

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">5</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS / MR) FIRST MI <div style="text-align: center; font-size: 18px; font-weight: bold;">KRONDA K</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18px; font-weight: bold;">THIMESCH</div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <hr/> Date Received: Received <div style="text-align: center; font-size: 24px; font-weight: bold; color: blue;">MAY - 1 2015</div> <div style="text-align: center; font-size: 12px; color: blue;">Lewisville ISD Superintendent's Office</div> <hr/> Date Hand-delivered or Postmarked <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount	Date Processed		Date Imaged			
Receipt #	Amount										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 14px;">2516 SIR TRISTRAM LANE LEWISVILLE, TX 75056</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 14px;">(972) 670-0331</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 18px; font-weight: bold;">SCOTT W.</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18px; font-weight: bold;">BROWN</div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 14px;">4229 ARBOR LANE ; CARROLLTON, TX 75010</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 14px;">(972) 795-9271</div>										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 18px;">1 / 1 / 15 THROUGH 4 / 29 / 2015</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 18px;">5 / 9 / 2015</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 14px;">TRUSTEE LEWISVILLE ISD PLACE 1</div>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

KRONDA THIMESCH

15 ACCOUNT # (Ethics Commission Filers)

16 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 4,425-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,718.92

CONTRIBUTION BALANCE

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

\$ 3,758.53

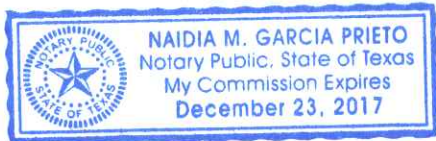
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

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.



Kronda K. Thimesch

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kronda K. Thimesch, this the 1 day of May, 20 15, to certify which, witness my hand and seal of office.

Naidia Garcia Prieto

Signature of officer administering oath

Naidia Garcia Prieto

Printed name of officer administering oath

Public 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: 1 of 2	
2 FILER NAME KRONDA THIMESCH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/1/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JONICE ISOM	7 Amount of contribution (\$) \$25-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4025 HOFFINES BLVD #10105 CARROLLTON, TX 75010		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/2/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIC STANLEY	Amount of contribution (\$) \$1000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 SIR GALAHAD LN LEWISVILLE, TX 75056		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WENDY JOHNSON	Amount of contribution (\$) \$100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2715 QUEEN ELAINE DR LEWISVILLE, TX 75056		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM MCWITT	Amount of contribution (\$) \$1000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2715 SIR LAWRENCE BLVD LEWISVILLE, TX 75056		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/6/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DREW & LOIS KEITH	Amount of contribution (\$) \$1000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2624 GRAILMAIDEN CT LEWISVILLE, TX 75056		(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 for additional 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 OF 2

2 FILER NAME

KEONRA THIMESCH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/6/2015

STUART BRIGHT

6 Contributor address; City; State; Zip Code

2320 MAIDENS CASTLE DR
LEWISVILLE, TX 75056

\$1000-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/12/2015

TOMMY ISOM

Contributor address; City; State; Zip Code

1377 RILEY DR
CARROLLTON, TX 75007

\$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# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/16/15

LISA GOVINCHUCK

Contributor address; City; State; Zip Code

5644 ROCK CANYON RD
THE COLONY, TX 75056

\$250-

(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# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/18/15

LEE JANSEN

Contributor address; City; State; Zip Code

2507 SIR PERDUAL LN
LEWISVILLE, TX 75056

\$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# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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

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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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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: 1	2 FILER NAME KRONDA THIMESCH	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/3/2015	5 Payee name VISTAPRINT
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6 Amount (\$) \$290.91	7 Payee address; City; State; Zip Code 95 Hayden Ave; Lexington, MA 02421
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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) CAR MAGNETS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/4/2015	Payee name CROSSTIMBERS GAZETTE
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Amount (\$) \$301.75	Payee address; City; State; Zip Code 6101 LONG PRAIRIE RD; SUITE 744; FLOWER MOUND, TX 75028
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) AD <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/6/2015	Payee name FIRST GRAPHIC SERVICES
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Amount (\$) \$2,192.06	Payee address; City; State; Zip Code 229 GARVON ST GARLAND, TX 75040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/2015	Payee name METRO MAILER
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Amount (\$) \$934.14	Payee address; City; State; Zip Code 5719 E. ROSEDALE ST. FT. WORTH TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) DIRECT MAIL <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED