

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mr.      John      A NICKNAME      LAST      SUFFIX Thomaides	<b>OFFICE USE ONLY</b> Date Received <b>City Clerk</b> <b>OCT 25 2010</b> <b>City of San Marcos</b> <sup>3/1</sup> <sub>le on</sub> Date Hand-delivered or Date Postmarked	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 813 Arizona San Marcos, TX 78666	Receipt #      Amount Date Processed Date Imaged	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (512) 757-4204		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Bibb NICKNAME      LAST      SUFFIX Underwood		
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1301 Brown St. San Marcos, TX 78666		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (512) 396-3777		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 9 / 24 / 10      10 / 24 / 10		
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year 11 / 2 / 10	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) City Council Place 6	<b>13</b> OFFICE SOUGHT (if known) Mayor	
<b>14</b> NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	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		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

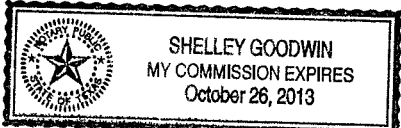
15 C/OH NAME <u>John Thomaides</u>	16 ACCOUNT # (Ethics Commission Filers)
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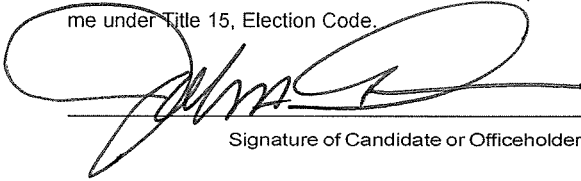
17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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	\$ <u>405.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,155.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>502.14</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>22,336.36</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,369.96</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 AFFIDAVIT

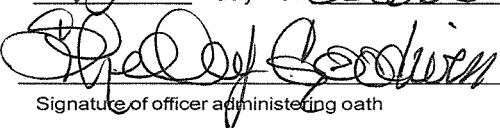
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Thomaides, this the 25<sup>th</sup> day of October, 20 10, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Shelley Goodwin  
 Printed name of officer administering oath

Notary Public  
 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: <b>1 of 7</b>	
2 FILER NAME <b>John Thomaides</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/7/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce Byron</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5801 Tom Wooten Dr. Austin, TX 78731</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/7/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julian O. Read</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>327 Congress, Ste 500 Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/7/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Powers</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1280 Drifting Wind Run Dripping Springs, TX 78620</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/4/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott Dukette</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4410 Twisted Tree Dr. Austin, TX 78735</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/7/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry &amp; Linda Keys</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2310 Tower Dr. Austin, TX 78703</b>		(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 7**

2 FILER NAME **John Thomaidis**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/7/10**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code  
**Ross Milloy**  
**P.O. Box 1618**  
**San Marcos, TX 78667-1618**

7 Amount of contribution (\$)

**250.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/7/10**

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

Contributor address; City; State; Zip Code  
**Michael Sulick & Rebecca McGaughey**  
**700 S. Creekwood Dr.**  
**Driftwood, TX 78619**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/7/10**

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

Contributor address; City; State; Zip Code  
**David Armbrust**  
**100 Congress Ave. Ste 1300**  
**Austin, TX 78701**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/8/10**

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

Contributor address; City; State; Zip Code  
**Willie Thomas**  
**110 Posey Rd.**  
**San Marcos, TX 78666**

Amount of contribution (\$)

**1,000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**construction business owner**

Date **10/8/10**

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

Contributor address; City; State; Zip Code  
**James & Diana Baker**  
**727 Belvin**  
**San Marcos, TX 78666**

Amount of contribution (\$)

**800.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**physician**

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: <b>3 of 7</b>	
2 FILER NAME <b>John Thomaides</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/11/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Wesley &amp; Deborah Wallis</b> 6 Contributor address; City; State; Zip Code <b>601 Snyder Hill Dr. San Marcos, TX 78666</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/12/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carmen Inel</b> Contributor address; City; State; Zip Code <b>P.O. Box 1248 San Marcos, TX 78666</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/12/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Sims</b> Contributor address; City; State; Zip Code <b>304 Oakridge San Marcos, TX 78666</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>retired / veteran</b>		Employer (See Instructions)	
Date <b>10/12/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Porterfield</b> Contributor address; City; State; Zip Code <b>806 Mountain Dr. San Marcos, TX 78666</b>	Amount of contribution (\$) <b>300.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael &amp; Gily Dietz</b> Contributor address; City; State; Zip Code <b>919 Belvin St. San Marcos, TX 78666</b>	Amount of contribution (\$) <b>100.00</b>	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: **4 of 7**

2 FILER NAME **John Thomades**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/13/10**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Dr. Terence & Diann McCabe**

6 Contributor address; City; State; Zip Code  
**1315 Alamo St.  
San Marcos, TX 78666**

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

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/13/10**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cynthia Smith**

