

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Harold MI: D	OFFICE USE ONLY	
	NICKNAME: Harry LAST: THOMAS SUFFIX: _____		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS (PO BOX): 1301 Richard San Angelo, TX 76905 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (325) PHONE NUMBER: 374-5129 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Harold MI: D	Date Received UTB 4/6/23	
	NICKNAME: Harry LAST: THOMAS SUFFIX: _____	Date Hand Delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 1301 Richard San Angelo, TX 76905 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____	Receipt # _____ Amount \$ _____	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (325) PHONE NUMBER: 374-5129 EXTENSION: _____	Date Processed _____	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 13 / 2023 THROUGH 04 / 07 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) SA City Council SMD-3	13 OFFICE SOUGHT (if known) SA City Council SMD-3	
14 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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

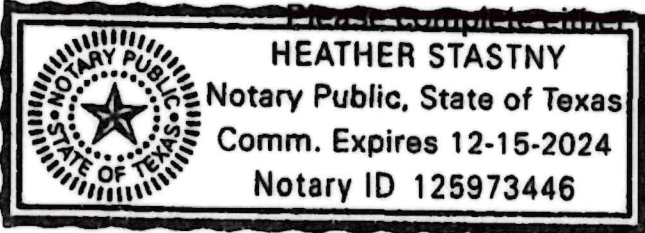
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Harold D (Harry) Thomas		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1650⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1650⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1875 ⁷⁹/_{xx}
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE 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.

Harold D (Harry) Thomas
Signature of Candidate or Officeholder



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Harry Thomas this the 6 day of April 2023, to certify which, witness my hand and seal of office.

Heather Stastny Signature of officer administering oath
Heather Stastny City Clerk Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Harold D (Harry) Thomas

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1658⁰⁰</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Harold D (Harry) Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 2-17-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Murray	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3904 Dr S T Wood SA TX 76904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3-1-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Thomas Realty	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3121 South West SA TX 76904		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 3-1-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Lewis	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6557 Spyglass Dr SA TX 76904		
Principal occupation / Job title (See Instructions) Alca Foundation		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Harold D (Harry) Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

3-1-23

5 Full name of contributor
Mike Boyd

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address: City: State: Zip Code

6519 Green Oaks Dr Christoval, TX 76935

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3-10-23

Full name of contributor

Steve Eustis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address: City: State: Zip Code

PO Box 3253 SA TX 76913

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

3-15-23

Full name of contributor

Joe Spano (Republican)

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address: City: State: Zip Code

1422 Hughes St SA TX 76903

Principal occupation / Job title (See Instructions)

Trash

Employer (See Instructions)

Republican

Date

3-23-23

Full name of contributor

Kendall Hirschfeld

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address: City: State: Zip Code

PO Box 3085

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Harold D. (Hary) Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

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

Devion Bates

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

3-30-23 5025 Koeigheim St SATX 76913 250.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

BAB Ventures

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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