

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

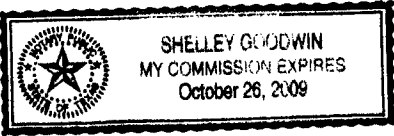
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 355
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1505
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 368.05
	4. TOTAL POLITICAL EXPENDITURES	\$ 4582.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1340
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

John Thomaides
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Thomaides, this the 18th day of January, 2007, to certify which, witness my hand and seal of office.

Shelley Goodwin
Signature of officer administering oath

Shelley Goodwin
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME John Thomaldes		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12-7-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Morris	7 Amount of contribution (\$) 300.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 333 Cheatham San Marcos TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-7-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Diane Phalen	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 721 Burleson SM TX 78666			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Cunningham	Amount of contribution (\$) 150.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1604 San Marcos TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeannie Cisneros	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1643 Larkspur Dr SAN ANTONIO TX 78213			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/7/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Kay Wilson	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2256 Garden Ct San Marcos TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME John Thomaides		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/1/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheran Seif	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 124 Elm Hill ct SM TX 78662			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Longcore	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. Hopkins SM TX			
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>John Thomaides</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>11/1/06</u>	5 Payee name <u>South Congress Cafe</u> 6 Payee address; City; State; Zip Code <u>1000 S. Congress Austin Tx</u>	7 Amount (\$) <u>230.⁰⁰</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>food for Campaign Fundraiser</u> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>11/1/06</u>	Payee name <u>Coefficient Designs</u> Payee address; City; State; Zip Code <u>12902 campos Austin 78727</u>	Amount (\$) <u>385.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>11/15/06</u>	Payee name <u>Amy Kirwin</u> Payee address; City; State; Zip Code <u>1035 MLK DR SAN MARCOS TX</u>	Amount (\$) <u>500.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Campaign Services</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>11/1/06</u>	Payee name <u>MAP and Associates inc</u> Payee address; City; State; Zip Code <u>Browne Terrace SAN MARCOS TX</u>	Amount (\$) <u>1000.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>G.O.T.V. / campus Campaign</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME John Thomaides		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name PALMERS 6 Payee address; City; State; Zip Code 218 more st SAN MARCOS	8 Amount (\$) 254.38
	7 Purpose of expenditure (See instructions regarding type of information required.) food for Volunteers / E-DAY	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name SAN MARCOS Daily Record Payee address; City; State; Zip Code SAN MARCOS TX 78666	Amount (\$) 1255.⁰⁰
	Purpose of expenditure (See instructions regarding type of information required.) Advertising	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Time Warner Payee address; City; State; Zip Code SAN MARCOS TX 78666	Amount (\$) 210.⁰⁰
	Purpose of expenditure (See instructions regarding type of information required.) Advertising	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name USPS Payee address; City; State; Zip Code	Amount (\$) 288.⁰⁰
	Purpose of expenditure (See instructions regarding type of information required.) Stamps for Mailing	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Walmart Payee address; City; State; Zip Code SAN MARCOS TX 78666	Amount (\$) 28.89
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for Mailing	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: 2
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date 12/26/06	5 Payee name OFFICE Depot	8 Amount (\$) 62.80
	6 Payee address; City; State; Zip Code SAN Marcos, TX	
	7 Purpose of expenditure (See instructions regarding type of information required.) Stamps and Thank you cards	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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