

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |                                       |   |  |                                 |  |  |
|---|---|---------------------------------------|---|--|---------------------------------|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |   | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:                        |  |                                 |  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                | MS / MRS / MR   | FIRST                                 | MI  | <b>OFFICE USE ONLY</b>                           |                                 |  |  |
|   | NICKNAME  | LAST                                  | SUFFIX                                      |  |                                 |  |  |
| Mc Thomas K<br>Richardson   |   |                                       |   |  |                                 |  |  |
| Date Received<br>10/28/2024 @ 3:55pm                                  |   |                                       |   |  |                                 |  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>                     | ADDRESS / PO BOX;   | APT / SUITE #;                        | CITY;                                       | STATE;   | ZIP CODE                        |  |  |
|   | 258 Jordan Pl Boerne Tx 78006   |                                       |   |  |                                 |  |  |
| <input type="checkbox"/> Change of Address                            |   |                                       |   |  |                                 |  |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                               | AREA CODE   | PHONE NUMBER                          | EXTENSION                                   |  |                                 |  |  |
|   | (940) 682-6224  |                                       |   |  |                                 |  |  |
| <b>6 CAMPAIGN TREASURER NAME</b>                                      | MS / MRS / MR   | FIRST                                 | MI  | Date Hand-delivered or Date Postmarked<br>Becker |                                 |  |  |
|   | NICKNAME  | LAST                                  | SUFFIX                                      |  |                                 |  |  |
| Mc Thomas K<br>Richardson   |   |                                       |   |  |                                 |  |  |
| Receipt # Amount \$<br>Date Processed<br>Date Imaged                  |   |                                       |   |  |                                 |  |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b>                                   | STREET ADDRESS (NO PO BOX PLEASE);  |                                       | APT / SUITE #;                              | CITY;  | STATE;                          | ZIP CODE                                   |  |
|   | 258 Jordan Place Boerne Tx 78006  |                                       |   |  |                                 |  |  |
| (Residence or Business)   |   |                                       |   |  |                                 |  |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                     | AREA CODE   | PHONE NUMBER                          | EXTENSION                                   |  |                                 |  |  |
|   | (940) 682-6224  |                                       |   |  |                                 |  |  |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input checked="" 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)  |                                       |   |  |                                 |  |  |
| <b>10 PERIOD COVERED</b>  | Month   | Day                                   | Year  | Month  | Day                             | Year                                       |  |
|   | 8 / 19 / 2024   |                                       |   | THROUGH  | 10 / 28 / 2024                  |  |  |
| <b>11 ELECTION</b>  | ELECTION DATE   |                                       |   | ELECTION TYPE                                    |                                 |  |  |
|   | Month   | Day                                   | Year  | <input type="checkbox"/> Primary                 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description |  |
| 11 / 5 / 2024   |   |                                       | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special                 |                                 |  |  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  |                                       |   | OFFICE SOUGHT (if known)                         |                                 |  |  |
|   | NA  |                                       |   | County Commissioner Pet 1                        |                                 |  |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>                          | 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. |                                       |   |  |                                 |  |  |
|   | <input type="checkbox"/> Additional Pages   | COMMITTEE TYPE                        | COMMITTEE NAME                              |  |                                 |  |  |
|   |   | <input type="checkbox"/> GENERAL      | COMMITTEE ADDRESS                           |  |                                 |  |  |
|   |   | <input type="checkbox"/> SPECIFIC     | COMMITTEE CAMPAIGN TREASURER NAME           |  |                                 |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |  |                                 |  |  |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |  |
|--|---|--|
| 15 C/OH NAME<br><u>Thomas Richardson</u> |   | 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                                   |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0                                   |
| EXPENDITURE TOTALS                       | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                                   |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0                                   |
| CONTRIBUTION BALANCE                     | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0                                   |
| OUTSTANDING LOAN TOTALS                  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                                   |

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

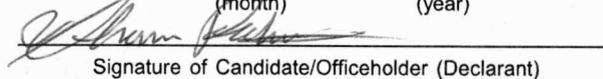
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Thomas Richardson, and my date of birth is 07/18/1995.  
My address is 258 Jordan Place, Boerne, Tx, 78006, Kendall.  
(street) (city) (state) (zip code) (country)  
Executed in Kendall County, State of Texas, on the 28 day of October, 2024.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)