CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS COVER SHEET PG 1

FORM C/OH-UC

The C/OH-U	1 Filer ID (Ethics Commission Filers)			
2 CANDIDATE/	MS/MRS/MR FIRST MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr. Prillip W	Date Received		
•••	NICKNAME LAST SUFFIX			
		FEB 2 3 2024		
	Thompson	PED Z J WEN		
3 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
ADDRESS	POBOX 636 Blanco, TEXAS 78606	Date Hand-delivered or Date Postmarked		
change of address		Receipt # Amount \$		
4 REPORT TYPE	Annual Final Disposition	Date Processed		
5 PERIOD	Month Day Year Month Day Year	Date Imaged		
COVERED	THROUGH /			
6 TOTALS	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 1300 . 0		
	DECEMBER OF THE FRENCH CONTROL	1190.0%		
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ ~ • ~		
7 SIGNATURE sv	I vear, 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.				
Pinig W. Shungs				
Signature of Candidate/Officeholder				
	Please complete either option below:			
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	pefore me by this the	day of,		
20, to certify which, witness my hand and seal of office.				
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath		
OR				
(2) Unsworn Declaration	on			
My name is Phille Thomason, and my date of birth is 3/12/1956				
My address is Pagax 636/11/Blanco AVR , Blanco TX 78606, USA				
(street) (city) (state) (zip code) (country)				
Executed in Blacks County, State of Rxx , on the 33 day of (month), (year)				
	- Ving w. I lyper			
Signature of Candidate/Officeholder (Declarant)				

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: EXPENDITURES			FORM C/OH-UC PG 2	
8 C/OHNAME	Phillip W. Thomeson		9 Filer ID (Ethics Commission Filers)	
10 Date	11 Payee name Ack Revival Ministries 12 Payee address; City; State; Zip Code 111 Blanco Ave. 8/anco Tx 78606		13 Amount (\$)	
			re a contribution Yes e, officeholder, or No	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
		e a contribution Yes e, officeholder, or No		
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	ure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes , officeholder, or No	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	ure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes o, officeholder, or No	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				