

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 / MR <input checked="" type="checkbox"/> FIRST <i>Nancy</i> MI NICKNAME LAST <i>Thompson</i> SUFFIX			OFFICE USE ONLY Date Received BY JOHN F. WALKER COUNTY CLERK DALLAS COUNTY REPUTY Date Hand-Delivered or Date Postmarked 2026 JAN 16 AM 10:50 Receipt # 40 Amount \$ 50 Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: <i>PO Box 835503</i> APT / SUITE #: <i>Richardson, TX 75083</i>				
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE <i>(214)</i> PHONE NUMBER <i>957-9761</i> EXTENSION				
6 CAMPAIGN TREASURER NAME MS / MRS / MR <input checked="" type="checkbox"/> FIRST <i>Whitney</i> MI NICKNAME LAST <i>May</i> SUFFIX				
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>8111 LBJ Freeway Ste 750</i> CITY; <i>Dallas, TX 75251</i> <small>(Residence or Business)</small>			STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE AREA CODE <i>(214)</i> PHONE NUMBER <i>570-0300</i> EXTENSION				
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED Month <i>7</i> Day <i>1</i> Year <i>25</i> THROUGH			Month <i>12</i> Day <i>31</i> Year <i>25</i>	
11 ELECTION ELECTION DATE Month <i>3</i> Day <i>3</i> Year <i>26</i>			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) <i>Dallas County Justice of the Peace 5-1</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>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.</small>			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)

\$

1110.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

1096.00

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

1110.00

**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.

Nancy Thompson

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 Whitehall Dr

Dallas, TX 75229 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in

Dallas

County, State of

Texas

on the

15

day of

January

20

2014

(month)

(year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" 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 checked="" 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: <i>2</i>
2 FILER NAME <i>Nancy Thompson</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/22/25</i>	5 Full name of contributor <i>Shannan Ashcraft</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 10.00</i>
6 Contributor address; <i>3060 Morning Star Little Elm TX 75068</i>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Nurse</i>		9 Employer (See Instructions)	
Date <i>12/22/25</i>	Full name of contributor <i>Joseph Marcus</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 300.00</i>
Contributor address; <i>3543 Whitehall Dr Dallas TX 75229</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>-</i>		Employer (See Instructions)	
Date <i>12/27/25</i>	Full name of contributor <i>Jacob Thompson</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; <i>1007 Fir St Milton WA 98354</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>-</i>		Employer (See Instructions)	
Date <i>12/27/25</i>	Full name of contributor <i>Catherine Nau</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; <i>1708 Newton St #A Austin TX 78704</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>-</i>		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.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: <u>2</u></p>
<p>2 FILER NAME <u>Nancy Thompson</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>12/28/25</u></p>	<p>5 Full name of contributor <u>Lynda Boss</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>7 Amount of contribution (\$) <u>\$100.00</u></p>
	<p>6 Contributor address; <u>6654 Leameadow Dallas TX 75248</u></p>	<p>City; <u> </u> State; <u> </u> Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions) <u> </u></p>		<p>9 Employer (See Instructions)</p>	
<p>Date <u>12/29/25</u></p>	<p>Full name of contributor <u>Leesha Creech</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$)</p>
	<p>Contributor address; <u>1004 Hanover Dr Southlake TX 76082</u></p>	<p>City; <u> </u> State; <u> </u> Zip Code</p>	<p><u>\$100.00</u></p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$)</p>
	<p>Contributor address;</p>	<p>City; <u> </u> State; <u> </u> Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$)</p>
	<p>Contributor address;</p>	<p>City; <u> </u> State; <u> </u> Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
<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	
	Fees	Candidate Filing Fee for Justice of Peace 5-1	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
12/3/25	USPS		
Amount (\$)	Payee address:	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	P.O. Box - Rental Expense		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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.	
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
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			