



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

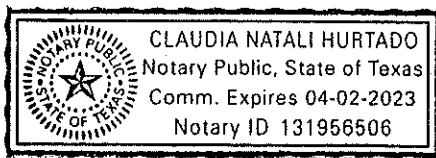
A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	Jul 15 2019
Date Processed	
Date Imaged	

Filer name	Account #
------------	-----------

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the City Secretary report due on July 15, 2019. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.


 Signature of Candidate or Officeholder



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tiffany D. Thomas this the 15 day of July


2019, to certify which, witness my hand and seal of office.

C. Natali Hurtado C. Natali Hurtado Notary
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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: 33
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Tiffany D. Thomas NICKNAME LAST SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 2971 Arling, TX 77411	Date Received 	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 435 0470	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR WILBERT THOMAS III NICKNAME LAST SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6230 Briar Glade Dr Houston, TX 77072		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 564-8943		
9 REPORT TYPE	<input 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 checked="" 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 04 / 03 / 19 06 / 29 / 19		
11 ELECTION	ELECTION DATE Month Day Year 07 / 05 / 19	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)	13 OFFICE SOUGHT (if known) HOUSTON CITY COUNCIL DISTRICT #	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Tiffany D. Thomas

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 2,197.50

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 23,441.29

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 124.70

4. TOTAL POLITICAL EXPENDITURES \$ 2,381.81

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 21,059.48

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0-

18 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.

Tiffany D. Thomas
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - C/OH

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

19 FILER NAME
Tiffany D. Thomas (DISTRICT F)

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,411 ²⁵
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0 -
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3,500
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0 -
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,381
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0 -
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 -
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0 -
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,000 ²⁶
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0 -
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 -
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0 -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANDELA BARNES	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code [REDACTED] Milwaukee, WI		
8 Principal occupation / Job title (See Instructions) Lt. Gov		9 Employer (See Instructions) State of Wisconsin
Date 4-3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Weakly	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [REDACTED] HTX 77084		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) GRAINGER
Date 4-3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Dvoretzky	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code [REDACTED] HTX 77009		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) NON PROFIT
Date 4-3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN Kebedee	Amount of contribution (\$) 21500
Contributor address; City; State; Zip Code [REDACTED] HTX 77053		
Principal occupation / Job title (See Instructions) Community Development		Employer (See Instructions) non profit

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/19

5 Full name of contributor

Joe E. Randolph

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

7 Amount of contribution (\$)

10000

6 Contributor address;

City; State; Zip Code

[REDACTED]

RENO, NV 89521

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Joe Randolph Foundation

Date

4/4/19

Full name of contributor

Ryan Lindsay

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

Amount of contribution (\$)

10000

Contributor address;

City; State; Zip Code

[REDACTED]

HTX 77008

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

JOHN PALMER ART

Date

4-4-19

Full name of contributor

MIA TAYLOR

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

Amount of contribution (\$)

10000

Contributor address;

City; State; Zip Code

[REDACTED]

HTX 77095

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

College

Date

4-4-19

Full name of contributor

RASHEDA JAMES

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

Amount of contribution (\$)

10000

Contributor address;

City; State; Zip Code

[REDACTED]

Missouri City

Principal occupation / Job title (See Instructions)

Auditor

Employer (See Instructions)

Sysco Corp.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

4-4-19

5 Full name of contributor

Victoria Bryant

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

7 Amount of contribution (\$)

5000

6 Contributor address;

City; State; Zip Code

[REDACTED] HTX 77004

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

HEALTHCARE

Date

4-4-19

Full name of contributor

Fredrick Wilson, Esq

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

Amount of contribution (\$)

10000

Contributor address;

City; State; Zip Code

[REDACTED] Washington D.C. 20024

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

White + Case LLP

Date

4/4/19

Full name of contributor

Jeremy Johnson

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

Amount of contribution (\$)

5000

Contributor address;

City; State; Zip Code

[REDACTED] NORFOLK, VA 23517

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

John Pich media

Date

4.4.19

Full name of contributor

Marlon McWilson

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

Amount of contribution (\$)

25000

Contributor address;

City; State; Zip Code

OAKLAND, CA [REDACTED]

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

TRANSPORTATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

29

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

4.4.19

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

Maxens Brewer

7 Amount of contribution (\$)

5000

6 Contributor address; City; State; Zip Code

[Redacted] Fresno TX

8 Principal occupation / Job title (See Instructions)

Development

9 Employer (See Instructions)

nonprofit

Date

4.4.19

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

Crystal Ruess

Amount of contribution (\$)

5000

Contributor address; City; State; Zip Code

[Redacted] HTX 77425

Principal occupation / Job title (See Instructions)

self

Employer (See Instructions)

consulting

Date

4.10.19

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

Archange Antoine

Amount of contribution (\$)

5000

Contributor address; City; State; Zip Code

[Redacted] Roselle, NJ 72031

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

SAMORIS + Associates

Date

4.15.19

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

Ahmad Sistrunk

Amount of contribution (\$)

15000

Contributor address; City; State; Zip Code

[Redacted] ZION CROSSROADS, VA 22942

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

CACI

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 4.20.19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Lee	7 Amount of contribution (\$) 7500
6 Contributor address; City; State; Zip Code [REDACTED] Chicago, IL		
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) FANNE MAE
Date 4.20.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Washington	Amount of contribution (\$) 5000
Contributor address; City; State; Zip Code [REDACTED] HTX 77008		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Crystal Washington, INC
Date 4.20.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenia Lopez	Amount of contribution (\$) 10000
Contributor address; City; State; Zip Code [REDACTED] HTX 77051		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) NONPROFIT
Date 4.20.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cory Woodley	Amount of contribution (\$) 10000
Contributor address; City; State; Zip Code [REDACTED] OKC, OK 73162		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) FAA

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 5.7.19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy D. Thomas	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [REDACTED] HTX 77012		
8 Principal occupation / Job title (See Instructions) EDUCATOR		9 Employer (See Instructions) ISD
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Crockett	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] HTX 77033		
Principal occupation / Job title (See Instructions) ADJUDICATOR		Employer (See Instructions) U.S. GOVT
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Sias	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] HTX 77033		
Principal occupation / Job title (See Instructions) SELF CONSULTANT		Employer (See Instructions) SELF
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARILYN GRIFFIN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77004		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Griffin + Griffin

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

5.7.19

5 Full name of contributor

Pamela Medina

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

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

TRUST officer

9 Employer (See Instructions)

Cadence Bank

Date

5.7.19

Full name of contributor

Kelly Brown

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

Contributor address; City; State; Zip Code

[REDACTED] HTX 77433

Amount of contribution (\$)

7500

Principal occupation / Job title (See Instructions)

FACULTY

Employer (See Instructions)

LAMAR UNIVERSITY

Date

5.7.19

Full name of contributor

Brandon Smith

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

Contributor address; City; State; Zip Code

[REDACTED] AUSTIN TX 78767

Amount of contribution (\$)

8000

Principal occupation / Job title (See Instructions)

TAX Analyst

Employer (See Instructions)

STATE OF TEXAS

Date

5.7.19

Full name of contributor

KEVIN HATTERY

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

Contributor address; City; State; Zip Code

[REDACTED] HTX 77005

Amount of contribution (\$)

10000

Principal occupation / Job title (See Instructions)

EXECUTIVE

Employer (See Instructions)

NON PROFIT

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 5.7.19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kedarius Colbert 6 Contributor address; City; State; Zip Code [REDACTED] COSTA MESA, CA	7 Amount of contribution (\$) 500⁰⁰
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Brailsford + Dunlavy
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damon Miles Contributor address; City; State; Zip Code [REDACTED] HTX 77047	Amount of contribution (\$) 2500⁰⁰
Principal occupation / Job title (See Instructions) OPERATOR		Employer (See Instructions) CHEVRON - Phillips
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO Anderson Contributor address; City; State; Zip Code [REDACTED] HTX 77057	Amount of contribution (\$) 1500⁰⁰
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Cornerstone Bldg Brands
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Misty Starks Contributor address; City; State; Zip Code [REDACTED] Richmond TX 77407	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) PUBLICIST		Employer (See Instructions) SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

5.7.19

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

Karen Jackson

7 Amount of contribution (\$)

10000

6 Contributor address; City; State; Zip Code

[REDACTED] HTX 77407

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

NONPROFIT

Date

5.7.19

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

William S. Matthews

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

[REDACTED] HTX 77002

Principal occupation / Job title (See Instructions)

Business Development

Employer (See Instructions)

CENTRAL HOUSTON ING

Date

5.7.19

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

Crystal Walter

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

[REDACTED] HOUSTON TX 77231

Principal occupation / Job title (See Instructions)

Psychotherapist

Employer (See Instructions)

UT Health

Date

5.7.19

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

Tiffany Pinkston

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

SPRING, TX [REDACTED]

Principal occupation / Job title (See Instructions)

Sr. Analyst

Employer (See Instructions)

Chevron

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

29

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

5.7.19

5 Full name of contributor

Barbara L. Seymour

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

7 Amount of contribution (\$)

10000

6 Contributor address;

City; State; Zip Code

[REDACTED] HTX 77056

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

5.7.19

Full name of contributor

Britt Eason

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

Amount of contribution (\$)

15000

Contributor address;

City; State; Zip Code

[REDACTED] Mountain View, CA 94043

Principal occupation / Job title (See Instructions)

TECH MANAGER

Employer (See Instructions)

SELF

Date

5.7.19

Full name of contributor

MARISA WILLIAMS

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

Amount of contribution (\$)

5000

Contributor address;

City; State; Zip Code

[REDACTED] PITTSBURGH PA 15129

Principal occupation / Job title (See Instructions)

EXECUTIVE

Employer (See Instructions)

NON PROFIT

Date

5.7.19

Full name of contributor

RYAN LINDSAY

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

Amount of contribution (\$)

25000

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

JOHN ROSS PALMER ATT

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

5.7.19

5 Full name of contributor

Cassye Cook Provost

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

7 Amount of contribution (\$)

10000

6 Contributor address; City; State; Zip Code

[REDACTED] HTX 77008

8 Principal occupation / Job title (See Instructions)

DIRECTOR

9 Employer (See Instructions)

Sysco Corp

Date

5.7.19

Full name of contributor

Kevin Granderson

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

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

[REDACTED] HTX 77051

Principal occupation / Job title (See Instructions)

Real estate

Employer (See Instructions)

Self

Date

5.7.19

Full name of contributor

Cora Robinson

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

Amount of contribution (\$)

20000

Contributor address; City; State; Zip Code

[REDACTED] Pearland, TX 77584

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

George E Johnson

Date

5.7.19

Full name of contributor

Samson Babalola

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

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

[REDACTED] HTX 77047

Principal occupation / Job title (See Instructions)

HOUSING

Employer (See Instructions)

Government

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 5.7.19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Ball 6 Contributor address; City; State; Zip Code [REDACTED] HTX 77002	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Public defenders Office
Date 5.07.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leye and Debbie Oyetunji Contributor address; City; State; Zip Code [REDACTED] Rosenberg, TX 77471	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) Dir. of Pharmacy		Employer (See Instructions) United Health Group
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shampa Mukerji Contributor address; City; State; Zip Code [REDACTED] HTX 77006	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Anderson Contributor address; City; State; Zip Code [REDACTED] HTX 77027	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) CISCO

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 5.7.19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy George	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] Houston TX		
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Magazine
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOREEN SMITH	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77012		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIKISHA HORN	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Chicago, IL		
Principal occupation / Job title (See Instructions) SCIENTIST		Employer (See Instructions) Stepan Co.
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nell Reed	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Houston TX		
Principal occupation / Job title (See Instructions) COMMUNICATIONS		Employer (See Instructions) CHEVRON

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 5.7.19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTIAN MENCEE	7 Amount of contribution (\$) 25000
6 Contributor address; City; State; Zip Code [REDACTED] HTX 77021		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Kirkland + Ellis
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIKO REYNOLDS HAUSMAN	Amount of contribution (\$) 10000
Contributor address; City; State; Zip Code [REDACTED] HTX 77021		
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) SELF
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AKELA BRANLEY	Amount of contribution (\$) 10000
Contributor address; City; State; Zip Code [REDACTED] HTX 77007		
Principal occupation / Job title (See Instructions) FACULTY		Employer (See Instructions) TSU
Date 5.7.19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARME WILLIAMS	Amount of contribution (\$) 25000
Contributor address; City; State; Zip Code [REDACTED] HTX 77003		
Principal occupation / Job title (See Instructions) development		Employer (See Instructions) TRAMU

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

5/7/19

5 Full name of contributor

Patrick Nguolo

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

7 Amount of contribution (\$)

25000

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

5/7/19

Full name of contributor

Michael Dominguez

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

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

[REDACTED] Houston TX

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

FIRM

Date

5/7/19

Full name of contributor

Robert Adams Jr

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

Amount of contribution (\$)

25000

Contributor address; City; State; Zip Code

[REDACTED] AUSTIN TX

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

FOUNDATION

Date

5/11/19

Full name of contributor

Wayne Porter

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

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

[REDACTED] Sugarland TX

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

NOIKOR

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

6.21.19

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

Kevin Riles

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address; City; State; Zip Code

[REDACTED] Mo city 77021

8 Principal occupation / Job title (See Instructions)

Real Estate Broker

9 Employer (See Instructions)

self

Date

6.21.19

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

Will Arnold

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] Dallas TX 75322

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

AUSTIN Commercial

Date

6.21.19

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

AMBER CHAMBERS

Amount of contribution (\$)

50⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] DeSoto TX 75232

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

LANCASTER ISD

Date

6.21.19

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

JASON ROSS

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] Grand Prairie TX 75054

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

ATT

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

6/21

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

Kedric Smith

7 Amount of contribution (\$)

10000

6 Contributor address; City; State; Zip Code

[Redacted] Forest Hill

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

Freese and Nichols

Date

6/21

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

Valerie Deterson

Amount of contribution (\$)

25000

Contributor address; City; State; Zip Code

[Redacted] Grand Prairie TX

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Equal Opp. Schools

Date

6/21

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

DONALD + Michelle Ezell

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

[Redacted] Arlington TX

Principal occupation / Job title (See Instructions)

Tech Support

Employer (See Instructions)

GM FINANCIAL

Date

6/21

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

TRA + Maya Talley

Amount of contribution (\$)

10000

Contributor address; City; State; Zip Code

[Redacted] Arlington TX

Principal occupation / Job title (See Instructions)

INVESTMENTS

Employer (See Instructions)

JP MORGAN

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

6/21

5 Full name of contributor

Cory Wynn

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

7 Amount of contribution (\$)

2000⁰⁰

6 Contributor address;

City; State; Zip Code

[REDACTED] CARSON, CA 90749

8 Principal occupation / Job title (See Instructions)

consultant

9 Employer (See Instructions)

Self

Date

6/22

Full name of contributor

Brandi Donney

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

Amount of contribution (\$)

2500⁰⁰

Contributor address;

City; State; Zip Code

[REDACTED] MISSOURI CITY TX 77459

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Diversity Realty

Date

6/22

Full name of contributor

David Rosen

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

Amount of contribution (\$)

1000⁰⁰

Contributor address;

City; State; Zip Code

[REDACTED] Philadelphia, PA 19106

Principal occupation / Job title (See Instructions)

communications

Employer (See Instructions)

Chemours Co.

Date

6/22

Full name of contributor

YOLANDA FORD

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

Amount of contribution (\$)

1000⁰⁰

Contributor address;

City; State; Zip Code

[REDACTED] MO CITY, TX 77459

Principal occupation / Job title (See Instructions)

PLANNER

Employer (See Instructions)

CONSULTING

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN RANDE	7 Amount of contribution (\$) 200⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] Omaha NE 68131		
8 Principal occupation / Job title (See Instructions) COMPLIANCE		9 Employer (See Instructions) MUTUAL OF OMAHA
Date 6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAMILAH COLLINS	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code [REDACTED] PLANO, TX 75025		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Matthews	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code [REDACTED] H TX 77003		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) CENTRAL HOUSTON
Date 6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Willis	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code [REDACTED] H TX 77058		
Principal occupation / Job title (See Instructions) Social Work		Employer (See Instructions) HARRIS COUNTY DA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 6/27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARA Youngdahl 6 Contributor address; City; State; Zip Code [REDACTED] ST HTX 77066	7 Amount of contribution (\$) 250⁰⁰
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 6/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V. Sebastian Moore Contributor address; City; State; Zip Code [REDACTED] 77407 RICHMOND TX	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 6/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTIAN Menefee Contributor address; City; State; Zip Code [REDACTED] HTX 77021	Amount of contribution (\$) 250⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexis Brown Contributor address; City; State; Zip Code [REDACTED] 77489 MoCity TX	Amount of contribution (\$) 75⁰⁰
Principal occupation / Job title (See Instructions) MBIT		Employer (See Instructions) US Fed Govt

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

6/22

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

DORITA HATCHETT

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address; City; State; Zip Code

[REDACTED] HTX 77036

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

Self

Date

6/27

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

VICTOR MONDRAGON

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] HTX 77009

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

JDF

Date

6/27

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

RONICA JACOBS

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] HTX 77072

Principal occupation / Job title (See Instructions)

Education

Employer (See Instructions)

Region IV

Date

6/27

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

Kenneth Cowan

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] HTX 77021

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

ENGINE

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2A

2 FILER NAME

Tiffany D. Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

6/27

5 Full name of contributor

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

Kelli Upshaw

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

City; State; Zip Code

[REDACTED] HTX 77021

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Atlet ISD

Date

6/27

Full name of contributor

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

JAMES DAVIDSON JR

Amount of contribution (\$)

50⁰⁰

Contributor address;

City; State; Zip Code

[REDACTED] 77449 KATY TX

Principal occupation / Job title (See Instructions)

FINANCE

Employer (See Instructions)

SELF

Date

6/27

Full name of contributor

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

KWAME N. CAIN

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

[REDACTED] HTX 77057

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

CAMAC INTERNATIONAL

Date

6/27

Full name of contributor

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

BRIAN Randle

Amount of contribution (\$)

50⁰⁰

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

COACH

Employer (See Instructions)

Atlet ISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24

2 FILER NAME

TIFFANY D. THOMAS

3 Filer ID (Ethics Commission Filers)

4 Date

6/27

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

JAN DARGAST

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address; City; State; Zip Code

[REDACTED] HTX 77062

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

Self

Date

6/27

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

MARK CAREGGY

Amount of contribution (\$)

1000⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] HTX 77057

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

KIVI ENERGY

Date

6/27

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

CANDICE QUARKES

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] DEDDIO, TX 75115

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

WORKING FAMILIES

Date

6/27

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

Kenneth Robinson

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

[REDACTED] HTX 77062

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Self

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 6/27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAUGHAN Samples	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] HTX 77084		
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) KTRK
Date 6/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHISTYAN GILMORE	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code [REDACTED] MT. VERNON, NY 10552		
Principal occupation / Job title (See Instructions) FACULTY		Employer (See Instructions) NY JUDICIAL INSTITUTE
Date 6/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shekri Onyego	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code [REDACTED] HTX 77079		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) PRIVATE PRACTICE
Date 6/28	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Shawanna Singleton	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code [REDACTED] HTX 77254		
Principal occupation / Job title (See Instructions) TRAINER		Employer (See Instructions) SELF

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>24</u>
2 FILER NAME <u>Tiffany D. Thomas</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/10/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MICHAEL MORE</u>	7 Amount of contribution (\$) <u>2500</u>
6 Contributor address; City; State; Zip Code <u>[REDACTED] KATY TX 77469</u>		
8 Principal occupation / Job title (See Instructions) <u>CONSTRUCTION MGR</u>		9 Employer (See Instructions) <u>CTS</u>
Date <u>6/28/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HUBERT HINES</u>	Amount of contribution (\$) <u>2500</u>
Contributor address; City; State; Zip Code <u>[REDACTED] HTX 77069</u>		
Principal occupation / Job title (See Instructions) <u>SALES</u>		Employer (See Instructions) <u>INSURANCE</u>
Date <u>6/28/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CASH - FUNDRAISER</u>	Amount of contribution (\$) <u>2,975.00</u>
Contributor address; City; State; Zip Code <u>HOUSTON TX</u>		
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)

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME Tiffany D. Thomas		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 05/2019	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC BLUE	8 Amount of Pledge \$ 1,500.00	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code Dallas, TX 75212		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) VENTURE CAPITALIST		11 Employer (See Instructions) SELF	
Date 5/2019	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMMIE HARRIS	Amount of Pledge \$ 1,000	In-kind contribution description
Pledgor address; City; State; Zip Code Dallas, TX 75222		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) ENTREPRENEURSHIP		Employer (See Instructions) SELF	
Date 4/21/19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL SAERMAN JR	Amount of Pledge \$ 1,000	In-kind contribution description
Pledgor address; City; State; Zip Code DESOIT, TX 75213		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SELF	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 3	2 FILER NAME Tiffany D. Thomas	3 Filer ID (Ethics Commission Filers)
4 Date 4/30/19	5 Payee name Pixyx (RAUX.ORG)	
6 Amount (\$) 11030.32	7 Payee address; City; State; Zip Code 995 Market St 2nd floor SAN FRANCISCO CA - 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description <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 Tiffany D. Thomas	Office sought DISTRICT F
		Office held N/A
Date 5/03/19	Payee name MINUTEMAN PRESS - WESTCHASE	
Amount (\$) 127.74	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Letterhead + envelopes	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 Tiffany D. Thomas	Office sought DISTRICT F
		Office held N/A
Date 5/10/19	Payee name U.S. POST OFFICE - Arief	
Amount (\$) 105⁰⁰	Payee address; City; State; Zip Code 11936 Bellaire Blvd 77411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) STAMPS	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 Tiffany D. Thomas	Office sought DISTRICT F
		Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME Tiffany D. Thomas	3 Filer ID (Ethics Commission Filers)
4 Date 6/24/19	5 Payee name SHELL OIL	
6 Amount (\$) 30.85	7 Payee address; City; State; Zip Code NORMANGE, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GAS - TRAVEL TO DESOTO FOR FUNDRAISER	(b) Description <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 Tiffany D. Thomas	Office sought DISTRICT F
		Office held N/A
Date 6/23/19	Payee name I45 QUICK STOP	
Amount (\$) 21.89	Payee address; City; State; Zip Code STREETMAN, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GAS - FUNDRAISER TRAVEL	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 Tiffany D. Thomas	Office sought DISTRICT F
		Office held N/A
Date 7/1/19	Payee name TACO CABANA	
Amount (\$) 93.85	Payee address; City; State; Zip Code 11880 BISONNETT HOUSTON, TX 77099	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TACOS - VOLUNTEER MEET	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 Tiffany D. Thomas	Office sought DISTRICT F
		Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 05/17/19	5 Payee name HOUSTON T-SHIRT PRINTING
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6 Amount (\$) 900.00	7 Payee address; City; State; Zip Code 9941 HARRIN, TX 77063
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SHIRTS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 4/2019	5 Payee name BID - Dana Henley, LLC
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6 Amount (\$) \$1,000 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5850 San Felipe HTX 77057
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DESIGN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Ralph D. Thomas	Office sought District F	Office held N/A
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

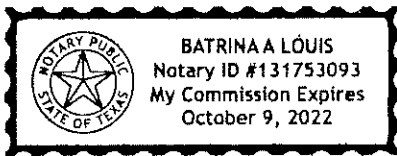
An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

Filer name NAOUFAL HOIJAMI	Account #
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- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the CAMPAIGN FINANCE report due on JULY 15TH 2019. I understand that this affidavit is required to be filed with *each* campaign finance report for which I am claiming an exemption from electronic filing.



NOTARY STAMP / SEAL

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Naoufal Houjami this the 15 day of July, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Batrina A Louis
Print name of officer administering oath

Notary
Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER