FOR CAN	DIDATE/OFI	FICEHOLDER		FORM CC	R-C/OH
Filer ID (Ethics Com	nission Filers)	2 Total pages file	d:	OFFICE U	SE ONLY
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MY, NICKNAME TOM	Thomas Daniel	MI SUFFIX	JAN 18	2022
ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election	15th day after treasurer	Other (specify)	Date Hand-dalivered or 1 Receipt #	Dale Postmarked Amount \$
ORIGINAL PERIOD COVERED	Month Day	Year Month	3/2	Dale Imaged	
		alance to for			
	ck ONLY if applicat		2 3011 30100 1000		
🗂 Semiannua	reports: I swear, or	affirm, that the original repor nformation contained in the r	t was made in goo eport.	od faith and without an	n intent to
date Llearn	ed that the report as	, that I am filing this corrected originally filed is inaccurate o ly filed was made in good fai	r incomplete. I sw	han the 14th business rear, or affirm, that any	day after the y error or
		e V			
Not	JANA K. RINCONES ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362	Please complete eithe	· /	idate/Officeholde	
I) Affidayt	ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362 AL	Junar Lee Da	er option below	v:	unvanj.
NOTARY STAMP/SE	ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362 AL d before me by Th fy which, witness my hand	omas Lee Da land seal of office.	er option below <u>niel</u> this the <u>Rincunes</u>	v:	unvanj. Public
NOTARY STAMP/SE	ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362 AL d before me by Th fy which, witness my hand	and seal of office. Dana K. Printed name of officer administer	er option below <u>niel</u> this the <u>Rincunes</u>	v: <u>18</u> day of <u>JC</u> NOTAN	Public dministering oath
NOTARY STAMP/SE	ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362 AL d before me by iy which, witness my hand tering oath	omas Lee Da land seal of office.	er option below <u>niel</u> this the <u>Rincunes</u>	v: <u>18</u> day of <u>JC</u> NOTAN	Public
NOTARY STAMP/SE Worn to and subscriber 0, to certif gnature of officer adminis	ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362 AL d before me by fy which, witness my hand tering oath	and seal of office. Dana K. Printed name of officer administer	er option below <u>niel</u> this the <u>Rincunes</u> ng oath	v: day of 	Public dministering oath
NOTARY STAMP / SE NOTARY STAMP / SE worn to and subscribe 0, to certific ignature of officer adminis 2) Unsworn Declarat	ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362 AL d before me by y which, witness my hand tering oath	Domas Lee Da and seal of office. Dana K. Printed name of officer administer OR	er option below <u>niel</u> this the <u>Rincunes</u> ng oath	v: day of 	Public dministering oath
NOTARY STAMP/SE NOTARY STAMP/SE worn to and subscribe , to certif mature of officer adminis Unsworn Declaration name is	ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362 AL d before me by iy which, witness my hand tering oath tion	Omas Lee Da and seal of office. Dana K. Printed name of officer administer OR	er option below <u>niel</u> this the <u>Rincunes</u> ing oath and my date of birth is	v: <u>18</u> day of <u>JC</u> <u>NOTAN</u> Title of officera state) (zip code)	Public dministering oath
NOTARY STAMP/SE NOTARY STAMP/SE worn to and subscribe 0, to certif gnature of officer adminis ) Unsworn Declarat y name is y address is	ary Public, State of Tex mm. Expires 06-16-202 Notary ID 130704362 AL d before me by iy which, witness my hand tering oath tion	And seal of office. Printed name of officer administer OR , a	er option below <u>niel</u> this the <u>Rincunes</u> ing oath and my date of birth is	v: <u>18</u> day of <u>JC</u> <u>NOTAN</u> Title of officera state) (zip code)	dministering oath

Forms provided by Texas Ethics Commission

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40730

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

				1 Filer ID (Ethic		2 Total pages	Red: -	
The C/OH instruction (	Guide explains how	to complet	te this form.			∠ iotai pages		
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mr	_	FIRST DMas		м: L		E USE ONLY	
NAME			LAST		SUFFIX	Date Received		
	Tom		niel	OITY OTATE	7/0 0005			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX			CITY; STATE	; ZIP CODE			
MAILING ADDRESS	San Angelo,							
Change of Address	Cull rangelo,	17100	•					
5 CANDIDATE/	AREA CODE	PHONE	NUMBER	EXTEN	SION	Date Hand-deliver	ed or Date Postmarked	
OFFICEHOLDER PHONE	(325)	234-	4286					
6 CAMPAIGN	MS / MRS / MR	ſ	FIRST		Mł	Receipt #	Amount \$	
TREASURER NAME	Ms	Re	ebecca		D	Date Processed	<u>_</u>	
	NICKNAME	۱	AST		SUFFIX	Date Imaged	Date imaged	
	Becca	Flo	ores					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 18844 US Hwy 2 Christoval, Texas Residence	77 South	PLEASE); APT / S	UITE #; CI1	Υ:	STATE;	ZIP CODE	
8 CAMPAIGN	AREA CODE	PHONE N	NUMBER	EXTEN	SION			
TREASURER	0.05	050	0005					
PHONE	(325)	656-	3825					
9 REPORT TYPE	January 15			election	unoff	treasurer	after campaion appointment	
	July 15	Ţ	eth day before ele		xcseded Modified eporting Limit	(Officehol Final Rep	der Only) kort (Allsch C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year		Month	Day Ye		
COVERED	7	/ 1 /	/ 21	THROUGH	12 /	/ 31 / 2	1	
11 ELECTION	ELECTION DA	TE			ELECTION TYPE			
	Month Day	Year	Primery	Runoff	Other			
	3 / 1 /	22	General	Special	Description			
12 OFFICE	OFFICE HELD (if any)		L	13 OFFIC	SOUGHT (if known)	)		
				Justic	e of the Pe	eace Pct. 2	2	
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. TH	ESE EXPENDITURES	S MAY HAVE BEEN MAD	E WITHOUT THE CAND	DATE'S OR OFFICEH	OMMITTEES TO SUPPORT OLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES,	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE						
Additional Pages	GENERAL	COMMITTE	E ADDRESS		1-10-10-10-10-10-10-10-10-10-10-10-10-10			
	SPECIFIC	COMMITTE	E CAMPAIGN TRE	ASURER NAME				
		COMMITTE	E CAMPAIGN TRE	EASURER ADDRESS		-		
			GO TO	PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Daniel, Thomas		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,801.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	<sup>T DAY</sup> \$ 11,401.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
		$\bigcirc$
	TI T	
	Signature of Car	ndidate or Officeholder
	Please complete either option below	<ul> <li>An interview of the statement of the stateme</li></ul>
(1)Afficavit Com	ANA K. RINCONES ry Public, State of Texas m. Expires 06-16-2024 otary ID 130704362	
NOTARY STAMP/SEA	before me by Thomas Lee Daniel this the	18_ day of January.
20 20 , to certify	which, witness my hand and seal of office.	notant public
Signature of officer administe	ering oath Printed name of officer administering oath	Tile of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
My address is		,,,,
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of, on theday of(month	, 20 (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

40				
19 FILERN		20 Filer ID (Ethics Co	mmiss	ion Filers)
Daniel,	Thomas			
	JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1. 🔳	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. 🔳	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	4,801.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12	SCHEDULE K:=INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$	nan mananan tahun dan pangangan

ALC: N

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME	-	3 Filer ID (Ethics Commission Filers)
Daniel, T		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Russell Smith	7 Amount of contribution (\$)
07/26/2021	6 Contributor address; City; State; Zip Code 3337 Canyon Creek Circle San Angelo Tx 76904	100.00
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instr	1
Date	Full name of contributor out-of-state PAC (ID#:	Amount of cantribution (\$)
07/27/2021	Rusty Muerer         Contributor address;       City;       State;       Zip Code         4717 South Jackson San Angelo Tx 76904	150.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	and an an an and the second
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/18/2021	Contributor address; City; State; Zip Code 145 Jones Mills Road Woodbury GA 30293	1,275.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	
Date	Full name of contributor out-of-state PAC (ID#	) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	5,000.00
08/24/2021		

Accessed with the second second

The	e instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: -
			3 Filer ID (Ethics Commission Filers)
Daniel, T			
	Paul Dver	D#:)	7 Amount of contribution (\$)
9/01/2021	-	State; Zip Code	75.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		D#:)	Amount of contribution (\$)
9/01/2021	Kathy Roland		1 000 00
	Contributor address; City; 2726 SAC San Angelo TX		1,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state-PAC (IC		Amount of contribution (\$)
9/01/2021	/01/2021 Contributor address; City; State; Zip Code 50 (	50.00	
	314 North Bishop San Ange	lo Tx 76901	00.00
Principal occu	 pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IC	ж)	Amount of contribution (\$)
9/01/2021	James Elkins Contributor address; City;	Chata Tin Code	
	2710 Colorado San Angel	State; Zip Code	50.00
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruct	lons)

The	e Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
Z FILER NAME Daniel, T		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-of-state PAC (ID#: Bryan Vincent	) 7 Amount of contribution (\$)
09/08/2021		2,000.00
Principal occ	upation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/17/2021	Jim Weatherford Contributor address; City; Sta 2934 Red Bluff Circle San Angelo	te; Zip Code
Principal occu	pation / Job title (See Instructions) E	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
1/04/2021	Mike Boyd Contributor address; City; Stat 6517 Green Oaks Drive Christova	e; Zip Code 200.00
Principal occu	pation / Job title (See Instructions) E	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/10/2021		te; Zip Code (76904

\*\*

Daniel, Thomas         4 Date       5 Full name of contributor       out-of-state PAC (DE       7 Amount of contribution (\$)         11/11/2021       6 Contributor address;       City;       State;       Zip Code         PO Box 273 Christoval Tx 76935       1000.000         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (DE       Amount of contribution (\$)         12/09/2021       Full name of contributor       out-of-state PAC (DE       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (DE       Amount of contribution (\$)         12/09/2021       Full name of contributor       out-of-state PAC (DE       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (DE       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (DE       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (DE       Amount of contribution (\$)         12/10/2021       Full name of contributor       out-of-state PAC (DE       Amount of contribution (\$)         Principal occupation / Job title (See Instructione)       Employer (See Instructione)       1000.	The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:	
11/11/2021       David Egger       City: State: Zip Code       100.000         PO Box 273 Christoval Tx 76935       100.000         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#				3 Filer ID (Ethics Commission Filers)	
PO Box 273 Christoval Tx 76935         Principal accupation / Job title (See Instructions)         9       Employer (See Instructions)         9       Employer (See Instructions)         Date       Full name of contributor         12/09/2021       Amount of contributor         Contributor address;       City;         State;       Zip Code         3126 Oak Mountain Trail San Angelo Tx 76904         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         out-of-state PAC (ID#:	4 Date		D#:)	7 Amount of contribution (\$)	
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         12/09/2021       Contributor address;       City;       State;       Zip Code         3126 Oak Mountain Trail San Angelo Tx 76904       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       2500.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       1000.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       1000.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       1000.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       1000.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       1000.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       1000.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       1000.000         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       1000.000 <td>11/11/2021</td> <td></td> <td></td> <td>100.00</td>	11/11/2021			100.00	
12/09/2021       Raymond Meza       250.000         12/09/2021       Contributor address;       City;       State;       Zip Code       250.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         12/10/2021       Contributor address;       City;       State;       Zip Code         12/10/2021       Contributor address;       City;       State;       Zip Code         12/10/2021       Contributor address;       City;       State;       Zip Code         005 Clover Drive San Angelo Tx 76903       Employer (See Instructions)       1000.000         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)	8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)	
12/09/2021       Contributor address;       City;       State;       Zlp Code       250.000         3126 Oak Mountain Trail San Angelo Tx 76904       Employer (See Instructions)       Employer (See Instructions)       250.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:	Date		)#:)	Amount of contribution (\$)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         12/10/2021       William Dendle       City; State; Zip Code       100.000         Contributor address;       City; State; Zip Code       100.000         205 Clover Drive San Angelo Tx 76903       Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)	12/09/2021	Contributor address; City; State; Zlp Code		250.00	
12/10/2021       William Dendle       100.000         Contributor address;       City;       State;       Zip Code         205 Clover Drive San Angelo Tx 76903       100.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100.000         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
12/10/2021       Contributor address;       City;       State;       Zip Code       100.000         205 Clover Drive San Angelo Tx 76903       Employer (See Instructions)       100.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)	Date	,		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (ID#:)       Amount of contribution (\$)       Todd Dornhecker	12/10/2021	Contributor address; City;	State; Zip Code	100.00	
Todd Dornhecker	Principal occup			tions)	
	Date	Inte Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
4753 Royal Troop San Angelo Tx 76904	12/24/2021	Contributor address; City;	State; Zip Code Io Tx 76904	1,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup			tions)	

niel, Thomas         is       Full name of contributor         John Childress         6       Contributor address;         1300 Dorrance Road San Angelo, Tx 76904         ncipal occupation / Job title (See Instructions)         9         E         Full name of contributor         Out-of-state PAC (ID#;)         100.000         ncipal occupation / Job title (See Instructions)         9         E         Full name of contributor         Out-of-state PAC (ID#;)         Amount of contribution (\$)         9       Employer (See Instructions)         amount of contributor         San Angelo Police PAC         Contributor address;       City;         State;       Zip Code         401 E. Beauregard San Angelo, Tx 76903         Cipal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
ie       5       Full name of contributor John Childress       put-of-state PAC (ID#:		-		3 Filer ID (Ethics Commission Filers)
9/2021 6 Contributor address; City; State; Zip Code 1300 Dorrance Road San Angelo, Tx 76904 100.00 9 Employer (See Instructions) 9 Employer (See Instructions) 1/2021 1/2021 Full name of contributor 1/2021 1/2021 Full name of contributor 9 Employer (See Instructions) 1/2021 Full name of contributor 9 Employer (See Instructions) 1/2021 1/2021 Full name of contributor 9 Employer (See Instructions) 1/2021 1/2021 Amount of contributor (\$) 1/2021 Contributor address; City; State; Zip Code 9 Full name of contributor 1/2021 1/202	aniei, I		)#:)	7 Amount of contribution (\$)
Full name of contributor       out-of-state PAC (ID#:)         Amount of contribution (\$)         San Angelo Police PAC         Contributor address;       City;         State;       Zip Code         401 E. Beauregard San Angelo, Tx 76903         cipal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Full name of contributor         out-of-state PAC (ID#:)         Amount of contribution (\$)	<b>29/202</b> 1	6 Contributor address; City;	State; Zip Code	100.00
1/2021       San Angelo Police PAC       2,500.00         1/2021       Contributor address;       City;       State;       Zip Code         401 E. Beauregard San Angelo, Tx 76903       Employer (See Instructions)       2,500.00         cipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         e       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Contributor address;       City;       State;       Zip Code	Principal occi	upation / Job title (See Instructions) 9	Employer (See Instruc	tions)
1/2021       Contributor address;       City;       State;       Zip Code       2,500.00         401 E. Beauregard San Angelo, Tx 76903       Employer (See Instructions)       Employer (See Instructions)       2,500.00         cipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         e       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Contributor address;       City;       State;       Zip Code	ate		#:)	Amount of contribution (\$)
e Full name of contributor out-of-state PAC (IC#:) Amount of contribution (\$) Contributor address; City; State; Zip Code	31/2021	Contributor address; City;		2,500.00
Contributor address; City; State; Zip Code	incipal occu	Dation / Job title (See Instructions)	Employer (See Instruct	tions)
	ato	Full name of contributor out-of-state PAC (10	#:	Amount of contribution (\$)
cipal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City;	State; Zip Code	
	icipal occu	pation / Job title (See Instructions)	Employer (See Instruc	tione)
Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	ie i	Full name of contributor aut-of-state PAC (ID	#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		Contributor address; City;	State; Zip Code	
cipal occupation / Job title (See Instructions) Employer (See Instructions)	incipal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

1 Lana and 1990 (1997)

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested in	formation is not applicable, DO NOT inc	clude this	page in the re	əport.	
	EXPENDITURE CATEGO	ORIES FOI	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made & Candidate/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense F By Gift/Awards/Merronats Expense F	Office Overhea Polling Expens Printing Expension Selarles/Wages	te s/Contract Labor	Solicitation/Fundrals Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Daniel, Thomas			3 Filer ID (Ethics	s Commission Filers)
4 Date 08/20/2021	5 Payee name McLaughlin Advertising Compar	iny			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
950.00	115 South Park San Angelo, Tx 76901				
8	(a) Category (See Categories listed at the top of this sch	hedule) (b	) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	S	igns/cards/el	tc.	
	(c) Check if travel outside of Taxas, Complete Scher	adule T,	Check If Austi	n, TX. officeholder living	) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
10/26/2021	National Hispanic Republican A	ssociatio	n		
Amount (\$)	Payee address;		City;	State;	Zip Code
300.00	20 North Howard San Angelo, Tx 76901	cranite different i Taggi yes of charming	nangeleg filletigelingen en ginterfolgelinde eingefielige filletigen.	aan ah ka	n nga mala nga nga nga nga nga nga nga nga nga ng
	Category (See Categories listed at the top of this sche	edule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	В	anner for eve	ent	
	Check if Iravel outside of Texas, Complete Scheo	idule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct axpenditure to benefit C/Or	Candidate / Officeholder name	<u> , , , , , , , , , , , , , , , , , , ,</u>	Office sought		Office held
Date	Payee name				
11/13/2021	Tom Green County Republican	Party			
Amount (\$)	Payee address;		City;	State;	Zip Code
375.00	2525 Johnson Street, Suite A San Angelo, Tx 76904				
	Category (See Categories listed at the top of this ache	edule)	Description		
PURPOSE OF EXPENDITURE	Polling Expense	Fe	e for name o	on ballot	
	Check if travel outside of Texas, Complete Sched	duleT.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCH	EDULE AS NEE	DED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested inf	formation is not applicable, DO NOT inclu	de this page in the r	eport.	
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Offic Food/Beverage Expense Politi By Gift/Awards/Memorials Expense Prin	n Rapayment/Reimbursement ce Overhead/Rental Expense ing Expense inies/Wagaa/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Daniel, Thomas		3 Filer ID (Ethics Commission File	(15)
4 Date 11/27/2021	5 Payee name McLaughlin Advertising Company	1		
6 Amount (\$)	7 Payee address;	City:	State; Zip Code	
2,093.00	115 South Park San Angelo, Tx 76901			
8	(a) Category (See Categories listed at the top of this schedu	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs/cards/e	tc.	
	(c) Check if travel outside of Texas, Complete Schedule	T. Check If Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	90		
12/27/2021	McLaughlin Advertising Company	*		
Amount (\$)	Payee address;	City;	State; Zip Code	
1,083.63	115 South Park San Angelo, Tx 76901	ngangan ngan paginan paginan panakan kanangan pangan pangan pangan pangan pangan pangan pangan pangan pangan pa	nin dan kanalan kanang kanang pangan pangan pangan pangan kanang kanang kanang kanang kanang kanang kanang kana Kanang kanang	1921/2019/2019
	Category (See Categories listed at the top of this schedule	e) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs/cards/e	.tc.	
	Check if inavel outside of Taxas, Complete Schedule	T. Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE	Category (See Categories listed at the top of this acheduk	) Description		
OF EXPENDITURE				
	Check if travel outside of Texes, Complete Schedule	T. Check if Ausl	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	EDED	

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# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission**: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

**Semiannual Reports:** A semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed is considered to have been filed on the date the original report was filed is considered to have been filed on the date the original report was filed is: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

#### INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

**1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

**2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

**3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.

4. Original Report Type. Mark the type of report you are correcting.

**5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

**6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

**7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.