Contributor address; City; State; Zip Code  
**10608 Scotland Well Dr.  
Austin, TX 78750**

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**retired col. - U.S. army**

Employer (See Instructions)

Date **10/11/10**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Frances Emery**

Contributor address; City; State; Zip Code  
**1421 Schulle Dr.  
San Marcos, TX 78666**

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

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/14/10**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Theodore & Thea Dale**

Contributor address; City; State; Zip Code  
**220 N. Johnson  
San Marcos, TX 78666**

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

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**psychologist**

Employer (See Instructions)

Date **10/12/10**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jim Wimberly**

Contributor address; City; State; Zip Code  
**2015 Westlake Dr.  
Austin, TX 78746**

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

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**transportation management**

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: **5 of 7**

2 FILER NAME

**John Thomaides**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**10/11/10**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Jane Hughson**

6 Contributor address; City; State; Zip Code

**1600 N. LBJ  
San Marcos, TX 78666**

7 Amount of contribution (\$)

**200.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**10/20/10**

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

**Jason Howell**

Contributor address; City; State; Zip Code

**350 N. Guadalupe Ste 140-270  
San Marcos, TX 78666**

Amount of contribution (\$)

**250.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/15/10**

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

**J. M. Telford**

Contributor address; City; State; Zip Code

**2303 E. McClary Ln.  
San Marcos, TX 78666**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/10/10**

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

**Ron & Marie Jager**

Contributor address; City; State; Zip Code

**626 W. San Antonio  
San Marcos, TX 78666**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/18/10**

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

**Ed Longcope**

Contributor address; City; State; Zip Code

**400 W. Hopkins Ste. 101  
San Marcos, TX 78666**

Amount of contribution (\$)

**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**investor**

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: **6 of 7**

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

4 Date <b>9/30/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Theodore Hindson</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>1410 Alamo St. 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>10/4/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Braun</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>P.O. Box 466 Dripping Springs, TX 78620</b>	(If travel outside of Texas, complete Schedule T)	

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

Date <b>10/4/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Bingham</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>612 East 43rd St. Austin, TX 78751</b>	(If travel outside of Texas, complete Schedule T)	

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

Date <b>10/15/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rashed T Islam &amp; Mayukh Parvin</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>14808 Staked Plains Loop Austin, TX 78717</b>	(If travel outside of Texas, complete Schedule T)	

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

Date <b>10/5/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lineberger, Gossain, Blair &amp; Sampson LLP</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>P.O. Box 17428 Austin, TX 78760</b>	(If travel outside of Texas, complete Schedule T)	

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

**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: <b>7 of 7</b>	
2 FILER NAME <b>John Thomaides</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/4/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAN-PAC</b>	7 Amount of contribution (\$) <b>750.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2925 Briar Park Dr., FL4 Houston TX 77042</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>engineering firm</b>		10 Employer (See Instructions)	
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 (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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 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:	<b>2</b> FILER NAME <i>John Thomaides</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>9/22/10</i>	<b>5</b> Payee name <i>Pizza Hut</i>
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<b>6</b> Amount (\$) <i>57.52</i>	<b>7</b> Payee address; City; State; Zip Code <i>720 E. Hopkins San Marcos, TX 78666</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-20-10</i>	Payee name <i>Paragon Printing</i>
-------------------------	---------------------------------------

Amount (\$) <i>1,731.55</i>	Payee address; City; State; Zip Code <i>10423 Mckalla Plaza Austin, TX 78758</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/20/10</i>	Payee name <i>Paragon Printing</i>
-------------------------	---------------------------------------

Amount (\$) <i>290.87</i>	Payee address; City; State; Zip Code <i>10423 Mckalla Plaza Austin, TX 78758</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/24/10</i>	Payee name <i>United Way</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 1728 San Marcos, TX 78667-6860</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>event</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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**

**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:	<b>2</b> FILER NAME <i>John Thomaides</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>10/4/10</i>	<b>5</b> Payee name <i>San Marcos Greenbelt Alliance</i>
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<b>6</b> Amount (\$) <i>60.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 1527 San Marcos, TX 78667-1527</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/18/10</i>	Payee name <i>Paragon Printing</i>
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Amount (\$) <i>675.46-</i>	Payee address; City; State; Zip Code <i>10423 McKalla Place Austin, TX 78758</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/15/10</i>	Payee name <i>Paragon Printing</i>
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Amount (\$) <i>2028.82</i>	Payee address; City; State; Zip Code <i>10423 McKalla Place Austin, TX 78758</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/15/10</i>	Payee name <i>The Thompson Group</i>
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Amount (\$) <i>16,890.00</i>	Payee address; City; State; Zip Code <i>400 W. Capital Ave. Ste 1711 Little Rock, AR 72201</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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