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:

| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mr | FIRST: Thomas | MI: L |
| | NICKNAME: Tom | LAST: Daniel | SUFFIX: |

OFFICE USE ONLY

Date Received

JUL 1 3 2021

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

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

2930 Red Bluff Circle
San Angelo, Tx 76904

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (325) PHONE NUMBER 234-4286 EXTENSION

Date Hand-delivered or Date Postmarked

Receipt #   Amount $

6 CAMPAIGN TREASURER NAME

| MS / MRS / MR: Ms | FIRST: Rebecca | MI: D |
| NICKNAME: Becca | LAST: Flores | SUFFIX: |

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

18844 US Hwy 277 South
Christoval, Texas 76935
Residence

8 CAMPAIGN TREASURER PHONE

AREA CODE (325) PHONE NUMBER 656-3825 EXTENSION

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 Modified Reporting Limit | [ ] Final Report (Attach C/OH - FR) |

10 PERIOD COVERED

Month 4 / Day 12 / Year 21 THROUGH Month 6 / Day 30 / Year 21

11 ELECTION

ELECTION DATE
Month 3 / Day 1 / Year 22

ELECTION TYPE
[■] Primary   [ ] Runoff   [ ] Other Description
[ ] General   [ ] Special _____

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace Pct. 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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
GENERAL	COMMITTEE ADDRESS
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 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)	$ **1,100.00**
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ **300.00**
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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

KATHY GONZALES
NOTARY PUBLIC
STATE OF TEXAS
ID # 13212589-5
My Comm. Expires 08-13-2023

NOTARY STAMP / SEAL

Sworn to and subscribed before me by __Kathy Gonzales__ this the __13TH__ day of __July__.

20 __21__, to certify which, witness my hand and seal of office.

__Kathy Gonzales__   __Kathy Gonzales__   __notary public__
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
                           (street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
                                                                                                      (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 8/17/2020

SUBTOTALS - C/OH

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

19 FILER NAME Daniel, Thomas	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$	1,100.00
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 CONTRIBUTIONS	$	
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 FUNDS	$	300.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$	

MONETARY POLITICAL CONTRIBUTIONS

JUL 13 2021

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	**3** Filer ID (Ethics Commission Filers)
Daniel, Thomas	

4 Date	**5** Full name of contributor out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
04/12/2021	Pete McCleskey	**1,000.00**
	6 Contributor address; City; State; Zip Code	
	3308 Windover Court Bedford, Texas 76021	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
04/20/2021	Mike Hernandez	**100.00**
	Contributor address; City; State; Zip Code	
	1225 St. Andrews San Angelo, Texas 76904	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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 JUL 1 3 2021
PERSONAL FUNDS

SCHEDULE **G**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	**2** FILER NAME **Thomas Daniel**	**3** Filer ID (Ethics Commission Filers)

4 Date 06/01/2021	**5** Payee name **McLaughlin Advertising Company**	

6 Amount ($) 300.00 ✓ Reimbursement from political contributions intended	**7** Payee address; 115 South Park San Angelo, Texas 76901	City;	State;	Zip Code

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) **Advertising Expense**	**(b)** Description **Retainer Fee**

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ 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	Payee name			
Amount ($) Reimbursement from political contributions intended	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.   ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name			
Amount ($) Reimbursement from political contributions intended	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.   ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED