

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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <u>Terry Thomas</u>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX LAST		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>11605 LANEY DRIVE GREENVILLE TX 75402</u>	Date Received <u>2021 APR 1 AM 8:59:17</u>	
<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(903) 450-5780</u>	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <u>BUD</u>	Date Processed	
	NICKNAME LAST SUFFIX <u>KEAVER</u>	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>4110 CR 3326 GREENVILLE TX 75402</u>		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(903) 413-2599</u>		
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 Month Day Year <u>01 / 13 / 2021</u> THROUGH / /		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 01 / 2021</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>CITY COUNCIL PLACE 1</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p>		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

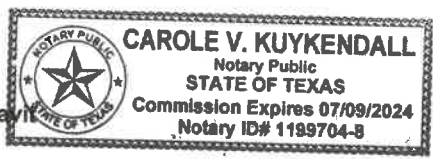
15 C/OH NAME _____ 16 Filer ID (Ethics Commission Filers) _____

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,770.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Terry Thomas
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Terry Thomas this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Carole V. Kuykendall
Printed name of officer administering oath: Carole V. Kuykendall
Title of officer administering oath: City Secretary

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

Terry Thomas

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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

TERRY THOMAS

3 Filer ID (Ethics Commission Filers)

4 Date

3 FEB 2021

5 Full name of contributor

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

DAVID DREILING

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

6302 VILLA FONTANA GREENVILLE TX 75402

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2 FEB 2021

Full name of contributor

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

JOE D. WINNIFORD

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1002 WESTMINSTER LN GREENVILLE TX 75402

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8 FEB 2021

Full name of contributor

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

ROGER CARWILE

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

1302 CHELTENHAM PL. GREENVILLE, TX 75402

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9 FEB 2021

Full name of contributor

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

RANDY & JUDY TARPLEY

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

3504 JOHNSON ST. GREENVILLE, TX 75403

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1: **3**

2 FILER NAME

TERRY THOMAS

3 Filer ID (Ethics Commission Filers)

4 Date
3-10-21

5 Full name of contributor out-of-state PAC (ID#: _____)
CHARLES & SHARON HELM

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3-10-21

Full name of contributor out-of-state PAC (ID#: _____)
CHIEF PETERSON / THOMAS PETERSEN

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

GREENVILLE, TX 75402

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-10-21

Full name of contributor out-of-state PAC (ID#: _____)
W. D. HILTON

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

4342 CATFISH COVE GREENVILLE, TX 75402

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-10-21

Full name of contributor out-of-state PAC (ID#: _____)
BUD & JEANIE KERNER

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

4110 CR 3326 GREENVILLE TX 75402

Principal occupation / Job title (See Instructions)

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.

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1 Total pages Schedule A1: **3**

2 FILER NAME

TERRY THOMAS

3 Filer ID (Ethics Commission Filers)

4 Date

3-20-21

5 Full name of contributor

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

GLEN + JANEEN CUNNINGHAM

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

#11 WILLOW RIDGE RD. GREENVILLE TX 75402

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-20-21

Full name of contributor

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

BARRY + DEBRA GLOUC

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1108 TANGLEWOOD DR. GREENVILLE TX 75402

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-20-21

Full name of contributor

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

BETTY WILLIAMS

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1693 CR 4105 GREENVILLE TX 75401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

N/A

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.