

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR MR FIRST MI
Thomas E.
NICKNAME LAST SUFFIX
Palmer

OFFICE USE ONLY

Date Received
RECEIVED
FEB 02 2024

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
720 John Peter Ct.
Mesquite, TX 75149-7539

CITY OF MESQUITE
CITY SECRETARY

Date Hand-Delivered or Date Postmarked

change of address

Receipt # Amount \$

4 REPORT TYPE

Annual Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year Month Day Year
01/19/2022 THROUGH 02/02/2024

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.

\$ 2,705.28

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

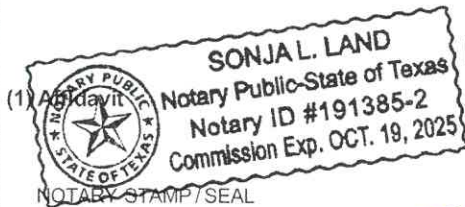
\$

7 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/Officeholder



Please complete either option below:

Sworn to and subscribed before me by Thomas E. Palmer this the 2nd day of February 2024, to certify which, witness my hand and seal of office.

Sonja L. Land

Sonja L. Land

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(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)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME <i>Thomas E. Palmer</i>	9 Filer ID (Ethics Commission Filers)
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10 Date <i>2/5/2022</i>	11 Payee name <i>Mail House</i>	13 Amount (\$) <i>516.72</i>
12 Payee address; City; State; Zip Code <i>4834 Top Line Dallas, TX 75247</i>		

14 Purpose of expenditure (See instructions regarding type of information required.) <i>Direct mail piece</i>	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Date <i>4/5/2022</i>	Payee name <i>Mesquite Signs</i>	Amount (\$) <i>2,188.56</i>
Payee address; City; State; Zip Code <i>417 N. Bryan Bell Line, Ste. A Mesquite TX 75149</i>		

Purpose of expenditure (See instructions regarding type of information required.) <i>Direct mail & signs</i>	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.)	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.)	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

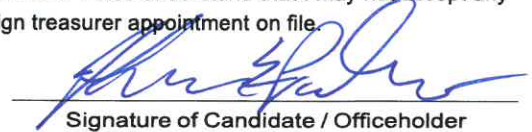
1 C/OH NAME

Thomas E. Palmer

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

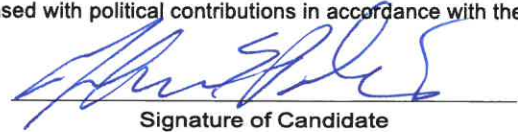
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder