

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>6</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MS</u>	FIRST <u>Shelia</u>	MI <u>A</u>	OFFICE USE ONLY		
	NICKNAME	LAST <u>Thorne</u>	SUFFIX	Date Received <u>7/12/24</u> <u>11:05am</u> <u>NRH</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>P O. Box 2543 League City TX 77574</u>			Date Hand-delivered or Date Postmarked <u>Hand-delivered</u>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(281)</u>	PHONE NUMBER <u>334-7529</u>	EXTENSION	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MS</u>	FIRST <u>Shelia</u>	MI <u>A</u>	Date Processed <u>7/12/24</u>		
	NICKNAME	LAST <u>Thorne</u>	SUFFIX	Date Imaged <u>7/12/24</u>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <u>1007 Sue Drive Kemah TX 77565</u>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(281)</u>	PHONE NUMBER <u>334-7529</u>	EXTENSION			
9 REPORT TYPE	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <u>07</u>	Day <u>01</u>	Year <u>2024</u>	Month <u>06</u>	Day <u>30</u>	Year <u>2024</u>
11 ELECTION	ELECTION DATE Month <u>05</u> Day <u>04</u> Year <u>2024</u>	ELECTION TYPE Primary <u>General</u> Runoff Special Other Description				
12 OFFICE	OFFICE HELD (if any) <u>N/A</u>	13 OFFICE SOUGHT (if known) <u>Kemah City Council Position 3</u>				
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

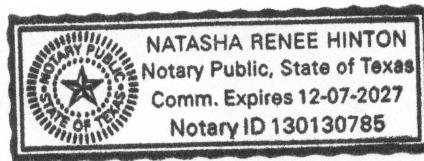
FORM C/OH  
COVER SHEET PG 2  
Rev. Pg 2 of 6

15 C/OH NAME	Thorne Shelia A	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)	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 63.15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 24.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 16.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 284.51
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
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.	

Shelia A Thorne

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shelia Thorne this the 12 day of July,  
202024, to certify which, witness my hand and seal of office.

Natasha R. Hinton  
Signature of officer administering oath

Natasha R. Hinton  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

OR

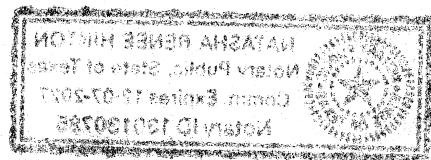
(2) Unsworn Declaration

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)



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3  
Rpt Pg 3 of 6**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
Thone Sheilia A	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 53.00	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 8.04	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: Sch 111 Rat 416
2 FILER NAME Thorne Sheila A		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 53.15
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: .....)	8 Amount of Contribution \$   9 In-kind contribution description .....
7 Contributor address; City; State; Zip Code		
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)		
Date ..... Contributor address; City; State; Zip Code		Amount of Contribution \$   In-kind contribution description .....
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

**SCHEDULE F1**

Schedule F1/11  
Rpt 5/6

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Thorne, Sheila A		
4 Date	5 Payee name		
01/18/2024	Capital One Campaign Card		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
8.04	P.O. Box 60519 City of Industry	CA 91716-0519	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	credit card payment	Payment of campaign expense changed to campaign card	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

Sch F4/11  
Rpt 6/6

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Thorne Sheila A.	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 8.04
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name      Office sought      Office held	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name      Office sought      Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		