 78666	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	
Date 7/7/10	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# JAMES M. HARRISON Contributor address: City: State Zip Code 111 CANYON DR SAN MARCOS, TX 78666	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	
Date 6/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# SCOTT GREGSON Contributor address: City: State Zip Code 120 W Hoplans, STE 200 SAN MARCOS, TX 78666	Amount of contribution (\$)	In-kind contribution description (if applicable) 589⁵⁶ Food, Refreshments Catering
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	
Date 7/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# MIKE DAWOUD Contributor address: City: State Zip Code 126 N. LBS SAN MARCOS, TX 78666	Amount of contribution (\$)	In-kind contribution description (if applicable) 500⁰⁰ KICK OFF Use of EVENT/Space
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9069	
2 FILER NAME JOHN THOMASIDES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/10/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINBARGER, GOGGIN, Blair PAC	7 Amount of contribution (\$) 1,000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 17428 AUSTIN, TX 78760		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROY TIDWELL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1915 CASTLE GATE CIRCLE San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10/2	2 FILER NAME JOHN THOMIDES	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/8/10	5 Payee name PARAGON PRINTING	
6 Amount (\$) 320 ⁰⁰	7 Payee address; City; State; Zip Code AUSTIN, TEXAS	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE / PRINTING	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/22/10 7/7/10	Payee name PARAGON PRINTING	
Amount (\$) 171 ⁵¹	Payee address; City; State; Zip Code AUSTIN, TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE / PRINTING	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/7/10	Payee name PARAGON PRINTING	
Amount (\$) 354 ¹¹	Payee address; City; State; Zip Code AUSTIN, TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/13/10	Payee name MATT LOCHMAN	
Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code A SAN MARCOS, TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 2	2 FILER NAME JOHN THOMAIDES	3 ACCOUNT # (Ethics Commission Filers)
--	---------------------------------------	---

4 Date 7/14/10	5 Payee name CAFE ON THE SQUARE
--------------------------	---

6 Amount (\$) 150 ⁰⁰	7 Payee address; City; State; Zip Code 126 N. LBJ SAN MARCOS, TEXAS
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/19/10	Payee name JUNETEENTH AUCTION
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Amount (\$) 6000	Payee address; City; State; Zip Code San Marcos, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / CAKE AUCTION	Description (If travel outside of Texas, complete Schedule T)
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME JOHN THOMASIDES	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/3/10	5 Payee name JOHN THOMASIDES	
6 Amount (\$) 48.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 813 ARIZONA SAN MARCOS, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD / TRAVEL IN DISTRICT	(b) Description (If travel outside of Texas, complete Schedule T)
Date 6/23/10	Payee name JOHN THOMASIDES	
Amount (\$) 65.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code SAME AS ABOVE	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / Campaign STAFF	Description (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED