OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 13

OFFICE USE ONLY

Date Received

RECEIVED
MAY 26 2011
CITY OF FORT WORTH
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: ✓ FIRST: Tolli MI: NICKNAME: LAST: Thomas SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: 5341 Wooten Dr APT / SUITE #: CITY: STATE: ZIP CODE: Ft. Worth Tx 76133
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 739-2109 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: ✓ FIRST: Michele MI: NICKNAME: LAST: Ullman SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 6416 Winn St APT / SUITE #: CITY: STATE: ZIP CODE: Ft. Worth Tx 76133
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 683-2818 EXTENSION:
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month / Day / Year: 4 / 5 / 11 THROUGH Month / Day / Year: 5 / 4 / 11
11 ELECTION	ELECTION DATE Month / Day / Year: 5 / 14 / 11 ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special
12 OFFICE	OFFICE HELD (if any): — 13 OFFICE SOUGHT (if known): City Council District 6
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name: NA Address / PO Box Apt / Suite # City State Zip Code

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Tolli Thomas

16 ACCOUNT # (Ethics Commission Filers):

17 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: N.A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 110.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3324.12
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4. TOTAL POLITICAL EXPENDITURES	$ 1731.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2592.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

DAVID SHERIDAN SLATER, JR.
Notary Public, State of Texas
My Commission Expires
March 11, 2014

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tolli Thomas, this the 6 day of May, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

David Sheridan Slater, Jr.
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Tolli Thomas

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/7/11	Ana De Sousa 7733 Blossom Dr Ft. Worth Tx 76133	25-	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/11	Betty L. Miller 5305 Wocker Dr Ft. Worth Tx 76133	100-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/11	JoAnne Spencer 3509 Harwen Ter Ft. Worth Tx 76109	30-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/11	Jerry Cook 5529 Trail Lake Ft. Worth Tx 76133	25-	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/11	Pat Wilson P.O. Box 282 Ft. Worth Tx 76101	40-	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Tolli Thomas

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
4/12/11	Bill Humble 1307 Starlight Cir Legacy Retirement Ctr Ft. Worth Tx	20 -		Retired	
4/12/11	Herb Wiley 3840 Silverton Cir #3211 Legacy Retirement Ctr Ft. Worth Tx	5 -		Retired	
4/13/11	Darla - Robert Hobbs Jr P.O. box 1363169 Ft. Worth Tx 76136	100 -			
4/13/11	Dr. & Mrs. Joe Britton 6614 Sabrosa Ct E Ft. Worth Tx 76133	500 -		Retired	
4/13/11	LtC Clyde W. Picht USAF (RET) 5016 Monarda Way Ft. Worth Tx 76123	100 -		Retired	USAF

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Tolli Thomas

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/13/11	Mrs. P.K. Wiggins 5500 Appalachian Way Ft. Worth Tx 76123	30 -	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/13/11	William & Elloie Leary 4458 Homestead Cir Ft. Worth Tx 76133	50 -	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/11	April Baltizar 7953 Morning Ln Ft. Worth Tx 76123	50 -	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Exec Director

Employer (See Instructions): Renaissance Park Multi Care Ctr.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/11	Sushant Sabnis 3957 Wedgway Dr Ft. Worth Tx 76133	20 -	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Cancer research scientist

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/11	Deb Abernathy 8660 Fernhill Ave Ft. Worth Tx 76123	30 -	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Legal Secretary

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Tolli Thomas

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/15/11	Miles Acuna-Taylor 5712 Walla Ave Ft. Worth Tx 76133	100 -	

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Homemaker

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/15/11	Steven & Melinda Remley 4409 Chedlea Ave Ft. Worth Tx 76133	25 -	

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/15/11	Tom & Betsy Strother 6025 Wheaton Ft. Worth Tx 76133	50 -	

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/11	Matt Hembree P.O. Box 100873 Ft. Worth Tx 76185	200 -	

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Musician

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/22/11	Bill Daniel 5016 Trail Lake Dr Ft. Worth Tx 76133	20 -	

☐ out-of-state PAC (ID# ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Business Owner

Employer (See Instructions): Trail Lake Barber Shop

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: TOLL THOMAS

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/20/11	DOYLE WILLIS JR 2300 PRIM ROSE AVE FT WORTH TX 76111	250	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/11	GEORGIA STAPLETON 4712 FLAT ROCK RD FT WORTH TX 76132	49.12	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/22/11	DONNY NEVELS 10632 RANCHO VIEJO WAY CROWLEY TX 76034	25	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): TAX SERVISES

Employer (See Instructions): SELF

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/11	TOM & NANCY TIEGEN 6009 TRAIL LAKE DR FT WORTH TX 76133	300	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/22/11	IRENE KJORNES 6176 WRIGLEY WAY FT WORTH TX 76133	20	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): P

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: TOLLI THOMAS

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/23/11	ANDREW & WILMA LITZLER 3504 Glenmont Dr. FT WORTH TX 76133	50	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): RETIRED

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/26/11	DOROTHY & BILL PARKER 6157 WAWA AVE FT WORTH TX 76133	30	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/11	ELIZABETH WILLIS 2300 PRIMROSE AVE FT WORTH TX 76111	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/3/11	CHARLES FULLER 5601 WHEATON DR FT WORTH TX 76133	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/11	ROSS HASE 3625 WILKIE WAY FT WORTH TX 76133	20	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): INSURANCE

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: TOM THOMAS

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/13/11	STEVE DEMPSEY 5729 WINIFRED DR Ft. Worth, TX. 76133	50	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): CIVIL ENGINEER

10 Employer (See Instructions): US CORPS OF ENG

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/13/11	Luther CARMICHAEL 3017 Woosley Ft Worth TX 76133	75	

(If travel outside of Texas, complete Schedule T)

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 ($)	In-kind contribution description (if applicable)
04/13/11	Francis McNeely 5720 Wedgmont Cir N Ft Worth TX 76133	25	

(If travel outside of Texas, complete Schedule T)

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 ($)	In-kind contribution description (if applicable)
04/13/11	K A Rice 5705 Wedgworth Ft Worth TX 76133	25	

(If travel outside of Texas, complete Schedule T)

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 ($)	In-kind contribution description (if applicable)
04/14/11	Ronald Fisher 5725 Wedgworth Rd Ft Worth TX 76133	25	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Toili Thomas

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 4/8/11

5 Payee name: Copy Max

6 Amount ($): 35.72

7 Payee address; City; State; Zip Code: 5200 S. Hulen St, Ftworth Tx 76132

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Printing Expense

(b) Description (If travel outside of Texas, complete Schedule T): CARDS

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

---

Date: 4/8/11

Payee name: Office Max

Amount ($): 31.37

Payee address; City; State; Zip Code: 5200 S. Hulen St, Ftworth Tx 76132

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Thankyou notes

Description (If travel outside of Texas, complete Schedule T):

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

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Date: 5/4/11

Payee name: Paypal

Amount ($): 17.05

Payee address; City; State; Zip Code: 2211 N 1st St, San Jose, CA 95131

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Donation Fees - Electronic

Description (If travel outside of Texas, complete Schedule T): 4/5/11 - 5/4/11

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

---

Date: 4/12/11

Payee name: Target

Amount ($): 131.24

Payee address; City; State; Zip Code: Cityview, Ftworth Tx 76132

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food / Nursing Home Visits

Description (If travel outside of Texas, complete Schedule T): Reception Supplies

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Tolli Thomas	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/14/11	5 Payee name US Post Office	
6 Amount ($) 26.40	7 Payee address; City; State; Zip Code 3701 Altamesa Blvd Ft Worth TX 76133	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Postage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/14/11	Payee name Copy Map	
Amount ($) 76.17	Payee address; City; State; Zip Code 5200 S. Hulen St. Ft. Worth, TX. 76132	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) CARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/14/11	Payee name Travis Parmer	
Amount ($) 500 -	Payee address; City; State; Zip Code P.O. BOX 11517 Ft Worth TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 4/16/11	Payee name Copy Map	
Amount ($) 47.51	Payee address; City; State; Zip Code 5200 S. Hulen St Ft Worth, TX. 76132	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) CARDS
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Tolli Thomas

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 4/19/11

5 Payee name: Friends of Colonial ~~Club~~ Country Club

6 Amount ($): 7.00

7 Payee address; City; State; Zip Code: 3735 Country Club Circle Ft Worth TX 76109

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Event Expense

(b) Description (If travel outside of Texas, complete Schedule T): Admission

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 4/21/11

Payee name: Travis Parmer

Amount ($): 341.-

Payee address; City; State; Zip Code: P.O. Box 11517 Ft Worth TX 76110

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Printing Expense

Description (If travel outside of Texas, complete Schedule T): Signs

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 4/25/11

Payee name: Wedgwood Shopping News

Amount ($): 250.-

Payee address; City; State; Zip Code: 6001 Granbury Rd Ft Worth TX 76133

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising

Description (If travel outside of Texas, complete Schedule T): Ad

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 4/25/11

Payee name: Copy Max

Amount ($): 147.61

Payee address; City; State; Zip Code: 5200 S. Hulen St Ft Worth TX 76132

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Printing

Description (If travel outside of Texas, complete Schedule T): CARDS

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME TOLLI THOMAS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/01/11	5 Payee name Home Depot	
6 Amount ($) 120.76	7 Payee address; City; State; Zip Code 4850 SW Loop 820 Ft Worth TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SIGNS	(b) Description (If travel outside of Texas, complete Schedule T) HARDWARE
9 Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED