

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX John Thomaides	OFFICE USE ONLY Date Received City Clerk JAN 14 2010 City of San Marcos Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed SCANNED Date Imaged JAN 15 2010	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 802 W. Hopkins St San Marcos, TX 78666		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396-7358		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Bibb Underwood		
7 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		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 396-3177		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 26 / 09 1 / 15 / 2010		
11 ELECTION	ELECTION DATE Month Day Year / NA /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff NA <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Council Place 6	13 OFFICE SOUGHT (if known) None	
14 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 John Thomasides 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

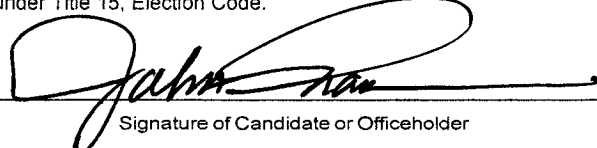
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2240. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3850. ¹⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3963. ⁸³
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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN THOMAIDES, this the 14th day of 2010, 20 10, to certify which, witness my hand and seal of office.

Sherry Mashburn
Signature of officer administering oath

SHERRY MASHBURN
Printed name of officer administering oath

CITY CLERK
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: 2	
2 FILER NAME John Thomaides		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/28/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Shuy	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 103 Ridgeway SM TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/28/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Howell	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1081 SM TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross Milloy	Amount of contribution (\$) 250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Austin TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al & Macel Sullivan	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 21 Timbercrest Dr SM TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/2/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Biselow	Amount of contribution (\$) 1500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1275 Strawberry Ct Bartlett IL, 60103		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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.		JOHN THOMAIDES CAMPAIGN FOR CITY COUNCIL 802 W. HOPKINS ST. SAN MARCOS, TEXAS 78666		1 Total pages Schedule A: 2
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)		
4 Date 11/3/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Gregson	7 Amount of contribution (\$) _____	8 In-kind contribution description (if applicable) 240.00 Victory Party	
6 Contributor address; City; State; Zip Code W. Hopkins St		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		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)	
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)	
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)	
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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. **JOHN THOMAIDES**
CAMPAIGN FOR CITY COUNCIL

1 Total pages Schedule F: **3**

2 FILER NAME
802 W. HOPKINS ST.
SAN MARCOS, TEXAS 78666

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/26/09

5 Payee name
Paragon Printing
 6 Payee address; City; State; Zip Code
Austin TX

7 Amount (\$)
710.⁷⁴

8 Purpose of payment (See instructions regarding type of information required.)
mailer # 3
 (If travel outside of Texas, complete Schedule T)

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

Date
10/28/09

Payee name
Paragon Printing
 Payee address; City; State; Zip Code
Austin TX

Amount (\$)
1356.⁸⁶

Purpose of payment (See instructions regarding type of information required.)
mailer # 4
 (If travel outside of Texas, complete Schedule T)

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

Date
10/30/09

Payee name
1836 INK
 Payee address; City; State; Zip Code
MLK DR SMTX 78666

Amount (\$)
162.³⁷

Purpose of payment (See instructions regarding type of information required.)
Printing
 (If travel outside of Texas, complete Schedule T)

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

Date
10/31/09

Payee name
Tx State College Democrats
 Payee address; City; State; Zip Code

Amount (\$)
50.⁰²

Purpose of payment (See instructions regarding type of information required.)
Fundraiser
 (If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 3
---	------------------------------------

2 FILER NAME JOHN THOMAIDES CAMPAIGN FOR CITY COUNCIL 802 W. HOPKINS ST. SAN MARCOS, TEXAS 78666	3 ACCOUNT # (Ethics Commission filers)
--	--

4 Date 11/6/09	5 Payee name SAM McCabe	7 Amount (\$) 400.⁰²
6 Payee address; City; State; Zip Code 1013 Chestnut St SMTX 78666		

8 Purpose of payment (See instructions regarding type of information required.) Phone Consulting / Banking <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date 11/15/09	Payee name Rundall Bosarge	Amount (\$) 100.⁰²
Payee address; City; State; Zip Code Cheatham St SMTX 78666		

Purpose of payment (See instructions regarding type of information required.) Sign Work <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date 12/28/09	Payee name Don Anders Photography	Amount (\$) 146.¹⁴
Payee address; City; State; Zip Code 1221 Chestnut St Smtx 78666		

Purpose of payment (See instructions regarding type of information required.) mailer Photos <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date 11/19/09	Payee name John Thomaides	Amount (\$) 762.⁶⁰
Payee address; City; State; Zip Code 802W Hopkins SMTX 78666		

Purpose of payment (See instructions regarding type of information required.) Reimb: Food, Donations, Computerwork, Postage, mileage <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form JOHN THOMAIDES CAMPAIGN FOR CITY COUNCIL 802 W. HOPKINS ST. SAN MARCOS, TEXAS 78666	1 Total pages Schedule F: 3
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
12/28/09	John Thomaides ----- 6 Payee address; City; State; Zip Code 802 W. Hopkins SMTX 78666	161.46

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement of expenses: Volunteer gifts, Food, Donations (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. JOHN THOMAIDES CITY CLERK FOR CITY COUNCIL 802 ... KINS ST. SAN MARCOS, TEXAS 78046	1 Total pages Schedule G: 3
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name OFFICE Depot 6 Payee address; City; State; Zip Code SAN MARCOS TX 78666	8 Amount (\$) 13. ⁸³
10/26/09	7 Purpose of expenditure (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name ROOT Cellar Payee address; City; State; Zip Code LBJ DR SAN MARCOS 78666	Amount (\$) 41. ³²
10/31/09	Purpose of expenditure (See instructions regarding type of information required.) Food (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name SAN MARCOS VFW Payee address; City; State; Zip Code HUNTER RD, SMTX 78666	Amount (\$) 7. ⁰⁰
10/30/09	Purpose of expenditure (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name USPS Payee address; City; State; Zip Code Guadalupe ST SMTX 78666	Amount (\$) 18. ³⁰
10/27/09	Purpose of expenditure (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Jackson Chapel Church Payee address; City; State; Zip Code Centre St SMTX 78666	Amount (\$) 10. ⁰⁰
11/1/09	Purpose of expenditure (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

**IC. ANTHONY MAJES
CAMPAIGN FOR CITY COUNCIL
802 W. HOPKINS ST.
SAN MARCOS, TEXAS 78666**

1 Total pages Schedule G: **3**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

11/3/09

Cafe on the Square

6 Payee address; City; State; Zip Code

LBJ DR SMTX 78666

33.96

7 Purpose of expenditure (See instructions regarding type of information required.)

FOOD E-D VOLUNTEERS
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

11/3/09

Palmer's

Payee address; City; State; Zip Code

Hutchinson St SMTX 78666

70.⁵⁰

Purpose of expenditure (See instructions regarding type of information required.)

Food - Campaign
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

11/8/09

Wal-Mart

Payee address; City; State; Zip Code

Hwy 80 SMTX 78666

58.41

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Gifts/Volunteers
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

11/16/09

Palmer's

Payee address; City; State; Zip Code

Hutchinson St SMTX 78666

95.³⁰

Purpose of expenditure (See instructions regarding type of information required.)

Food Campaign Volunteers
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

11/3/09

Mileage on Vehicle

Payee address; City; State; Zip Code

All over SMTX 78666

165.⁰²

Purpose of expenditure (See instructions regarding type of information required.)

300m. @ .55
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G: 3
2 FILER NAME: JOHN THOMAIDES CAMPAIGN FOR CITY COUNCIL 802 W. TOPKING ST. SAN MARCOS TEXAS 78666	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>CCI Computers</i>	8 Amount (\$)
<i>11/2/09</i>	6 Payee address; City; State; Zip Code <i>LBJ Dr SMTX 78666</i>	<i>248.⁹²</i>
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>computer work/campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Root Cellar <i>Root Cellar</i>	Amount (\$)
<i>11/24/09</i>	Payee address; City; State; Zip Code <i>Hutchinson St. / LBJ Dr SMTX 78666</i>	<i>33.⁰⁰</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Food Volunteers Event/Supporters</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>CONA (Price Center Event)</i>	Amount (\$)
<i>12/10/09</i>	Payee address; City; State; Zip Code <i>MLC Dr SMTX 78666</i>	<i>25.81</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Donation for Holiday Party</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>Palmers</i>	Amount (\$)
<i>12/22/09</i>	Payee address; City; State; Zip Code <i>Hutchinson St SMTX 78666</i>	<i>100.⁰⁰</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Gift Cards Campaign Workers/Supporters</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name <i>Wal-Mart</i>	Amount (\$)
<i>12/22/09</i>	Payee address; City; State; Zip Code <i>Hwy 80 SMTX 78666</i>	<i>8.⁶⁵</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Gift Campaign Contributions/Frame</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED