

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 FIRST MI	OFFICE USE ONLY Date Received JAN 07 2022 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	Mr Thomas L		
NICKNAME LAST SUFFIX			
Tom Daniel			
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 PHONE NUMBER EXTENSION		
	(325) 234-4286		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	Ms Rebecca D		
	NICKNAME LAST SUFFIX		
	Becca Flores		
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 PHONE NUMBER EXTENSION		
	(325) 656-3825		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 21 12 / 31 / 21		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
	3 / 1 / 22	<input type="checkbox"/> General <input type="checkbox"/> 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

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	\$ 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 CONTRIBUTIONS	\$ 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 FUNDS	\$
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**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: 5
2 FILER NAME Daniel, Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 07/26/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Russell Smith 6 Contributor address; City; State; Zip Code 3337 Canyon Creek Circle San Angelo Tx 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/27/2021	Full name of contributor out-of-state PAC (ID#: _____) Rusty Muerer Contributor address; City; State; Zip Code 4717 South Jackson San Angelo Tx 76904	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Tim Daniel Contributor address; City; State; Zip Code 145 Jones Mills Road Woodbury GA 30293	Amount of contribution (\$) 1,275.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2021	Full name of contributor out-of-state PAC (ID#: _____) Ray Harper Contributor address; City; State; Zip Code 6624 Pinehurst Drive San Angelo Tx 76904	Amount of contribution (\$) 5,000.00
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

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 Daniel, Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Dyer 6 Contributor address; City; State; Zip Code 2201 West Ave. K San Angelo Tx 76901	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/01/2021	Full name of contributor out-of-state PAC (ID#: _____) Kathy Roland Contributor address; City; State; Zip Code 2726 SAC San Angelo Tx 76904	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2021	Full name of contributor out-of-state PAC (ID#: _____) Joe Elkins Contributor address; City; State; Zip Code 314 North Bishop San Angelo Tx 76901	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2021	Full name of contributor out-of-state PAC (ID#: _____) James Elkins Contributor address; City; State; Zip Code 2710 Colorado San Angelo Tx 76901	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Daniel, Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Bryan Vincent 6 Contributor address; City; State; Zip Code 5142 Bentgrass Court San Angelo Tx 76904	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2021	Full name of contributor out-of-state PAC (ID#: _____) Jim Weatherford Contributor address; City; State; Zip Code 2934 Red Bluff Circle San Angelo Tx 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2021	Full name of contributor out-of-state PAC (ID#: _____) Mike Boyd Contributor address; City; State; Zip Code 6517 Green Oaks Drive Christoval Tx 76935	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Randall Herndon Contributor address; City; State; Zip Code 3525 Sunset San Angelo Tx 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daniel, Thomas

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/2021

5 Full name of contributor

David Egger

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

6 Contributor address;

City;

State;

Zip Code

PO Box 273 Christoval Tx 76935

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/09/2021

Full name of contributor

Raymond Meza

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

Contributor address;

City;

State;

Zip Code

3126 Oak Mountain Trail San Angelo Tx 76904

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/2021

Full name of contributor

William Dendle

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

Contributor address;

City;

State;

Zip Code

205 Clover Drive San Angelo Tx 76903

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/24/2021

Full name of contributor

Todd Dornhecker

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

Contributor address;

City;

State;

Zip Code

4753 Royal Troop San Angelo Tx 76904

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Daniel, Thomas		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/2021	5 Full name of contributor out-of-state PAC (ID#: _____) John Childress 6 Contributor address; City; State; Zip Code 1300 Dorrance Road San Angelo, Tx 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2021	Full name of contributor out-of-state PAC (ID#: _____) San Angelo Police PAC Contributor address; City; State; Zip Code 401 E. Beauregard San Angelo, Tx 76903	Amount of contribution (\$) 2,500.00
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)
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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 Expense	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:	2 FILER NAME Daniel, Thomas	3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2021	5 Payee name McLaughlin Advertising Company	
6 Amount (\$) 950.00	7 Payee address; City; State; Zip Code 115 South Park San Angelo, Tx 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs/cards/etc.
	(c) Check if travel outside of Texas. Complete Schedule T. 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 10/26/2021	Payee name National Hispanic Republican Association	
Amount (\$) 300.00	Payee address; City; State; Zip Code 20 North Howard San Angelo, Tx 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Banner for event
	Check if travel outside of Texas. Complete Schedule T. 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 11/13/2021	Payee name Tom Green County Republican Party	
Amount (\$) 375.00	Payee address; City; State; Zip Code 2525 Johnson Street, Suite A San Angelo, Tx 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Fee for name on ballot
	Check if travel outside of Texas. Complete Schedule T. 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 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 FILER NAME Daniel, Thomas	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/2021	5 Payee name McLaughlin Advertising Company	
6 Amount (\$) 2,093.00	7 Payee address; 115 South Park San Angelo, Tx 76901	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs/cards/etc.
	(c) Check if travel outside of Texas. Complete Schedule T. 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 12/27/2021	Payee name McLaughlin Advertising Company	
Amount (\$) 1,083.63	Payee address; 115 South Park San Angelo, Tx 76901	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs/cards/etc.
	Check if travel outside of Texas. Complete Schedule T. 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	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. 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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