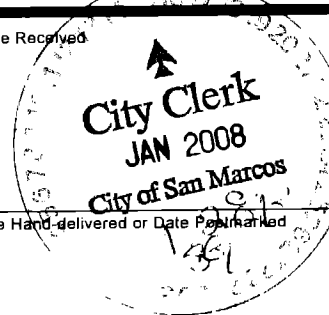


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|---|---|---|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: <div style="text-align: center; font-size: 2em;">4</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <i>John</i> NICKNAME LAST SUFFIX <i>Thomaides</i> | <div style="border: 2px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY  Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged <div style="font-size: 1.5em;">1-23-08</div> </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>802 W. Hopkins St. San Marcos, Tx 78666</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(512) 396-7358</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>Bibb</i> NICKNAME LAST SUFFIX <i>Underwood</i> | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <i>1301 Brown St. San Marcos, Tx 78666</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(512) 396-3177</i> | | |
| 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>7 / 15 / 07 1 / 15 / 08</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>N/A</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <i>N/A</i> <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <i>City Council Place 6</i> | 13 OFFICE SOUGHT (if known) <i>N/A</i> | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | -- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure -- Name Address / PO Box, Apt / Suite #, City, State, Zip Code | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME John Thomaides 16 ACCOUNT # (Ethics Commission Filers)

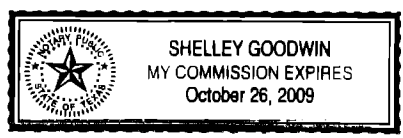
17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | 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 | \$ 305 ⁰⁰ |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 705 ⁰⁰ |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 41.85 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ 177.72 |
| CONTRIBUTION BALANCE | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5,808.49 |
| OUTSTANDING LOAN TOTALS | 6 | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

19 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.

John Thomaides
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Thomaides, this the 15th day of January, 2009, to certify which, witness my hand and seal of office.

Shelley Goodwin Shelley Goodwin Notary Public
Signature of officer administering oath Printed name of officer administering oath 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. 1 | |
| 2 FILER NAME John Thomaides | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 12/5/07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane : Carl Furry | 7 Amount of contribution (\$) 200⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address, City; State, Zip Code 811 W. SAN ANTONIO SM TX 78666 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 12/6/07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randall Morris | Amount of contribution (\$) 200.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address, City; State, Zip Code 333 Cheatham St SM TX 78666 | | (If travel outside of Texas, complete Schedule T) | |
| 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 | | (If travel outside of Texas, complete Schedule T) | |
| 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 | | (If travel outside of Texas, complete Schedule T) | |
| 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 | | (If travel outside of Texas, complete Schedule T) | |
| 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 EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

| | |
|--|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule G: <p style="text-align:right">1</p> |
| 2 FILER NAME <p style="text-align:center"><i>John Thomaides</i></p> | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|--|--|---|
| 4 Date <p style="text-align:center"><i>11/27/07</i></p> | 5 Payee name <p style="text-align:center"><i>OFFICE Depot</i></p> | 8 Amount (\$) <p style="text-align:center"><i>86.86</i></p> |
| | 6 Payee address, City; State; Zip Code <p style="text-align:center"><i>SAN Marcos, Tx 78666</i></p> | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) <p style="text-align:center"><i>supplies</i></p> <small>(If travel outside of Texas, complete Schedule T)</small> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|---|---|
| Date <p style="text-align:center"><i>12/1/07</i></p> | Payee name <p style="text-align:center"><i>US PS</i></p> | Amount (\$) <p style="text-align:center"><i>29.52</i></p> |
| | Payee address, City; State; Zip Code <p style="text-align:center"><i>SAN Marcos, Tx 78666</i></p> | |
| | Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date <p style="text-align:center"><i>10/24/07</i></p> | Payee name <p style="text-align:center"><i>ITALIAN Garden</i></p> | Amount (\$) <p style="text-align:center"><i>19.49</i></p> |
| | Payee address, City; State; Zip Code <p style="text-align:center"><i>SAN Marcos, Tx 78666</i></p> | |
| | Purpose of expenditure (See instructions regarding type of information required.) <p style="text-align:center"><i>Pizza for meeting</i></p> <small>(If travel outside of Texas, complete Schedule T)</small> | <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.) <small>(If travel outside of Texas, complete Schedule T)</small> | <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.) <small>(If travel outside of Texas, complete Schedule T)</small> | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED