

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <i>MR</i>	FIRST <i>THOMAS</i>	MI	<b>OFFICE USE ONLY</b>  Date Received  <i>FEB 5 2024 4:51:12</i>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME <i>BIGHAM</i>	LAST <i>BIGHAM</i>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4430 GRAYBURG DR SAN ANGELO, TX 76904</i>			
	AREA CODE      PHONE NUMBER      EXTENSION <i>(325) 234-6544</i>			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <i>MRS</i>	FIRST <i>ANGELA</i>	MI	
	NICKNAME <i>BIGHAM</i>	LAST <i>BIGHAM</i>	SUFFIX	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4430 GRAYBURG DR SAN ANGELO TX 76904</i>			
	AREA CODE      PHONE NUMBER      EXTENSION <i>(325) 234-6549</i>			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
	<b>10 PERIOD COVERED</b>			
Month      Day      Year <i>1 / 15 / 24</i>		THROUGH      Month      Day      Year <i>2 / 5 / 24</i>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <i>3 / 5 / 24</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	<b>12 OFFICE</b> OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <i>CONSTABLE PRECINCT 4</i>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>THOMAS BIGHAM</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>500.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,051.13</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2,268.20</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

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



**(2) Unsworn Declaration**

My name is THOMAS BIGHAM, and my date of birth is MAY 16, 1962.  
 My address is 4430 GRAYBOURG DR, SAN ANGELO, TX, 76904, USA.  
(street) (city) (state) (zip code) (country)  
 Executed in TOM GREEN County, State of TEXAS, on the 5 day of FEBRUARY, 20 24.  
(month) (year)  
Thomas Bigham  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>THOMAS BIGHAM</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>500.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,051.13</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>THOMAS BILHAM</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/24/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA BINNS</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; State; Zip Code <i>3617 OLD POSTER SAN ANGELO TX 76904</i>	
8 Principal occupation / Job title (See Instructions) <i>VP OF INFORMATION</i>		9 Employer (See Instructions) <i>Housley Communications</i>
Date <i>1/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KENNETH DIERSCHKE</i>	Amount of contribution (\$) <i>\$200.00</i>
	Contributor address; City; State; Zip Code <i>3022 SOUTH MAD BLVD SAN ANGELO, TX 76904</i>	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>1/19/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DENNIS GLASS</i>	Amount of contribution (\$) <i>\$200.00</i>
	Contributor address; City; State; Zip Code <i>2017 A#M SAN ANGELO TX 76904</i>	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		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.

# 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: <b>1</b>	2 FILER NAME <b>THOMAS BIGHAM</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/19/24</b>	5 Payee name <b>MCLAUGHLIN ADVERTISING</b>	
6 Amount (\$) <b># 2,050.43</b>	7 Payee address; <b>115 S PARK</b>	City; State; Zip Code <b>SAN ANGELO TX 76901</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>DOOR HANGERS</b>
	(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 <b>11/31/24</b>	Payee name <b>TEXAS BANK</b>	
Amount (\$) <b># 0.35</b>	Payee address; <b>2201 STERWOOD WAY</b>	City; State; Zip Code <b>SAN ANGELO TX 76901</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	Description <b>SERVICE CHARGE</b>
	<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 <b>11/31/24</b>	Payee name <b>TEXAS BANK</b>	
Amount (\$) <b># 0.35</b>	Payee address; <b>2201 STERWOOD WAY</b>	City; State; Zip Code <b>SAN ANGELO TX 76901</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	Description <b>SERVICE CHARGE</b>
	<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