

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MR MR FIRST: Nancy MI: LAST: Thompson SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: PO Box 835503 APT / SUITE #: Richardson TX 75083 CITY: STATE: ZIP CODE:	Date Received: 2026 FEB -2 PM 1:22 BY: JONN P. WALKER COUNTY CLERK DALLAS COUNTY REPUR	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (214) PHONE NUMBER: 957-9761 EXTENSION:	Date Held, Delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: Whitney MI: LAST: May SUFFIX:	Receipt Amount \$	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): 8111 LBJ Freeway Ste 750 Dallas TX 75251 CITY: STATE: ZIP CODE:		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (214) PHONE NUMBER: 570-0300 EXTENSION:		
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: 1 / 1 / 26 THROUGH Month Day Year: 1 / 31 / 26		
11 ELECTION	ELECTION DATE: Month Day Year: 3 / 3 / 26	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known): Dallas County Justice of the Peace 5-1	
14 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"/> Additional Pages	COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

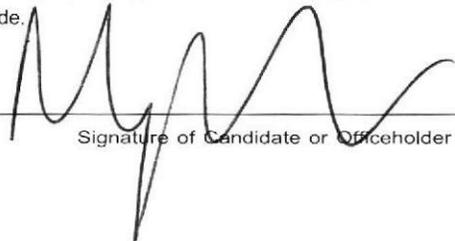
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Nancy Thompson 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)	\$ 3185 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3278 ⁰¹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4295 ⁰⁰
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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

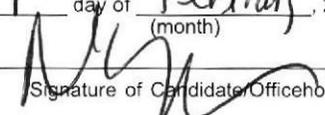
NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Nancy Thompson and my date of birth is 7/15/63
 My address is 3543 Whitthell Dr Dallas TX 75229 USA
(street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Texas, on the 15th day of February, 2026.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

Nancy Thompson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3185 ⁰⁰
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3278 ⁰⁰
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: 4
2 FILER NAME Nancy Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melody McNelly	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 164 Sherman Pines Dr Fuquay Varina NC 27526		
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions)
Date 1/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Tapscott	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 310 Parkview Dr Sunnyvale TX 75782		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 1/7/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Losen	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 5814 Knightsbridge Dr Dallas TX 75252		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions)
Date 1/14/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peggy Epley	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 2006 Espinosa Dr Carrollton TX 75010		
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Nancy Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Tapscott	7 Amount of contribution (\$) \$200⁰⁰
6 Contributor address; City; State; Zip Code 8905 Forest Park Ct Rowlett TX 75089		
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions)
Date 1/18/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darren Schraeder	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 2715 S. Surrey Dr Carrollton TX 75006		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 1/19/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Ledede	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 2811 Carriage Ct Carrollton TX 75006		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions)
Date 1/20/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Northrup	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 5703 Colied Ave Dallas TX 75206		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

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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: 4
2 FILER NAME Nancy Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie West	7 Amount of contribution (\$) \$ 100⁰⁰
6 Contributor address; City; State; Zip Code 813 Royal Minister Blvd Carrollton TX 75006		
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions)

Date 1/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Ashcraft	Amount of contribution (\$) \$ 10⁰⁰
Contributor address; City; State; Zip Code 3060 Morningstar Little Elm TX 75068		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions)

Date 1/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Bart	Amount of contribution (\$) \$ 25⁰⁰
Contributor address; City; State; Zip Code 4153 Shedy Hill Dallas TX 75229		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions)

Date 1/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Davis	Amount of contribution (\$) \$ 200⁰⁰
Contributor address; City; State; Zip Code 974 Laguna Dr Coppell TX 75019		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions)

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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: 4
2 FILER NAME Nancy Thompson		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melanie Smith	7 Amount of contribution (\$) \$200⁰⁰
6 Contributor address; City: State: Zip Code 3620 Wadsworth Dallas TX 75229		
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions)
Date 1/30/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicholas Sies	Amount of contribution (\$) \$750⁰⁰
Contributor address; City: State: Zip Code 7131 Twin Tree Lane Dallas TX 75214		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions)
Date 1/31/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitney May	Amount of contribution (\$) \$100⁰⁰
Contributor address; City: State: Zip Code 1604 Millview Pl Carrollton TX 75006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Nancy Thompson	3 Filer ID (Ethics Commission Filers)
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4 Date 1/14/26	5 Payee name Aspen View Strategies
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6 Amount (\$) 1350⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1309 Coffeen Ave Ste 1200 City: Sherriden State: WY Zip Code: 82801 <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing	(b) Description Doorhangers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/15/26	Payee name Vista Print
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Amount (\$) 157⁶⁸ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 275 Wyman St City: Waltham State: MA Zip Code: 02451 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/15/26	Payee name TX Democratic Party
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Amount (\$) 670⁵⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; PO BOX 15707 City: Austin State: TX Zip Code: 78761 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description VAN list
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Nancy Thompson	Office sought JP 5-1	Office held —
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center; font-size: 2em;">3</p>	2 FILER NAME <p style="font-size: 1.5em;">Nancy Thompson</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.5em;">1/16/26</p>	5 Payee name <p style="font-size: 1.5em;">Vista Print</p>	
6 Amount (\$) <p style="font-size: 1.5em;">64.99</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code <p style="font-size: 1.5em;">275 Wymen St Waltham MA 02457</p> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Printing</p>	(b) Description <p style="font-size: 1.5em;">T-shirts</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <p style="font-size: 1.5em;">1/18/26</p>	Payee name <p style="font-size: 1.5em;">Vista Print</p>	
Amount (\$) <p style="font-size: 1.5em;">147.20</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <p style="font-size: 1.5em;">275 Wymen St Waltham MA 02457</p> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Printing</p>	Description <p style="font-size: 1.5em;">Signs</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <p style="font-size: 1.5em;">1/26/26</p>	Payee name <p style="font-size: 1.5em;">Vista Print</p>	
Amount (\$) <p style="font-size: 1.5em;">525.00</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <p style="font-size: 1.5em;">275 Wymen St Waltham MA 02457</p> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Printing</p>	Description <p style="font-size: 1.5em;">Signs</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="font-size: 1.5em;">Nancy Thompson</p>	Office sought Office held <p style="font-size: 1.5em;">JP 5-1</p> <p style="text-align: center;">—</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Nancy Thompson	
4 Date	5 Payee name	
1/27/24	Vista Print	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
210 ⁰⁰	275 Wyman St Waltham	MA 02451
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing	Signs
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/30/24	Vista Print	
Amount (\$)	Payee address;	City; State; Zip Code
152 ⁴³	275 Wyman St Waltham	MA 02451
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing	Banners
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	Nancy Thompson	JP 5-1 —

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED