CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST Mì **OFFICEHOLDER Thomas** NAME **NICKNAME** LAST **SUFFIX** Parent ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / ZIP CODE **OFFICEHOLDER** 6903 Hunters Way Ln MAILING **ADDRESS** Change of Address Baytown, TX 77521 Date Processed CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** Mr. NAME Thomas J NICKNAME LAST **SUFFIX Parent** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** 6903 Hunters Way Ln Baytown TX 77521 (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION** TREASURER **PHONE** 832 514-0485 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) PERIOD Month Day Year Month Year **COVERED** 07/16/2020 **THROUGH** 09/24/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Director, Harris County Municipal Utility District #459 Baytown City Council, District 5

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

GO TO PAGE 2

Version V1.1.0d3681a8

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 16

				20116
13 C / OH NAME	Parent, Thomas	14 (Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	I condidate / officebolder	olitical contributions accepted or political expenditures of These expenditures may have been made without the conficeholders are required to report this information only	andidate's or officent	piaers knowleage or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
I	GENERAL		•	
	l	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	TOTAL POLITIC LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ARANTEES OF LOANS), UNLESS ITEMIZED	V PLEDGES,	\$ 0.00
	(OTHER THAN I	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,375.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$ 0.00
		AL EXPENDITURES		\$ 3,956.25
CONTRIBUTION BALANCE	REPORTING PE			\$ 418.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	\$ 0.00
17 AFFADAVIT		I swear, or affirm, under penalty of true and correct and includes all info under Title 15, Election Code.	perjury, that the acco	mpanying report is be reported by me
OF STATE OF	ALEXIS M. GONZA Notary Public, State of Comm. Expires 05-10 Notary ID 131124	Texas -2021 488	ndidate or Officeholde	er
	TARY STAMP / SEAL AB	The Days I	this the 5th	\day
or OCt aber		ertify which, witness my hand and seal of office.		
Signature of offi) icer administering	Alexis Clored Printed name of officer administering	Title of officer a	Administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 16

 	R NAM ent, Th			
 		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
 1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,375.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS	\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 3,956.25
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/4 Rpt: 4/16 3 Filer ID 2 FILER NAME Parent, Thomas 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 4 Date \$3,000.00 08/07/2020 Bashrum, Gloria 6 Contributor address; City; State; Zip Code Baytown, TX 77521 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Retired Retired Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 07/26/2020 Cottar, Thomas Contributor address; City; State; Zip Code 1204 Mesquite Ln Baytown, TX 77521 Employer (See Instructions) Principal occupation / Job title (See Instructions) Insurance Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$40.00 07/28/2020 Cruz, Pablo Contributor address; City; State; Zip Code 6523 Hunters Way Ln Baytown, TX 77521 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$20.00 08/16/2020 Golding, Paul Contributor address; City; State; Zip Code 1103 Mesquite Ln Baytown, TX 77521 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$25.00 08/01/2020 Gushanas, Donna Contributor address; City; State; Zip Code 6830 Aspen Peak Dr Baytown, TX 77521 Employer (See Instructions) Principal occupation / Job title (See Instructions) Version V1.1.0d3681a8 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/4 Rpt: 5/16 3 Filer ID FILER NAME Parent, Thomas Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) \$50.00 08/16/2020 Lawrence, Tatia 6 Contributor address; City; State; Zip Code 6627 Hunters Creek Baytown, TX 77521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor ut-of-state PAC (ID#: Date \$20.00 07/21/2020 Lesly, Waylon Contributor address; City; State; Zip Code 6415 Hunters Creek Ln Baytown, TX 77521 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Out-of-state PAC (ID#: Amount of Contribution (\$) Date \$100.00 07/30/2020 Martinez, Lawrence Contributor address; City; State; Zip Code 6831 Hunters Way Ln Baytown, TX 77521 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$100.00 09/18/2020 Mendoza, Dominga Contributor address; City; State; Zip Code 6726 Hunters Creek Ln Baytown, TX 77521 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$325.00 07/28/2020 Parent, Thomas Contributor address; City; State; Zip Code 6903 Hunters Way Ln Baytown, TX 77521 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Armor Industrial Fabricators Project Manager

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/4 Rpt: 6/16 2 FILER NAME 3 Filer ID Parent, Thomas 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/29/2020 Pitts, Erika \$25.00 6 Contributor address; City; State; Zip Code 6715 Hunters Way Ln Baytown, TX 77521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/24/2020 Reilly, Glenn \$20.00 Contributor address; City; State; Zip Code 7306 Bayou Vista Dr Baytown, TX 77521 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/17/2020 Reilly, Glenn \$25.00 Contributor address; City; State; Zip Code 7306 Bayou Vista Dr Baytown, TX 77521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/31/2020 Rowe, Linda \$500.00 Contributor address; City; State; Zip Code 102 Staples Dr Baytown, TX 77523 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 07/19/2020 Sanchez, Victor \$5.00 Contributor address; City; State; Zip Code 20402 Sir Penguin Dr Houston, TX 77447 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0d3681a8

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A	\1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/16	
	FILER NAME Parent, Thor		3 Filer ID		
4	Date 08/20/2020	 5 Full name of contributor out-of-state PAC (ID# Smith, Karen 6 Contributor address; City; State; Zip Code 9723 Pinehurst St Baytown, TX 77521 	7 Amount of Contribution (\$) 	20.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	ns)	
Fo	rms provided	by Texas Ethics Commission www.ethi	cs.state.tx.us	Version V1.1.0ds	3681a8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Transportation Equipment & Related Expense Travel in District Accounting/Banking Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID FILER NAME 1 Total pages Schedule F1: 2 Sch: 1/9 Rpt: 8/16 Parent, Thomas 4 Date Payee name Facebook 07/29/2020 State; Zip Code 6 Amount (\$) Payee address; City; \$25.00 1 Hacker Way Menlo Park, CA 94025 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Facebook Advertising** Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 07/31/2020 Facebook City; State; Zip Code Amount (\$) Payee address; 1 Hacker Way \$18.36 Menlo Park, CA 94025 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Facebook Advertising** Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 08/02/2020 Facebook State; Zip Code Payee address; City; Amount (\$) \$25.00 1 Hacker Way Menlo Park, CA 94025 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Facebook Advertising** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/9 Rpt: 9/16 Parent, Thomas 4 Date Payee name 08/08/2020 Facebook 6 Amount (\$) Payee address; City; State: Zip Code \$35.00 1 Hacker Way Menlo Park, CA 94025 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2020 **Facebook** Amount (\$) Payee address: City; State; Zip Code \$50.00 1 Hacker Way Menlo Park, CA 94025 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Advertising Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2020 Facebook Amount (\$) Payee address; State; Zip Code City; \$75.00 1 Hacker Way Menlo Park, CA 94025 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Facebook Advertising** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wapes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains	how to co	mple	te this form.
1	Total pages Schedule F1:	2	FILER NAME	***************************************		3 Filer ID
	Sch: 3/9 Rpt: 10/16		Parent, Thomas			
4	Date	5	Payee name			
	08/08/2020		Harbor Freight			
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de	
	\$16.73		1000 Federal Rd			
			Houston, TX 77015			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b)	Description
	OF EXPENDITURE		Sign Hardware			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Grommets for signs
				}		•
9	Complete ONLY if direct	ــــــــــــــــــــــــــــــــــــــ	Candidate/Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/O	Н			-	
=	Date	T	Payee name			
	07/19/2020		Hover			
<u> </u>	Amount (\$)	┢	Payee address; City; State	; Zip Co	de	
	\$5.00		96 Mowat Ave			
			Toronto Ontario M6K3M1 Canada			
┢	PURPOSE	(a)	Category (See Categories listed at the top of this scr	hedule)	(b)	Description
	OF EXPENDITURE	l	Advertising Expense	,		Check if travel outside of Texas, Complete Schedule T.
	EXPENDITORE					Check if Austin, TX, officeholder living expense
						Website domain registration
<u> </u>	Complete ONLY if direct	Щ	Candidate/Officeholder name	Office sou	aht	Office held
	expenditure to benefit C/O		Sandado Sinosinodo namo	J		
┝	Date	Т	Payon namo			
	07/19/2020		Payee name Hover			
┝	Amount (\$)	╁		; Zip Co	de	
l	\$13.17		96 Mowat Ave	• •		
l			Toronto M6K3M1 Canada			
┝	PURPOSE	(a	Category (See Categories listed at the top of this sch	hodule)	(b)	Description
	OF	ļ`	Advertising Expense		•	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		• .			Check if Austin, TX, officeholder living expense
						Website email forwarding
L	Complete ONLY if direct	_	Candidate/Officeholder name	Office sou	aht	Office held
	expenditure to benefit C/O		Candidate/Oniceriolider Hairie	Office 200	Aitt	Office field
\vdash						
		'Alar'	- Commission was walking	atata firi	_	Version V1.1 0d3681 as

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Parent, Thomas Sch: 4/9 Rpt: 11/16 4 Date Payee name 07/19/2020 NationBuilder 6 Amount (\$) Payee address; City; State; Zip Code \$35.00 PO Box 811428 Los Angeles, CA 90081 **PURPOSE** R (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Website hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2020 **NationBuilder** Amount (\$) Payee address; City; State; Zip Code \$35.00 PO Box 811428 Los Angeles, CA 90081 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Website hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/22/2020 NationBuilder Amount (\$) Payee address; City; State; Zip Code \$35.00 PO Box 811428 Los Angeles, CA 90081 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF **Advertising Expense** Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Website hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 5/9 Rpt: 12/16 Parent, Thomas 4 Date Payee name 07/31/2020 PayPal 6 Amount (\$) Payee address; City; State; Zip Code \$1.03 2211 N First St San Jose, CA 95131 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/18/2020 **PayPal** Amount (\$) Payee address; City; State; Zip Code \$3.20 2211 N First St San Jose, CA 95131 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/08/2020 Popl Amount (\$) Payee address; City; State; Zip Code \$27.93 11740 Wilshire Blvd Los Angeles, CA 90025 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Contact sharing devices for events Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/9 Rpt: 13/16 Parent, Thomas 4 Date Payee name 07/26/2020 Staples 6 Amount (\$) Payee address; City; State; Zip Code 6022 E Sam Houston Pkwy \$43.29 Houston, TX 77049 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Business cards** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/31/2020 Stripe Amount (\$) Payee address; City; State; Zip Code \$1.83 510 Townsend St San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder fiving expense **Donation fees** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/18/2020 Stripe Amount (\$) Payee address; City; State; Zip Code \$1.28 510 Townsend St San Francisco, CA 94103 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 7/9 Rpt: 14/16 Parent, Thomas 4 Date Payee name **UZ Marketing** 07/30/2020 Payee address; City; State; Zip Code 6 Amount (\$) \$784.83 5900 Bingle Rd Houston, TX 77092 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Signs/flyers Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/05/2020 **UZ Marketing** Payee address; State; Zip Code Amount (\$) City; \$1,229.73 5900 Bingle Rd Houston, TX 77092 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2020 UZ Marketing Amount (\$) Payee address; City; State; Zip Code 5900 Bingle Rd \$110.42 Houston, TX 77092 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Shirts** Candidate/Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Soficitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 8/9 Rpt: 15/16 Parent, Thomas 4 Date Payee name 08/12/2020 **UZ Marketing** 6 Amount (\$) Payee address; City; State; Zip Code \$1,161.05 5900 Bingle Rd Houston, TX 77092 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/17/2020 UZ Marketing Payee address; Amount (\$) City; State; Zip Code \$110.42 5900 Bingle Rd Houston, TX 77092 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Shirts** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/06/2020 Walmart Amount (\$) Payee address; City; State; Zip Code \$71.37 8700 N Highway 146 Baytown, TX 77523 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Supplies EXPENDITURE Check if Austin, TX, officeholder living expense Clipboards, pens, rubber bands Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees
Food/Beverage Expense
Gitl/Awards/Memorials Expense
Legal Services Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 9/9 Rpt: 16/16 Parent, Thomas 4 Date Payee name 08/12/2020 Walmart State; Zip Code Payee address; City; 6 Amount (\$) \$41.61 8700 N Highway 146 Baytown, TX 77523 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Supplies** EXPENDITURE Check if Austin, TX, officeholder living expense Clipboards Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER Thomas** NAME **NICKNAME** LAST **SUFFIX** Parent CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: ZIP CODE **OFFICEHOLDER** 6903 Hunters Way Ln MAILING **ADDRESS** Change of Address Baytown, TX 77521 Pater mesero do Prido 33 Date Imaged 3CT 25 2020 FM12:53 CAMPAIGN MS/MRS/MR FIRST М **TREASURER** NAME MR **THOMAS** J **NICKNAME** LAST **SUFFIX** PARENT CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY; STATE: **TREASURER ADDRESS** 6903 Hunters Way Ln Baytown TX 77521 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER **PHONE** 832 514-0485 REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) 30th day before election January 15 Runoff July 15 X 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) 9 PERIOD Month Day Year Day Year COVERED **THROUGH** 09/25/2020 10/24/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Runoff Other 11/03/2020 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Director, Harris County Municipal Utility District #459 Baytown City Council, District 5 Harris **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0d3681a8

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH COVER SHEET PG 2

SUPPORT	& TOTALS		COVE	R SHEET PG 2
13 C / OH NAME	Parent, Thomas	14	Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the officeholders are required to report this information or	candidate's or officeh	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ARANTEES OF LOANS), UNLESS ITEMIZED	N PLEDGES,	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,276.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,250.41
CONTRIBUTION BALANCE	REPORTING PE		4,	\$ 268.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE SAST DAY	\$ 0.00
17 AFFADAVIT				
	ALEXIS M. GONZAL Notary Public, State of Comm. Expires 05-10- Notary ID 13112448	(exas) (2021) (88)		be reported by me
	cribed before me, by the s	Thomas Daws and	, this the 20	day_day
Signature of offi	cer administering	Printed name of officer administering	No Title of officer a	administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3 18 FILER NAME** 19 Filer ID Parent, Thomas 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,100.00 $|\mathbf{x}|$ \square SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 176.00 SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS $|\mathbf{x}|$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,250.41 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. TO FILER

	TARY POLITICAL CONTRIB	OTIONS	SCHEDULE A1
	ıction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/9
2 FILER NAME Parent, Tho			3 Filer ID
4 Date			
09/29/2020	Baytown Firefighters PAC 6 Contributor address; City; State; Zip Code PO Box 56	AC (ID#:	7 Amount of Contribution (\$) \$1,000
Principal occu	Baytown, TX 77522 upation / Job title (See Instructions)		
Fillicipal occi	padon / Job due (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PA	C (ID#:	Amount of County is
10/15/2020	Rice, Nick	Visit.) Amount of Contribution (\$) \$100.
	Contributor address; City; State; Zip Code 9903 Pinehurst St Baytown, TX 77521		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Cruise Line I	Management	MLS BC CRUISES	,

www.ethics.state.tx.us

Version V1.1.0d3681a8

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS** SCHEDULE A2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/9 FILER NAME 3 Filer ID Parent, Thomas TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor Out-of-state PAC (ID#: 9 In-kind contribution Amount of 09/28/2020 Armor Industrial Fabricators, Inc contribution (\$) description \$176.00 i Postage Contributor address; City; State; Zip Code 11344 Interstate 10 East Baytown, TX 77523 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 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)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS** SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out of District Legal Services Credit Card Payment OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 1/4 Rpt: 6/9 Parent, Thomas 4 Date Payee name 10/16/2020 Academy Sports + Outdoors 6 Amount (\$) Payee address: City; State; Zip Code \$49.78 6425 Garth Rd Baytown, TX 77521 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Campaign shirts, umbrellas for poll workers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/19/2020 Academy Sports + Outdoors Amount (\$) Payee address; City; State; Zip Code \$43.30 6425 Garth Rd Baytown, TX 77521 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign shirts, umbrellas for poll workers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Рауее пате 10/22/2020 Amazon Amount (\$) Payee address; City; State; Zip Code \$32.20 410 Terry Ave N Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS** SCHEDULE F1 EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/4 Rpt: 7/9 Parent, Thomas 4 Date Payee name 10/01/2020 Facebook 6 Amount (\$) Payee address; City; State; Zip Code \$108.88 1 Hacker Way Menlo Park, CA 94025 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet Advertising Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 10/13/2020 Facebook Amount (\$) Payee address; City; State; Zip Code \$125.00 1 Hacker Way Menlo Park, CA 94025 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/19/2020 Facebook Amount (\$) Payee address; City; State; Zip Code \$125.00 1 Hacker Way Menlo Park, CA 94025 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0d3681a8

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OUTHER (and property as the page 1)

Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 3/4 Rpt: 8/9 Parent, Thomas 4 Date Pavee name 10/12/2020 Home Depot 6 Amount (\$) Payee address; State; Zip Code City; \$12.96 4915 Garth Road Baytown, TX 77521 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Hardware for signs **EXPENDITURE** Check if Austin, TX, officeholder living expense Hardware for signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/20/2020 NationBuilder Payee address; Amount (\$) City; State; Zip Code \$35.00 PO Box 811428 Los Angeles, CA 90081 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2020 Office Depot Amount (\$) Payee address; City; State; Zip Code \$247.10 4615 Garth Road Baytown, TX 77521 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Flyer printing

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS** SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Accounting Expense Accounting Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Loan Repayment/Relmbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memoriais Expense Legal Services Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in Dismot Travel Out of District OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/4 Rpt: 9/9 Parent, Thomas 4 Date Payee name 10/15/2020 PayPal 6 Amount (\$) Payee address; City; State; Zip Code \$3.20 2211 North First St San Jose, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **CC Processing** Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 10/01/2020 PrintPlace.com LLC Amount (\$) Payee address; State; Zip Code \$360.29 1130 Ave H East Arlington, TX 76011 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Printing Expense **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Door hangers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/20/2020 **UZ Marketing** Amount (\$) Payee address; City; State; Zip Code \$107.70 5900 Bingle Rd Houston, TX 77092 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete th	is form.		2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIR:	ST Dimas	МІ	OFFICE USE ONLY Date Received
	NICKNAME LAS		SUFFIX	080 4 2020 M2/15
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUI 6903 Hunters Way Ln	TE#; CITY;	ZIP CODE (Pale Hand delivered or Date Postmarked Receipt # Amount
Change of Address	Baytown, TX 77521			Date Processed 12 4 2020 Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	ST.	MI	12/4/2020
TREASURER NAME		OMAS ·	J	
	NICKNAME LAS	r RENT	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	6903 Hunters Way		r / suite #; city; Bay ^r	state; zip code town TX 77521
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU. 832 514-04			
8 REPORT TYPE		Oth day before election X	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 10/25/2020	THROUGH	Month Day 12/02/2020	Year)
10 ELECTION	ELECTION DATE Month Day Year 12/12/2020	Primary General	ELECTION TYPE X Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) Director, Harris County Municip	oal Utility District #459	12 OFFICE SOUGHT (Baytown City Cou	
	•	GO TO PAGE 2		
The same of the sa	ayon Ethion Commission	Manage office ctate by the		Version V1 1 4952f686

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **C/OH**COVER SHEET PG 2

SUPPORT	& IOIALS				2 of 7			
13 C / OH NAME	Parent, Thomas		14 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officei	holder's knov	wledge or			
Additional Pages								
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES						
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	530.00			
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	883.33			
CONTRIBUTION BALANCE	REPORTING PE			\$	91.01			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00			
17 AFFADAVIT.		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
	ANGELA MARIE JACKSON Notary Public. State Of Texas Notary ID # 13060976-9 My Commission Expires June 12, 2024 Signature of Candidate or Officeholder							
	TARY STAMP / SEAL ABO							
	cribed before me, by the s	ertify which, witness my hand and seal of office.	, this the 	spiritures	day			
Signature of office	cer administering	Printed name of officer administering	Title of officer	rul () admiristerin	g oath			



- 4 k fs

the word concert.

Same and the state of the same of

- de l'ight page al medade alsperft

and all or

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 18 FILER NAME 19 Filer ID Parent, Thomas 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS X \$ 530.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. X \$ 883.33 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. TO FILER \$ Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.4952f686

WONE	TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
	ruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
2 FILER NAM Parent, Th			3 Filer ID
4 Date	5 Cultura C		
10/30/2020		#:)	7 Amount of Contribution (\$) \$200.0
8 Principal occ	Baytown, TX 77523		
Manager	upation / Job title (See Instructions)	Employer (See Instructions WOWCO	5)
Date 10/31/2020	Full name of contributor out-of-state PAC (ID# Wallace, Luke Contributor address; City; State; Zip Code 2019 Wallace Rd Baytown, TX 77523	:	Amount of Contribution (\$) \$10.00
Principal occu Cashier	ipation / Job title (See Instructions)	Employer (See Instructions) HEB	-
Date 10/30/2020	Full name of contributor out-of-state PAC (ID#: Wallace, William Contributor address; City; State; Zip Code Wallace Rd Baytown, TX 77523)	Amount of Contribution (\$) \$100.00
Principal occup Owner	pation / Job title (See Instructions)	Employer (See Instructions) WOWCO	
Date 11/23/2020	Full name of contributor		Amount of Contribution (\$) \$220.00
	Humble, TX 77396		
Principal occupa Quality	ation / Job title (See Instructions)	Employer (See Instructions) Methodist Hospital	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Glf/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide		-	s/Contract Labor ete this form.		OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID
Sch: 1/3 Rpt: 5/7	Parent, Tho	mas					
4 , Date	5 Payee name						
10/27/2020	Facebook, I	nc					
6 Amount (\$) \$175.00	7 Payee addres 1 Hacker Wa Menlo Park,	ay	State; Zip Co	ode			
8 PURPOSE	(a) Category (Se	e Categories listed at the to	p of this schedule)	(b)	Description		
OF EXPENDITURE	Advertising		, ,		=	, TX,	de of Texas. Complete Schedule T. officeholder living expense ing
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office sou	ight			Office held
Date	Payee name						
10/31/2020	Facebook, I	nc					
Amount (\$) \$60.76	Payee addres 1 Hacker Wa Menlo Park,	ay	State; Zip Co	ode			
PURPOSE		e Categories listed at the to	p of this schedule)	(b)	Description		
OF EXPENDITURE	Advertising I	Expense			<u>—</u>		de of Texas. Complete Schedule T. officeholder living expense
			·		Internet adve		- ·
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ight			Office held
Date	Payee name						
11/02/2020	Facebook, II	nc					
Amount (\$) \$250.00	Payee addres 1 Hacker Wa	• •	State; Zip Co	ode			
	Menio Park,	CA 94025					
PURPOSE OF EXPENDITURE	(a) Category (Se Advertising I	e Categories listed at the to Expense	p of this schedule}	(b)	اسسا	,τx,	de of Texas. Complete Schedule T. officeholder living expense ing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	eholder name	Office sou	ight			Office held
							Varsian V/1 1 40E2460

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polaing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor	nmitee I	Sit/Awards/Memoria Legal Services The Instruction C			Vages	Contract Labor		Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule F1:	2		300	•				3	Filer ID	
L	Sch: 2/3 Rpt: 6/7		Parent, Thor	nas							
4	Date	5	Payee name								
	11/30/2020		Facebook, Ir	nc							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de				
	\$125.94		1 Hacker Wa	ay							
			Menio Park,	CA 94025							
8	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising 8	Expense						e of Texas. Complete Sch	
										officeholder living expense	2
								Internet adve	າ ເເວກ	ng .	
Ļ	Complete ONU V if di	Ļ	andidate for	-h-ld		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	aule 4			0500	
9	Complete ONLY if direct - expenditure to benefit C/O		Candidate/Offic	enolder name	C	Office sou	gnt			Office held	
<u> </u>		T									
	Date		Payee name								
	11/02/2020		Home Depot	· · · · · · · · · · · · · · · · · · ·							
	Amount (\$)		Payee addres	•	State;	Zip Co	de				
	\$53.35	1	4915 Garth F	Road							
			Baytown, TX	77521							
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	edute)	(b)	Description			
	OF EXPENDITURE		Advertising E	Expense				<u></u>		e of Texas. Complete Sch	i
								Stakes for sig		officeholder living expense	}
	•							Stakes for sig	1113		
	Complete ONLY if direct	Ļ	andidate/Offic	eholder name		Office sou	abt			Office held	
	expenditure to benefit C/O		and date of the	cridiaet name	_	711100 00u;	9, 10			Office field	
_	Data	_									1 111 111 111 111 1111
	Date 11/20/2020		Payee name Office Depot								
		<u> </u>									
	Amount (\$)		Payee address		State;	Zip Co	de				
	\$73.91		4615 Garth F	ruaa							
				77504							
			Baytown, TX								
	PURPOSE OF			Categories listed at	the top of this sch	edule)	(b)	Description			
	EXPENDITURE		Printing Expe	ense		l		لسا		e of Texas. Complete Sch officeholder living expense	
								Push cards fo			,
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/O	1		-			-				
		-									
-											
						_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

	Candidate/Officeholder/Politice Credit Card Payment	af Committee	Legal Services The Instruction Guide		Nages/Contract Labor omplete this form.	OTHER (enter a category	not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	-
	Sch: 3/3 Rpt: 7/7	Parent, Tho	mas				
4	Date	5 Payee name					
	10/31/2020	PayPal					
6	Amount (\$) \$0.59	7 Payee addres 2211 North San Jose, C	First St	State; Zip Co	ode		
8	PURPOSE	(a) Category (Se	e Categories listed at the to	p of this schedule)	(b) Description		
	OF EXPENDITURE	Accounting/				el outside of Texas. Complete Schriftin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office sou	ght	Office held	
	Date	Payee name					
	11/20/2020	PrintPlace.c	om LLC				
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode		·
	\$143.78	1130 Ave H	East				
		Arlington, T					
	PURPOSE OF		e Categories listed at the to	p of this schedule)	(b) Description	el outside of Texas. Complete Sche	odulo T
	EXPENDITURE	Printing Exp	ense			tin, TX, officeholder living expense	
					Push cards	for runoff	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	Office sou	ght	Office held	
					10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000 (10.000		
						•	