

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: 28																								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">MS / MRS / MR</td> <td style="width:50%; font-size: small;">FIRST</td> <td style="width:25%; font-size: small;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Amy</td> <td></td> </tr> <tr style="border-top: 1px dotted black;"> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Thieme</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Amy		NICKNAME	LAST	SUFFIX		Thieme		<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0; color: red; font-size: 1.2em;">APR 06 2023</p> <p style="margin: 0; color: blue;">By <u>2:20 pm</u></p> </div>												
MS / MRS / MR	FIRST	MI																								
Mrs.	Amy																									
NICKNAME	LAST	SUFFIX																								
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">21202 Crescent Star Ct, Katy, TX 77450</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	21202 Crescent Star Ct, Katy, TX 77450																		
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Katy ISD School Board Position 3																								
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.																									
Additional Pages	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS																	
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GO TO PAGE 2																										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Amy Thieme		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,736.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,369.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,958.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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.

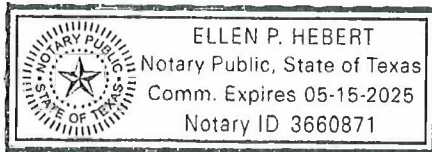
Amy Thieme

Signature of Candidate or Officeholder

Amy Thieme

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Amy Thieme this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

Ellen P. Hebert Ellen P. Hebert Notary
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)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Amy Thieme</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,500.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,236.70
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>Ø</i>
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 2,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 6,369.65
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>Ø</i>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>Ø</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>Ø</i>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>Ø</i>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>Ø</i>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>Ø</i>
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 265.03

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: 11
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2023	5 Full name of contributor out-of-state PAC (ID#: _____) K. Johnson 6 Contributor address; City; State; Zip Code 4703 Lake Crest Drive, Fulshear, TX 77441	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Kennedy Contributor address; City; State; Zip Code 23123 Prairie Pebble Ct, Katy, TX 77494	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Jayne Burkhart Contributor address; City; State; Zip Code 22415 Rustic Meadow Court, Katy, TX 77494	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Johnny Vincent Contributor address; City; State; Zip Code 5113 Inverness Drive, Bryan, TX 77802	Amount of contribution (\$) 500.00
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

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1 Total pages Schedule A1: 11

2 FILER NAME

Amy Thieme

3 Filer ID (Ethics Commission Filers)

4 Date

02/01/2023

5 Full name of contributor

Cheryl Weaver

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

6 Contributor address;

City;

State;

Zip Code

1302 Forest Brook, Sugar Land, TX 77479

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/03/2023

Full name of contributor

Kristi Fields

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

Contributor address;

City;

State;

Zip Code

44 Stillforest St, Houston, TX 77024

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/2023

Full name of contributor

Kelly Elkins

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

Contributor address;

City;

State;

Zip Code

22819 Deforest Ridge Lane, Katy, TX 77494

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/2023

Full name of contributor

Joyce Feigleson

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

Contributor address;

City;

State;

Zip Code

122 Lakeview Way, Apt 1208, Katy, TX 77494

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2023	5 Full name of contributor out-of-state PAC (ID#: _____) H.A. and Pam Alsheikh 6 Contributor address; City; State; Zip Code 5018 Woodshore Ln, Fulshear, TX 77441	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Jenny Schneider Contributor address; City; State; Zip Code 6210 Pecan Ln, Katy, TX 77493	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Cole Riggs Contributor address; City; State; Zip Code 5611 Mustang Ridge Ln, Fulshear, TX 77441	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Pamela McQueen Contributor address; City; State; Zip Code 3302 S Lake Village DrKaty TX 77450	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Darla Corrigan 6 Contributor address; City; State; Zip Code 25419 Walter Peak Lane, Katy, TX 77494	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Laura Farr Contributor address; City; State; Zip Code 3746 Eastwind Drive, Anchorage, AK 99516	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael and Lisa Kim Contributor address; City; State; Zip Code 6503 Indiangrass Lane, Katy, TX 77494	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Sara Reilly Contributor address; City; State; Zip Code 19618 Emerald Ridge Lane, Houston, TX 77094	Amount of contribution (\$) 150.00
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

