

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: 8 | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Terry | MI P | OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.5em; font-weight: bold;">9:40 AM</div> <div style="font-size: 1.2em; font-weight: bold;">MAR 15 2024</div> <div style="font-size: 0.8em; font-weight: bold;">DATE HANDLED BY: [Signature]</div> | | | | |
| | NICKNAME | | LAST Thurman | | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small> | ADDRESS - PO BOX | APT / SUITE # | CITY: Leona | | STATE: Tx | ZIP CODE: 75850 | | |
| | AREA CODE | | PHONE NUMBER | | EXTENSION | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | (713) | 494-3527 | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST Joe | MI | Receipt # Amount \$ Date Processed Date Imaged | | | | |
| | NICKNAME | | LAST Matthews | | | SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE) | | APT / SUITE # | | | CITY: Brookshire | STATE: Tx | ZIP CODE: 77423 |
| | AREA CODE | | PHONE NUMBER | | | EXTENSION | | |
| 8 CAMPAIGN TREASURER PHONE | (281) | 841-0766 | | | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year | |
| | 2 | 25 | 24 | | 3 | 15 | 24 | |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | |
| | 3 | 5 | 24 | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | | | |
| | | | | Leon County Constable Pct.2 | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small> | 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 | COMMITTEE ADDRESS | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|--------------------------------------|---|---|
| 15 C/OH NAME Terry Thurman | | 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,500.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Terry Thurman, and my date of birth is 03/14/1962.

My address is _____, Leona, Tx, 75850, USA.
(street) (city) (state) (zip code) (country)

Executed in Leon County, State of Texas, on the 15 day of March, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**
Terry Thurman**20 Filer ID (Ethics Commission Filers)**

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|----------------------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,000.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 500.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,500.00 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME Terry Thurman | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/20/2003 | 5 Full name of contributor out-of-state PAC (ID#: _____) Steve Radack ----- 6 Contributor address; City; State; Zip Code [REDACTED] Houston Tx 77284 | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor 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 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 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.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 1 |
| 2 FILER NAME Terry Thurman | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 11/10/2023 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) self | 9 Loan Amount (\$) 500.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The instruction Guide explains how to complete this form.

| | | | | | |
|--|---|--|---|---------------------------------------|--------------------------|
| 1 Total pages Schedule F1: 2 | | 2 FILER NAME Terry Thurman | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/11/2023 | | 5 Payee name Republican Party of Leon County | | | |
| 6 Amount (\$) 375.00 | | 7 Payee address; P.O.Box 1148 | | City; Normangee | State; Tx |
| | | | | Zip Code 75871 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fee | | (b) Description Filing Fee | | |
| | (c) <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 12/19/2023 | Payee name Texas GOP Store | | | | |
| Amount (\$) 651.67 | Payee address; 404 I-45 South | | City; Huntsville | State; Tx | Zip Code 77340 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description Signs | | |
| | <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 01/21/2024 | Payee name Texas GOP Store | | | | |
| Amount (\$) 177.53 | Payee address; 404 I-45 South | | City; Huntsville | State; Tx | Zip Code 77340 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description Signs | | |
| | <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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Terry Thurman | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/15/2024 | 5 Payee name Terry Thurman | |
| 6 Amount (\$) 280.80 | 7 Payee address; 3887 PR. 1120 | City: Leona State: Tx Zip Code: 75850 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description Personal Loan |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 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 OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 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 OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

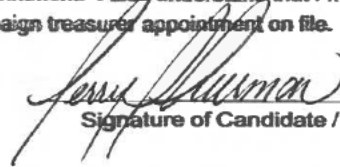
1 C/OH NAME

Terry Thurman

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

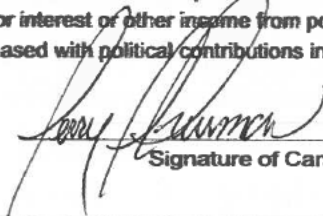
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder