

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>		<b>FORM C/OH COVER SHEET PG 1</b>	
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>7</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Thomas</b> MI: <b>E</b> NICKNAME: <b>Tom</b> LAST: <b>Palmer</b> SUFFIX:	<div style="border: 2px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received  <h2 style="margin: 0;">RECEIVED</h2>  <h3 style="margin: 0;">OCT 25 2021</h3>  <b>CITY OF MESQUITE CITY SECRETARY</b>                      Date Hand-delivered or Date Postmarked                      Receipt #      Amount \$                      Date Processed                      Date Imaged                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX: <b>720 John Peter Court</b> APT / SUITE #: <b>Mesquite, TX</b> CITY: <b>75149</b> STATE: ZIP CODE		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(214)</b> PHONE NUMBER: <b>729-6142</b> EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Ms.</b> FIRST: <b>Debbie</b> MI: <b>No</b> NICKNAME: <b>Morgan</b> LAST: SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): <b>223 E. Kimbrough St,</b> APT / SUITE #: <b>Mesquite</b> CITY: <b>TX</b> STATE: <b>75149</b> ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(214)</b> PHONE NUMBER: <b>236-8643</b> EXTENSION:		
<b>9 REPORT TYPE</b>	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year <b>09 / 24 / 2021</b> <b>10 / 23 / 2021</b>		
<b>11 ELECTION</b>	ELECTION DATE: <b>11 / 02 / 2021</b>	ELECTION TYPE: <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>City Council District 5</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages: <b>1 of 2</b>	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 checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME: <b>Apartment Association of Greater Dallas</b> COMMITTEE ADDRESS: <b>5728 LBJ Freeway, #100, Dallas, TX 75240</b> COMMITTEE CAMPAIGN TREASURER NAME: <b>JASON SIMON</b> COMMITTEE CAMPAIGN TREASURER ADDRESS: <b>5728 LBJ Freeway, #100, Dallas, TX 75240</b>		

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<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>		<b>FORM C/OH COVER SHEET PG 1</b>	
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mr. Thomas E NICKNAME LAST SUFFIX Tom Palmer	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> <b>RECEIVED</b>  <b>OCT 25 2021</b>  <b>CITY OF MESQUITE CITY SECRETARY</b> </div> </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 720 John Peter Ct, Mesquite, TX 75149		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (214) 729-6142		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Mrs. Debbie No NICKNAME LAST SUFFIX Morgan		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 223 E. Kimbrough St., Mesquite, TX 75149		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (214) 236-8643		
<b>9 REPORT TYPE</b>	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 09 / 24 / 2021    THROUGH    10 / 23 / 2021		
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year    Primary Runoff Other Description 11 / 02 / 2021 <u>General</u> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> City Council District 5	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages  2 of 2	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE    COMMITTEE NAME GENERAL    MetroTex Association of Realtors, Inc.		COMMITTEE ADDRESS 1681 W. Northwest Hwy, Grapevine, TX 76051	
SPECIFIC    COMMITTEE CAMPAIGN TREASURER NAME Belinda Epps		COMMITTEE CAMPAIGN TREASURER ADDRESS <del>1681 W.</del> 213 E. Davis St., Mesquite, TX 75149	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

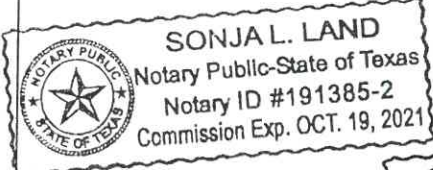
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Thomas E. Palmer 16 Filer ID (Ethics Commission Filers)

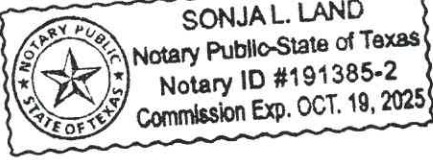
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,753.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,900.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

*Thomas E. Palmer*  
Signature of Candidate or Officeholder



Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tom Palmer this the 25 day of October.

20 21 to certify which, witness my hand and seal of office.

*Sonja L. Land* Signature of officer administering oath  
Sonja L. Land Printed name of officer administering oath  
notary Title of officer administering oath

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_  
My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

<b>SUBTOTALS - C/OH</b>		<b>FORM C/OH COVER SHEET PG 3</b>
<b>19</b> FILER NAME <i>Thomas E. Palmer</i>	<b>20</b> Filer ID (Ethics Commission Filers)	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,500.00</i>	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>	
4. SCHEDULE E: LOANS	\$ <i>0.00</i>	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>708.86</i>	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>3,044.72</i>	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0.00</i>	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0.00</i>	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0.00</i>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Thomas E. Palmer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/22/2021</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Epps Realty</i>	7 Amount of contribution (\$)  <i>500.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>213 E. Davis, Mesquite, TX 75149</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/22/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Apartment Association of Greater Dallas</i>	Amount of contribution (\$)  <i>500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5728 LBJ Freeway, #100, Dallas, TX 75240</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/22/2021</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>MetroTex Association of Realtors</i>	Amount of contribution (\$)  <i>500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1681 W. Northwest Hwy, Grapevine, TX <del>76051</del></i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Thomas E. Palmer</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/15/2021</i>	5 Payee name <i>Mail House, Inc.</i>			
6 Amount (\$) <i>458.86</i>	7 Payee address: <i>2730 N. Stemmons Frwy, #740, Dallas, TX 75207</i>	City:	State:	Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Mailing of post cards</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/7/2021</i>	Payee name <i>Long Game Visual Communications</i>			
Amount (\$) <i>250.00</i>	Payee address: <i>1009 Ashland Dr., Mesquite, TX 75149</i>	City:	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Block walkers</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name			
Amount (\$)	Payee address:	City:	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2	<b>2</b> FILER NAME <i>Thomas E. Palmer</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date <i>10/19/2021</i>	<b>6</b> Payee name <i>Mail House, Inc</i>	
<b>7</b> Amount (\$) <i>516.72</i>	<b>8</b> Payee address; City; State; Zip Code <i>2730 N. Stemmons Fwy, #740, Dallas, TX 75207</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Mailing of Postcards</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/11/2021</i>	Payee name <i>Long Game Visual Communications</i>	
Amount (\$) <i>2,528.00</i>	Payee address; City; State; Zip Code <i>1009 Ashland Dr., Mesquite, TX 75149</i>	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consultant Expense</i>	Description <i>Printing &amp; voter outreach services</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		