

# 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	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Tamara	MI
	NICKNAME	LAST Thomas	SUFFIX
OFFICE USE ONLY			
COLLIN COLLEGE			
Date Received Received			
APR 03 2025			
Time:			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	1214 H Place		
	Plano, TX 75074		
	Date Mailed, Delivered or Date Postmarked		
Receipt #		Amount	
		Ø	
Date Processed		Date Imaged	
		4-3-25 <i>CSH</i>	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR.	FIRST	MI
	David M. Smith		
NICKNAME		LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	101 E. Park Blvd, Ste. 600, Plano, TX 75074		CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	972-516-3849		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	02/14/2025	THROUGH	03/24/2025
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		05/03/2025	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Collin College Board of Trustees Place 4

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 10

<b>13 C / OH NAME</b> Thomas, Tamara	<b>14 Filer ID</b>
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**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

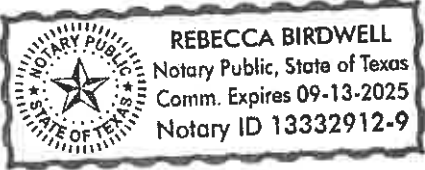
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE TYPE</b> <b>COMMITTEE NAME</b>  <b>COMMITTEE ADDRESS</b>  <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
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<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	710.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,310.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	554.74
	4. TOTAL POLITICAL EXPENDITURES	\$	1,774.66
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,020.20
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Tamara Thomas, this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Rebecca Birdwell  
 \_\_\_\_\_  
 Printed name of officer administering

Bank officer  
 \_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Thomas, Tamara		<b>19 Filer ID</b>	
<b>20 SCHEDULE SUBTOTALS</b>			<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>			
1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,210.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 804.74
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 969.92
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/10
2 FILER NAME Thomas, Tamara		3 Filer ID
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Caydra	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code <i>875 Union Station Plwy, # 15117, Lewisville, TX 75057</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Marsha	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code <i>7950 Quest Court, FRISCO, TX 75035</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Damon	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code <i>1225 E. Renner Rd, #302, Richardson, TX 75082</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bemenderfer, Fred	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3417 Coyote Way  Plano, TX 75074-2824		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birch, Brandon	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code <i>3131 Kingbridge St., Dallas, TX 75212 #282</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/10
<b>2</b> FILER NAME Thomas, Tamara		<b>3</b> Filer ID
<b>4</b> Date 03/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael  <b>6</b> Contributor address; City; State; Zip Code <i>2616 Park Creek Dr, PLANO, TX 75075</i> TX	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dangerfield, Tonya  Contributor address; City; State; Zip Code <i>3508 Copper Ridge Dr, McKinney, TX 75070</i> TX	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeCourdreux-Ngonga, Christine  Contributor address; City; State; Zip Code <i>5309 Stone Brooke Xing, McKinney, TX 75072</i> TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hustwit, Sarah  Contributor address; City; State; Zip Code <i>2316 Cuesta Ln, McKinney, TX 75072</i> TX	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Iftekhairul  Contributor address; City; State; Zip Code <i>11014 Mansfield Drive, Frisco, TX 75035</i> TX	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
<b>2</b> FILER NAME Thomas, Tamara		<b>3</b> Filer ID
<b>4</b> Date 03/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kehr, Bob	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code <i>4417 Hankhurst Drive, PLANO, TX 75024</i> TX		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kynard, Flora	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code <i>607 Fieldstone Drive, Coatesville, TX 76528</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lajoie, Doloris	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code <i>3600 Steven Drive, PLANO, TX 75023</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massington, Amanda	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code <i>2426 Moffatt Ave, Dallas, TX 74216</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omere, Ade	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code <i>7904 Desert Bunes Trail, McKinney, TX 75070</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/10
2 FILER NAME Thomas, Tamara		3 Filer ID
4 Date 03/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Vickie	7 Amount of Contribution (\$) <span style="float: right;">\$100.00</span>
6 Contributor address; City; State; Zip Code <i>3417 Norwood Circle, Richardson, TX 75082</i> TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Trish	Amount of Contribution (\$) <span style="float: right;">\$100.00</span>
Contributor address; City; State; Zip Code <i>125 Fountain Court, #211, Fairview, TX 75069</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Trish <i>Madison</i>	Amount of Contribution (\$) <span style="float: right;">\$250.00</span>
Contributor address; City; State; Zip Code <i>125 Fountain Court, #211, Fairview, TX 75069</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smolenyak, Paula	Amount of Contribution (\$) <span style="float: right;">\$50.00</span>
Contributor address; City; State; Zip Code <i>805 Habitat Trail, McKinney, TX 75071</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Christina	Amount of Contribution (\$) <span style="float: right;">\$100.00</span>
Contributor address; City; State; Zip Code <i>1621 Chisholm Trail, Prosper, TX 75078</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/10
2 FILER NAME Thomas, Tamara		3 Filer ID
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Tamara (Dr.)	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code <i>2701 W. 15th St. #514, Plano, TX 75075</i> TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Daphne	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code <i>1357 Todd Drive, Plano, TX 75023</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Dee	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code <i>P.O. Box 132, Monroe, Washington 98272</i> TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 9/10	<b>2</b> FILER NAME Thomas, Tamara	<b>3</b> Filer ID	
<b>4</b> Date 03/13/2025	<b>5</b> Payee name ArtCentre of Plano		
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 902 E. 16th Street  Plano, TX 75074		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense venue for March 9, 2025 campaign kickoff	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 10/10	<b>2</b> FILER NAME Thomas, Tamara	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 03/11/2025	<b>6</b> Payee name Keepers Press
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<b>7</b> Amount (\$) \$969.92	<b>8</b> Payee address; City; State; Zip Code 520 Loma Vista  Heath, TX 75032
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign signs
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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