

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:

19

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

John
Thomaides

OFFICE USE ONLY

Date Received

City Clerk

DEC 05 2016

City of San Marcos

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

813 Arizona St
SAN MARCOS TX 78666

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 757-4204

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Elly
DelPrado Dietz

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

919 Belvid
SAN MARCOS TX 78666

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

()
512 393-1269

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year

10 / 30 / 16 THROUGH 12 / 5 / 16

11 ELECTION

ELECTION DATE

Month Day Year

12 / 13 / 16

Primary

General

Runoff

Special

ELECTION TYPE

Other Description

12 OFFICE

OFFICE HELD (if any)

City Council PI 3

13 OFFICE SOUGHT (if known)

Mayor of SAN MARCOS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JOHN THOMAIDES 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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,075⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>300⁰⁰</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>23,671⁷⁸</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10,521⁰³</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

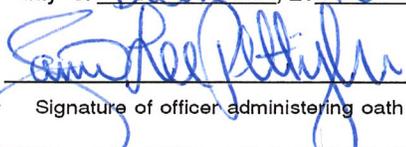
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Thomaidis, this the 5th day of December, 20 16, to certify which, witness my hand and seal of office.

 Signature of officer administering oath
Jamie Lee Pettijohn Printed name of officer administering oath
City Clerk Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JOHN THOMAIDES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,075 ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,246 ⁹⁶
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	\$ 9,124 ⁸²
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

JOHN THOMASIDES

3 Filer ID (Ethics Commission Filers)

4 Date

11/25/16

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

ERRY Mc Lerran

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code

PO Box 626 SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/21/16

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

FRANCES Emery

Amount of contribution (\$)

\$ 50.⁰⁰

Contributor address; City; State; Zip Code

1421 Schulle Dr SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/16

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

Gayle Ramsey

Amount of contribution (\$)

350.⁰⁰

Contributor address; City; State; Zip Code

415 N Guadalupe #234 SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/22/16

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

Teresa Hobby

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

1231 W. SAN ANTONIO SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

JOHN THOMAIDES

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/16

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

Dorrell/Barbara Pierson

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code

100 E. Laurel LN SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/18/16

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

Leon Breeden

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

120 W. Hopkins St 102 SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/23/16

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

Mary Ann Pope

Amount of contribution (\$)

50.⁰⁰

Contributor address; City; State; Zip Code

503 Franklin SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/23/16

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

Richard Earl

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

601 University SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

JOHN THOMASDES

3 Filer ID (Ethics Commission Filers)

4 Date

11/14/16

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

Ted Hindson

6 Contributor address; City; State; Zip Code

1410 Alamo St SAN MARCOS TX 78666

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/16/16

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

DR. JOHN RUST

Contributor address; City; State; Zip Code

1010 BURKESON ST SAN MARCOS TX 78666

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/16

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

SCOTT POLIKOV

Contributor address; City; State; Zip Code

3000 Blackburn #401 DALLAS TX 75204

Amount of contribution (\$)

150.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/16

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

E.W. JAMES
B.L.

Contributor address; City; State; Zip Code

823 Mountain Dr SAN MARCOS TX 78666

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

JOHN THOMAIDES

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/16

5 Full name of contributor
John Hohn

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

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code
110 E. SAN ANTONIO SAN MARCOS TX
78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/15/16

Full name of contributor

Jim Wimberley

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

Amount of contribution (\$)

200.⁰⁰

Contributor address; City; State; Zip Code
2015 Westlake Dr Austin TX
78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/16

Full name of contributor

James Harrison

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

Amount of contribution (\$)

50.⁰⁰

Contributor address; City; State; Zip Code
111 Canyon Dr SAN MARCOS TX
78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/16

Full name of contributor

Edna Dietz

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

Amount of contribution (\$)

75.⁰⁰

Contributor address; City; State; Zip Code
2897 Paso Del Robles SAN MARCOS TX
78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

JOHN THOMAS

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/16

5 Full name of contributor

GARY Bowman

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

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address;

3863 CENTERVIEW DR
STE 300

City; State; Zip Code

CHANTILLY VA
20151

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/11/16

Full name of contributor

Will Holder

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

102 Quail Creek Dr.

City; State; Zip Code

SAN MARCOS
TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/16

Full name of contributor

CINDY/RALPH MEYER

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

Amount of contribution (\$)

100.⁰⁰

Contributor address;

PO BOX 1054

City; State; Zip Code

SAN MARCOS
TX 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/16

Full name of contributor

BONNIE MARIE JAGER

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

Amount of contribution (\$)

200.⁰⁰

Contributor address;

626 W. SAN ANTONIO

City; State; Zip Code

SAN MARCOS
TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

JOHN THOMAS DES

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/16

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

David Wendel

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code

118 E. Holland SAN MARCOS TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/5/16

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

Sherwood Bishop

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

124 Elm Hill Ct SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/16

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

Leanne Smith

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

719 Belwin St SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/16

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

Gordon Sabin

Amount of contribution (\$)

50.⁰⁰

Contributor address; City; State; Zip Code

122 E. Holland SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME JOHN Thomaides		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE/Helen Cox	7 Amount of contribution (\$) 50.⁰⁰
6 Contributor address; City; State; Zip Code 800 Franklin SAN MARCOS TX 78666		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIELLE MOORE	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 1513 Marlton SAN MARCOS TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC HEGGIE	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code 625 7th St. NE #B Washington, DC 20002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherwood Bishop	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 124 Elm Hill Ct. San Marcos, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME JOHN THOMAIDES		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG HANKS	7 Amount of contribution (\$) 1100⁰⁰
6 Contributor address; City; State; Zip Code 415 Guadalupe St. #242 Sun Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 1	2 FILER NAME JOHN THOMAIDES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/11/16	5 Payee name John Thomaides
---------------------------	---------------------------------------

6 Amount (\$) 12,386.96	7 Payee address; City; State; Zip Code 813 ARIZONA SAN MARCOS TX 78666
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement of Schedule G Expenses from Oct 11, 2016 and October 30th CPH reports.	(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	Office sought	Office held
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Date 11/21/16	Payee name Mike Ruggieri
-------------------------	------------------------------------

Amount (\$) 1800	Payee address; City; State; Zip Code 1741 Spyglass Dr Apt 104 Austin TX 78746
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING Expense	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 11-2-16	Payee name Casey Norman
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Amount (\$) 60.00	Payee address; City; State; Zip Code 1518 OLD TRANCH RD 12 # 104 SAN MARCOS, TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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: 7	2 FILER NAME JOHN THOMAIDES	3 Filer ID (Ethics Commission Filers)
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4 Date 11-8-16	5 Payee name Root Cellar
--------------------------	------------------------------------

6 Amount (\$) 79.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 215 N. LBJ SAN MARCOS TX 78666
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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	Office sought	Office held
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Date 11-4-16	Payee name 1 Chuy's
-----------------	---------------------------

Amount (\$) 90.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1121 N #35 SAN MARCOS TX 78666
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-12-16	Payee name Cafe on the Square
------------------	----------------------------------

Amount (\$) 42.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 126 N. LBJ Dr SAN MARCOS TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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: 7	2 FILER NAME JOHN THOMAS DES	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--	---------------------------------------

4 Date 11-29-16	5 Payee name Comp & Save Ink
---------------------------	--

6 Amount (\$) 19.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 38929 Cherry St. Newark, CA 94560
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-25-16	Payee name Club Flyers
-------------------------	----------------------------------

Amount (\$) 103.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2300 NW 7th Ave Miami FL 33127
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-18-16	Payee name Dri Printing Services
-------------------------	--

Amount (\$) 244.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7300 8000 Haskell Ave Van Nuys, CA 91406
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	(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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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 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: 7	2 FILER NAME JOHN HOMAIDES	3 Filer ID (Ethics Commission Filers)
4 Date 11-1-16	5 Payee name Verts San Marcos	
6 Amount (\$) 29.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 301 N. Guadalupe #154 San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11-1-16	Payee name Facebook	
Amount (\$) 320.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 HACKER WAY Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11-30-16	Payee name Paragon Printing's	
Amount (\$) 2,235.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10423 McKALLA PLACE Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**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: 7	2 FILER NAME JOHN THOMAS DES	3 Filer ID (Ethics Commission Filers)
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4 Date 11-7-16	5 Payee name Verse.com
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6 Amount (\$) 29.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Website Service Could Not Locate Address
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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	Office sought	Office held
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Date 11-4-16	Payee name Paragon Printing
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Amount (\$) 2,190.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10423 MCKALLA PLACE AUSTIN, TX 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	(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 11-2-16	Payee name Paragon Printing
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Amount (\$) 1976.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10423 MCKALLA PLACE AUSTIN, TX 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	(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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**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: 7	2 FILER NAME JOHN THOMASIDES	3 Filer ID (Ethics Commission Filers)
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4 Date 11-17-14	5 Payee name Wix .com
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6 Amount (\$) 24.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisements Expense	(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	Office sought	Office held
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Date 11-9-14	Payee name Torchys Tacos
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Amount (\$) 14.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 301 N. Guadalupe San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	(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 11-9-14	Payee name Facebook
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Amount (\$) 750.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 HACKER WAY Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(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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**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 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: 7	2 FILER NAME JOHN THOMAS DES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/28/16	5 Payee name Office Depot
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6 Amount (\$) 19.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 201 Springtown Way SAN MARCOS TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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	Office sought	Office held
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Date 11-12-16	Payee name HERB
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Amount (\$) 73.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 200 W. Hopkins SAN MARCOS TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	(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 12-1-16	Payee name Whataburger
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Amount (\$) 16.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1H 35 and SH 123 (1004 TX-123) San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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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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 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: 7	2 FILER NAME JOHN THOMAIDES	3 Filer ID (Ethics Commission Filers)
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4 Date 12-3-16	5 Payee name Paragon Printing
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6 Amount (\$) 864.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10423 McALLA PLACE AUSTIN, TX 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Printing	(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 (\$) <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 <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 (\$) <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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