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1 Total pages Schedule A1: **11**

2 FILER NAME

Amy Thieme

3 Filer ID (Ethics Commission Filers)

4 Date

03/01/2023

5 Full name of contributor

Christine and Jeff Smith

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

6 Contributor address;

City;

State;

Zip Code

1927 Lake Fountain Dr, Katy, TX 77494

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/02/2023

Full name of contributor

Donna McElmurry

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

Contributor address;

City;

State;

Zip Code

23 Remington Park, Katy, TX 77493

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2023

Full name of contributor

Home Katzman

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

Contributor address;

City;

State;

Zip Code

20618 Park Bend Drive, Katy, TX 77450

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2023

Full name of contributor

Christine Zuehlke

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

Contributor address;

City;

State;

Zip Code

3749 Katy Hockley Road, Katy, TX 77493

Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) R. Blake Simmons 6 Contributor address; City; State; Zip Code 4306Candlewood Park Lane, Katy, TX 77494	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Kent Baggett Contributor address; City; State; Zip Code 21206 Crescent Star Ct, Katy, TX 77450	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Shanna Raynal Contributor address; City; State; Zip Code 2926 Redbud St, Katy, TX 77493	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Greg Dalton Contributor address; City; State; Zip Code 2119 Grayson Lakes Boulevard, Katy, TX 77494	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 03/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ewerton M Araujo 6 Contributor address; City; State; Zip Code 23919 Enchanted Crossing, Katy, TX 77494	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Tu Vo Contributor address; City; State; Zip Code 26735 Mandrake Falls Court, Katy, TX 77494	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Linda George Contributor address; City; State; Zip Code 1303 Dominion Drive, Katy, TX 77450	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Glenn W. Zubler Jr Contributor address; City; State; Zip Code 2807 Carson Dr, Katy, TX 77496	Amount of contribution (\$) 50.00
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: 11

2 FILER NAME

Amy Thieme

3 Filer ID (Ethics Commission Filers)

4 Date

03/08/2023

5 Full name of contributor

Xuemei Yang

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

5511 Tyler Park Ln, Katy, TX 77494

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/08/2023

Full name of contributor

Kelly Isenberger

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

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

27618 Maverick Run Ln, Fulshear, TX 77441

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/09/2023

Full name of contributor

Travis Wallace

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

18219 Langsbury Drive, Houston, TX 77084

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2023

Full name of contributor

Nita Adam

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2426 Fairbreeze Dr, Katy, TX 77494

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: **11**

2 FILER NAME
Amy Thieme

3 Filer ID (Ethics Commission Filers)

4 Date
03/11/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
Jianing Miers

7 Amount of contribution (\$)

150.00

6 Contributor address; City; State; Zip Code
13502 Myrtlea Dr, Houston, TX 77079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/13/2023

Full name of contributor out-of-state PAC (ID#: _____)
Jackie Sampay

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
19639 Sunrise Chase Way, Houston, TX 77084

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/17/2023

Full name of contributor out-of-state PAC (ID#: _____)
Jacqueline Sampay

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code
25563 Burnett Ranch Ln, Katy, TX 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/21/2023

Full name of contributor out-of-state PAC (ID#: _____)
James Saba

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
4306 Glenirish Dr, Katy, TX 77494

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: 11
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jack Philley 6 Contributor address; City; State; Zip Code 23223 Lidstone Point Ct, Katy, TX 77494	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Naoko Britttin Contributor address; City; State; Zip Code 23 Lakefield Trails, Katy, TX 77493	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Andra Theriot Contributor address; City; State; Zip Code 2422 Fallen Branch Dr, Katy, TX 77494	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Victor Perez Contributor address; City; State; Zip Code 4715 Bryce Landing Ln, Katy, TX 77494	Amount of contribution (\$) 350.00
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: 11
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Renee & Jack Battle	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4103 Silk Ct, Spring, TX 77386		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 5	
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/18/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Johnson 7 Contributor address; City; State; Zip Code 4703 Lake Crest Dr, Fulshear, TX 77441	8 Amount of Contribution \$ 250.00	9 In-kind contribution description Website & Graphic Design <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) stay at home parent		11 Employer (FOR NON-JUDICIAL)(See Instructions) self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Michael Feigleson Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493	Amount of Contribution \$ 162.38	In-kind contribution description Kickoff Party Photo Station <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) stay at home parent		Employer (FOR NON-JUDICIAL)(See Instructions) self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 5	
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/22/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Michael Feigleson 7 Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493	8 Amount of Contribution \$ 178.62	9 In-kind contribution description Tshirts Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) stay at home parent		11 Employer (FOR NON-JUDICIAL)(See Instructions) self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Michael Feigleson Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493	Amount of Contribution \$ 144.15	In-kind contribution description Push cards Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) stay at home parent		Employer (FOR NON-JUDICIAL)(See Instructions) self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 5	
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/06/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Johnson 7 Contributor address; City; State; Zip Code 4703 Lake Crest Drive, Fulshear, TX 77441	8 Amount of Contribution \$ 44.54	9 In-kind contribution description Pencils
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) stay at home parent		11 Employer (FOR NON-JUDICIAL)(See Instructions) self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Michael Feigleson Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493	Amount of Contribution \$ 100.00	In-kind contribution description Graphic design for push cards
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) stay at home parent		Employer (FOR NON-JUDICIAL)(See Instructions) self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 5	
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summer Moon Coffee	8 Amount of Contribution \$ 83.34	9 In-kind contribution description Kickoff party coffee
7 Contributor address; City; State; Zip Code 19901 Kingsland Blvd, Katy, TX 77094		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah & Michael Feigleson	Amount of Contribution \$ 106.67	In-kind contribution description Printing
Contributor address; City; State; Zip Code 26300 Morton Rd, Katy, TX 77493		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) stay at home parent		Employer (FOR NON-JUDICIAL)(See Instructions) self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 5	
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake & Stacey Beckendorf 7 Contributor address; City; State; Zip Code 28533 Morton Rd, Katy, TX 77493	8 Amount of Contribution \$ 167.00	9 In-kind contribution description Use of event facility Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 Amy Thieme		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2,000.00
5 Date of loan 01/23/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Thieme	9 Loan Amount (\$) 2,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 21202 Crescent Star Ct, Katy, TX 77450	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Realtor		13 Employer (See Instructions) Self Employed
14 Description of Collateral none		15 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: 7	2 FILER NAME Amy Theime	3 Filer ID (Ethics Commission Filers)
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4 Date 01/24/2023	5 Payee name Woodforest Bank
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6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code Woodforest National Bank, P.O. Box 7889, The Woodlands, TX, 77387
--------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Debit Card Setup Fee
	(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
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Date 02/07/2023	Payee name Katy Area Chamber
---------------------------	--

Amount (\$) 2.00.00	Payee address; City; State; Zip Code 814 East Avenue, Ste. G, Katy, TX 77493
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description FFA Chili Cookoff
	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
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Date 02/07/2023	Payee name NBD Graphics
---------------------------	-----------------------------------

Amount (\$) 1,979.33	Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	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
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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	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: 1	2 FILER NAME Amy Theime	3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2023	5 Payee name NBD Graphics	
6 Amount (\$) 243.56	7 Payee address; City; State; Zip Code 917 S Mason Rd, Katy, TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Tshirts
	(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 02/17/2023	Payee name Mary Ellen Cuzela Campaign	
Amount (\$) 18.04	Payee address; City; State; Zip Code 21040 Highland Knolls, Suite 200-49, Katy, TX 77450	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Flyers
	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 02/21/2023	Payee name Tractor Supply	
Amount (\$) 25.94	Payee address; City; State; Zip Code 444 FM 1463 Rd, Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stakes for 4x4 Signs
	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

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: 7	2 FILER NAME Amy Theime	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2023	5 Payee name C3 Mangagement	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Filing Paperwork
	(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 02/22/2023	Payee name CAZ Consulting, LLC	
Amount (\$) 200.00	Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texting
	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 02/28/2023	Payee name Katy Christian Chamber	
Amount (\$) 30.00	Payee address; City; State; Zip Code 650 West Bough, Ste. 150-170, Houston, TX 77024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description March Luncheon
	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

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	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: 1	2 FILER NAME Amy Thieme	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Payee name Morgan Calhoun Campaign	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 6002 Green Meadows Ln, Katy, TX 77493	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description St. Patricks Day Booth
	(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 02/28/2023	Payee name Woodforest Bank	
Amount (\$) 12.00	Payee address; City; State; Zip Code Woodforest National Bank, P.O. Box 7889, The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking Expense	Description Feb Monthly Fee
	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 03/01/2023	Payee name Republican Womens Club of Katy	
Amount (\$) 30.00	Payee address; City; State; Zip Code 9550 Spring Green Blvd, Ste. 408-122, Katy, TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description March Luncheon
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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: 1	2 FILER NAME Amy Thieme	3 Filer ID (Ethics Commission Filers)
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4 Date 03/06/2023	5 Payee name Total Wine & More
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6 Amount (\$) 243.54	7 Payee address; City; State; Zip Code 5472 W Grand Parkway South, Richmond, TX 77406
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Kickoff Party
	(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
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Date 03/07/2023	Payee name CAZ Consulting, LLC
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Amount (\$) 33.33	Payee address; City; State; Zip Code 6255 Willers Way, Houston, TX 77057
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Website
	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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Date 03/07/2023	Payee name Hasta la Pasta
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Amount (\$) 790.23	Payee address; City; State; Zip Code 1450 W Grand Parkway S, Ste E, Katy, TX 77494
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Kickoff Party
	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: 1	2 FILER NAME Amy Thieme	3 Filer ID (Ethics Commission Filers)
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4 Date 03/14/2023	5 Payee name NBD Graphics
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6 Amount (\$) 405.94	7 Payee address; City; State; Zip Code 917 S. Mason Rd, Katy, TX 77450
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Cards
	(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
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Date 03/17/2023	Payee name Kroger
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Amount (\$) 17.21	Payee address; City; State; Zip Code 22150 Westheimer Pkwy, Katy, TX 77450
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Candy for Booth
	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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Date 3/27/23 02/01/2003 -	Payee name Anedot.com
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Amount (\$) 306.50	Payee address; City; State; Zip Code 1340 Paydras Street, Suite 1770, New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fees from donations
	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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: 7	2 FILER NAME Amy Thieme	3 Filer ID (Ethics Commission Filers)
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4 Date 03/20/2023	5 Payee name NBD Graphics
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6 Amount (\$) 1,694.03	7 Payee address; City; State; Zip Code 917 S. Mason Rd, Katy, TX 77450
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1
2 FILER NAME Amy Thieme		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received Mary Ellen Cuzela Campaign	8 Amount (\$) 66.00
02/10/2023	6 Address of person from whom amount is received; City; State; Zip Code 21040 Highland Knolls, Suite 200-49, Katy, TX 77450	
7 Purpose for which amount is received Reimburse for Chili Cookoff Booth		Check if political contribution returned to filer
Date	Name of person from whom amount is received Morgan Calhoun Campaign	Amount (\$) 66.00
02/23/2023	Address of person from whom amount is received; City; State; Zip Code 6002 Green Meadows Ln, Katy, TX 77493	
Purpose for which amount is received Reimburse for Chili Cookoff Booth		Check if political contribution returned to filer
Date	Name of person from whom amount is received Total Wine & More	Amount (\$) 122.27
03/09/2023	Address of person from whom amount is received; City; State; Zip Code 5472 W Grand Parkway South, Richmond, TX 77406	
Purpose for which amount is received Return unused beverages from Kickoff		Check if political contribution returned to filer
Date	Name of person from whom amount is received Kroger	Amount (\$) 10.76
03/19/2023	Address of person from whom amount is received; City; State; Zip Code 22150 Westheimer Pkwy, Katy, TX 77450	
Purpose for which amount is received Return unused candy from St. Patricks Booth		Check if political contribution returned to filer

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