

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: **14**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Thomas **J**

NICKNAME LAST SUFFIX
TJ **Gilmore**

OFFICE USE ONLY

Date Received

APR 23 2021

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
724 Juniper Ln Lewisville TX 75077

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 322 9432

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Thomas **J**

NICKNAME LAST SUFFIX
TJ **GILMORE**

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
724 Juniper Ln Lewisville TX 75077

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 322 9432

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 Day Year THROUGH Month Day Year
3 / 23 / 2021 THROUGH 4 / 21 / 2021

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 1 / 2021 General Special

12 OFFICE

OFFICE HELD (if any)
LEWISVILLE CITY COUNCIL PL 3

13 OFFICE SOUGHT (if known)

LEWISVILLE MAYOR

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

TJ Gilmore

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)

\$ 170.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7584.00

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4903.70

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 7346.67

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by TJ Gilmore this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

[Handwritten Signature] Julie Worster 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Thomas J. Gilmore (TS)</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	\$ <i>7584.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>675.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4903.70</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

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: **6**

2 FILER NAME

TJ Gilmore

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/2021

5 Full name of contributor

DAWN CONGLEY

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

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

1608 JUNIPER LN LOUISVILLE TX 75077

8 Principal occupation / Job title (See Instructions)

ACCOUNTANT

9 Employer (See Instructions)

TEALSTONE CONCRETE

Date

3/31/2021

Full name of contributor

ANTHONY LIPSIK

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

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

9821 N. MACARTHUR BLVD #1005 IRVING TX 75063

Principal occupation / Job title (See Instructions)

GROUP SALES

Employer (See Instructions)

PRIME TRANSPORTATION

Date

3/31/2021

Full name of contributor

ROBERT DYE

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

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

13218 BEE ST FARMERS BRANCH TX 75234

Principal occupation / Job title (See Instructions)

MANAGING MEMBER

Employer (See Instructions)

WOODHARBOUR PARTNERS

Date

3/31/2021

Full name of contributor

DEAN NECKERT

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

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2038 DOW CREEK CT LOUISVILLE TX 75077

Principal occupation / Job title (See Instructions)

INSURANCE AGENT

Employer (See Instructions)

SELF

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: 6
2 FILER NAME TJ Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KYU MAHN HUANG	7 Amount of contribution (\$) \$2000.00
	6 Contributor address; City; State; Zip Code 11559 WANNACUT PL SAN DIEGO CA 92131	
8 Principal occupation / Job title (See Instructions) DEVELOPER		9 Employer (See Instructions) SELF
Date 3/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN CHO	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1504 SUMMERSIDE DR AUSTIN TX 76002	
Principal occupation / Job title (See Instructions) PROPERTY MANAGER		Employer (See Instructions) TW RENTY
Date 3/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED HERRING	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1310 IRIS LN LEWISVILLE TX 75067	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APARTMENT ASSOC. OF GREATER DALLAS (PAC)	Amount of contribution (\$) \$1200.00
	Contributor address; City; State; Zip Code 5728 LBJ Fwy #100 DALLAS TX 75240	
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

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: **6**

2 FILER NAME

TJ GILMORE

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/2021

5 Full name of contributor

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

MICHAEL DURCHER

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

696 SUMMIT RIDGE LOUISVILLE TX 75077

8 Principal occupation / Job title (See Instructions)

SR V. PRESIDENT

9 Employer (See Instructions)

PROSPECT AIRPORT SVCS

Date

3/29/2021

Full name of contributor

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

BRANDON JONES

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

936 S. OLD ORCHARD LN. LOUISVILLE TX 75067

Principal occupation / Job title (See Instructions)

AUDITOR

Employer (See Instructions)

FORT WORTH ISD

Date

3/29/2021

Full name of contributor

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

SHARON BOYD

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

453 FRANKIE LN LOUISVILLE TX 75057

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/29/2021

Full name of contributor

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

BOBBIE J. MITCHELL

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1032 SPRINGWOOD DR LOUISVILLE TX 75067

Principal occupation / Job title (See Instructions)

COUNTY COMMISSIONER

Employer (See Instructions)

DENTON COUNTY

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: 6
2 FILER NAME TJ Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER MARRS	7 Amount of contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code 1654 GLENCAIRN LN LEWISVILLE TX 75077		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) WRIGHT GROUP ARCHITECTS
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN SOUTHWELL	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 995 DOWNER DR LEWISVILLE TX 75067		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY GADS	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3425 JAMSTON DR. FLOWER MOUND TX 75028		
Principal occupation / Job title (See Instructions) COUNTY JUDGE		Employer (See Instructions) DENTON COUNTY
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON SIMON	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1917 VAUGHN OAKS CT IRVING TX 75061		
Principal occupation / Job title (See Instructions) GOVNT AFFAIRS		Employer (See Instructions) AAGD.

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: 6
2 FILER NAME D Gilmore		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elena Gussman	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 1144 BRITANNY LN LOUISVILLE TX 75077		
8 Principal occupation / Job title (See Instructions) CARONIX SALES		9 Employer (See Instructions) CROWN PLAZA
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOB GARZA	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2320 LOAN LAKE RD DENVER TX 76210		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALLY McEVoy	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3752 SW CLAYTON PK DR TOPEKA KS 66610		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASIM ALI	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code 3393 THORNBERY TR HIGHLAND VILLAGE TX 75077		
Principal occupation / Job title (See Instructions) SALES & GENERAL MANAGER		Employer (See Instructions) SAM PACKS FORD
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 6
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 4/20/2021 KEITH WATKINS	7 Amount of contribution (\$) 40.00
	6 Contributor address; City; State; Zip Code 2059 BRIARCLIFF RD LEWISVILLE TX 75047	
8 Principal occupation / Job title (See Instructions) REGIONAL OPS MGR		9 Employer (See Instructions) FREEDOM SOURCE POWER
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 4/21/2021 NIKA RINGECKE	Amount of contribution (\$) \$ 250.00
	Contributor address; City; State; Zip Code 3201 LAKEWOOD LN FLOWER MOUND TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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: <u>1</u>	
2 FILER NAME <u>Thomas T J Gilmore</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0.00</u>	
5 Date <u>4/25/2021</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SAM BAKER</u>	8 Amount of Contribution \$ <u>\$300.00</u>	9 In-kind contribution description <u>MUSIC PERFORMANCES FOR CAMPAIGN EVENT</u>
7 Contributor address; City; State; Zip Code <u>1314 BAYTHORNS DR LOUISVILLE TX 75077</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>RETIRED</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>SELF</u>	
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 <u>4/25/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Randy Owens</u>	Amount of Contribution \$ <u>\$375.00</u>	In-kind contribution description <u>ROOM DONATION FOR EVENT</u>
Contributor address; City; State; Zip Code <u>106 TUESDAY HAUS LN. HIGHLAND VILLAGE TX 75077</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>OWNER</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>Nelson Bros. Concrete</u>	
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)			

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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 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: 4	2 FILER NAME THOMAS J. (TJ) GILMURG	3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2021	5 Payee name IMPRESS GRAPHICS	
6 Amount (\$) 2312.43	7 Payee address; City; State; Zip Code 733 FORT WORTH DR #100 DENTON TX 76201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description MAILER
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/19/2021	Payee name THE PORCH PATIO	
Amount (\$) 239.00	Payee address; City; State; Zip Code 1402 JUSTIN RD LEWISVILLE TX 75077	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/20/2021	Payee name FACEBOOK	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1 HACKER WAY MEBULO PK CAL 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description DIGITAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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: 4	2 FILER NAME TJ GILMORE	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2021	5 Payee name FACEBOOK	
6 Amount (\$) 18.00	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description DIGITAL ADS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/2/2021	Payee name IMPRESS GRAPHICS	
Amount (\$) 1105.32	Payee address; City; State; Zip Code 733 FORT WORTH DR. #100 DENTON TX 76201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING / PRINTING EXP.	Description MAILER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/17/2021	Payee name KRIS TEE'S	
Amount (\$) 357.23	Payee address; City; State; Zip Code 102 W. MAIN ST LOUISVILLE TX 75057	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description POLL GREETER/VOLUNTEER TSHIRTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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: 4	2 FILER NAME TJ GILMORE	3 Filer ID (Ethics Commission Filers)
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4 Date 3/24/21	5 Payee name COMMUNITY IMPACT NEWSPAPER
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 3600 G. PALMVALEY BOVD. Box 3 ROUND ROCK TX 78665
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description DIGITAL ADS.
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/26/2021	Payee name WINCO FOODS
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Amount (\$) 25.72	Payee address; City; State; Zip Code 1288 W. MAIN ST LEWISVILLE TX 75077
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description BLACK WALK WATER/SNACKS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/2021	Payee name STAR LOCAL MEDIA (SAW ADVISORS LLC)
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Amount (\$) 300.00	Payee address; City; State; Zip Code 3501 E PLANO PKWY STE 200 PLANO TX 75074
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description DIGITAL ADS.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY 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	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: <p style="text-align:center">4</p>	2 FILER NAME <p style="text-align:center">Thomas J. TJ Gilmore</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">4/21/2021</p>	5 Payee name <p style="text-align:center">STRIPS</p>	
6 Amount (\$) <p style="text-align:center">\$ 271.00</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">510 TOWNSEND ST. SAN FRANCISCO CA 94103</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">FEES</p>	(b) Description <p style="text-align:center">CONTRIBUTION BY CARD</p>
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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