

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> <small>(Ethics Commission Filers)</small>	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <b>John</b>	<b>OFFICE USE ONLY</b> Date Received <b>City Clerk</b> <b>OCT 4 2010</b> <b>City of San Marcos</b> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <b>Thomaides</b>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>813 Arizona St SAN Marcos TX 78666</b>		
<input type="checkbox"/> Change of Address			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(512) 757-4204</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <b>Bibb</b>		
	NICKNAME LAST SUFFIX <b>Underwood</b>		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1301 Brown St SAN Marcos TX 78666</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(512) 396-3177</b>		
<b>9 REPORT TYPE</b>	<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <b>7 / 16 / 10    9 / 23 / 10</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>11 / 2 / 10</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	<b>12 OFFICE</b> OFFICE HELD (if any) <b>City Council P.6</b>		<b>13 OFFICE SOUGHT (if known)</b> <b>MAYOR</b>
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

**GO TO PAGE 2**

# 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 800.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 599.67

4. TOTAL POLITICAL EXPENDITURES \$ 8,477.47

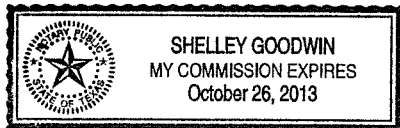
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 15,551.32

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

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 5, Election Code.

John Thomaides  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Thomaides, this the 4th day of October, 20 10, to certify which, witness my hand and seal of office.

Shelley Goodwin Shelley Goodwin Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

5060

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="font-size: 2em; font-weight: bold;">5</span>	
2 FILER NAME <span style="font-size: 1.5em;">John Thomaides</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.5em;">7/14</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Andrew and Teresa Hobby</span> 6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1231 W. San Antonio San Marcos, TX 78666</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">250.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.5em;">7/13</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">W.C. and Lurline Daniels</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2300 Ridgecrest San Marcos, TX 78666</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">100.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em;">7/19</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">James Baker</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">727 Belvin San Marcos, TX 78666</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">500.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em;">7/15</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Jane Hughson</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1600 N. LBJ San Marcos, TX 78666</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">100.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em;">7/16</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Kyle Hahn</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">524 Lindsey San Marcos, TX 78666</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">300.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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: <div style="text-align: center; font-size: 24pt;">5</div>	
2 FILER NAME <div style="font-size: 24pt; text-align: center;">John Thomaides</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 24pt;">7/20</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 24pt;">Theodore and Thea Dake</div>	7 Amount of contribution (\$) <div style="font-size: 24pt;">500.00</div>	8 In-kind contribution description (if applicable) <div style="font-size: 24pt;">350.00 Fundraiser</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 24pt;">220 N. Johnson San Marcos, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 24pt;">8/4</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 24pt;">Nicholas Hoover and Ida Miller</div>	Amount of contribution (\$) <div style="font-size: 24pt;">100.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 24pt;">811 W. Hopkins San Marcos, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 24pt;">8/15</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 24pt;">Timothy and Lea Ann Rice</div>	Amount of contribution (\$) <div style="font-size: 24pt;">100.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 24pt;">104 W. Laurel Lane San Marcos, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 24pt;">9/9</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 24pt;">Ed and Bonnie Longcope</div>	Amount of contribution (\$) <div style="font-size: 24pt;">500.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 24pt;">833 Belvin San Marcos, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 24pt;">9/9</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 24pt;">James and Diana Baker</div>	Amount of contribution (\$) <div style="font-size: 24pt;">500.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 24pt;">727 Belvin San Marcos, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right; font-size: 2em;">5</div>	
2 FILER NAME <div style="font-size: 1.5em;">John Thomaides</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 1.5em;">9/9</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Perry and Marianne Moore</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">400.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">740 Willow Ridge Dr. San Marcos, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 1.5em;">9/9</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Eric Ross and Tyler Williams</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">250.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">135 Madisons Way Buda, TX 78610</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.5em;">9/9</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Eleanor Butt Crook</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">150.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">227 N. Mitchell San Marcos, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.5em;">9/9</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Amy Meeks</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">150.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">832 Belvin San Marcos, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.5em;">9/12</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Randall &amp; Kathy Morris</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">150.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">333 Cheatham San Marcos, TX 78666</div>		(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**  
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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**

2 FILER NAME **John Thomaides** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>9/9</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Powell</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1103 W. Hopkins San Marcos, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>9/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry and Melesa Yager</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1909 Mesquite St. San Marcos, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>9/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Col. Charles &amp; Cherry Walts</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1001 Burleson San Marcos, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>9/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wayne Kraemer</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>733 Belvin San Marcos, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>9/9</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darrell &amp; Barbara Penson</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>100 E. Laurel Ln. San Marcos, TX 78666</b>		(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: <span style="font-size: 2em; margin-left: 100px;">5</span>	
2 FILER NAME <span style="font-size: 1.5em; margin-left: 20px;">John Thomaides</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.5em; margin-left: 20px;">9/6</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">Ed Tarbutton</span> 6 Contributor address; City; State; Zip Code <span style="font-size: 1.1em; margin-left: 20px;">127 E. Hopkins San Marcos, TX 78666</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">100.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.5em; margin-left: 20px;">9/9</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">Ted and Frances Brehan</span> Contributor address; City; State; Zip Code <span style="font-size: 1.1em; margin-left: 20px;">P.O. Box 477 San Marcos, TX 78667</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">100.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em; margin-left: 20px;">9/9</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">Tom McNair</span> Contributor address; City; State; Zip Code <span style="font-size: 1.1em; margin-left: 20px;">822 Stagecoach Trail San Marcos, TX 78666</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">100.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em; margin-left: 20px;">9/9</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">Richard Earl</span> Contributor address; City; State; Zip Code <span style="font-size: 1.1em; margin-left: 20px;">Dept. Geography TX State University San Marcos, TX 78666</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">200.00</span> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.5em; margin-left: 20px;">8/4</span>	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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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.

<b>1</b> Total pages Schedule F: 104	<b>2</b> FILER NAME John Thomaides	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 7/22/10	<b>5</b> Payee name Eric Morales	
<b>6</b> Amount (\$) \$ 250.00	<b>7</b> Payee address; City; State; Zip Code San Marcos, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event expense	<b>(b)</b> 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 7/29/10	Payee name Matt Lochman	
Amount (\$) \$400.00	Payee address; City; State; Zip Code San Marcos, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event 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 7/30/10	Payee name Victory Store	
Amount (\$) \$ 2,638.00	Payee address; City; State; Zip Code 5200 SW 30th St. Davenport, IA 52802	
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 8/16/10	Payee name Print This	
Amount (\$) \$ 125.00	Payee address; City; State; Zip Code 608 W. Hopkins San Marcos, TX 78666	
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	

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.

<b>1</b> Total pages Schedule F: 2 of 4	<b>2</b> FILER NAME John Thomaides	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 8/18/10	<b>5</b> Payee name Lowes	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code 2211 IH35 S. San Marcos, TX 78666	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8/19/10	Payee name College Dems	
Amount (\$) \$100.00	Payee address; City; State; Zip Code San Marcos, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts/Awards/Memorials	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 8/23/10	Payee name Print This	
Amount (\$) \$308.00	Payee address; City; State; Zip Code 608 W. Hopkins San Marcos, TX 78666	
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 8/27/10	Payee name USPS	
Amount (\$) \$120.00	Payee address; City; State; Zip Code San Marcos, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Mailing	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.

<b>1</b> Total pages Schedule F: 3 of 4	<b>2</b> FILER NAME John Thomaides	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 8/30/10	<b>5</b> Payee name Bosarge	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code San Marcos, TX	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/30/10	Candidate / Officeholder name Payee name Saltgrass	
Amount (\$) \$58.65	Payee address; City; State; Zip Code 221 Sessions Dr. San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T)
Candidate / Officeholder name Office sought Office held		
Date 9/7/10	Candidate / Officeholder name Payee name Print Place	
Amount (\$) \$286.48	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T)
Candidate / Officeholder name Office sought Office held		
Date	Candidate / Officeholder name Payee name	
Amount (\$)	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)
Candidate / Officeholder name Office sought Office held		

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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: <b>4 of 4</b>		2 FILER NAME <b>John Thomaides</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/13/10</b>		5 Payee name <b>Bosarge</b>			
6 Amount (\$) <b>\$170.00</b>		7 Payee address; City; State; Zip Code <b>San Marcos, TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		(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 <b>9/16/10</b>		Payee name <b>Advanced Customer Service</b>			
Amount (\$) <b>\$2800.00</b>		Payee address; City; State; Zip Code <b>1931 Airplane Dr. Ste. B Nashville, TN 37210</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Polling</b>		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 <b>9/20/10</b>		Payee name <b>1836 Ink</b>			
Amount (\$) <b>\$86.60</b>		Payee address; City; State; Zip Code <b>San Marcos, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing</b>		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 <b>9/23/10</b>		Payee name <b>Pizza Hut</b>			
Amount (\$) <b>\$57.57</b>		Payee address; City; State; Zip Code <b>San Marcos, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>		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	

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