

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Kronka	MI
	NICKNAME	LAST Thimesch	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2516 Sir Tristram Ln Lewisville, TX 75056		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE (972) PHONE NUMBER 670-0331 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Scott	MI
	NICKNAME	LAST Brown	SUFFIX
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 4229 Arbor Lane; Carrollton, TX 75010		
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 795-9271	EXTENSION
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 10 THROUGH 4 / 3 / 18		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 5 / 5 / 18 ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) Lewisville ISD Trustee Place 1		
13 OFFICE SOUGHT (if known)	Lewisville ISD Trustee Place 1		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT

JAMIE RIGGLES
My Notary ID # 131206871
Expires July 13, 2021

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kronda Thimesch, this the 6th
day of April, 20 18, to certify which, witness my hand and seal of office.

Ami Riggle
Signature of officer administering oath

Jamie Riggle
Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Kronk Thimesch		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3596-
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	☐ SCHEDULE E: LOANS	\$ -
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1132.37
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Kronda Thimesch</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/22/18</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Nikki Maranell</i> 6 Contributor address; City; State; Zip Code <i>3404 Apple Valley, Farmers Branch, TX 75234</i>	7 Amount of contribution (\$) <i>\$150 -</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/8/18</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Curt Richmond</i> Contributor address; City; State; Zip Code <i>2612 Serenity Ct, Carrollton, TX 75010</i>	Amount of contribution (\$) <i>\$500 -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/20/18</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Barry Minoff</i> Contributor address; City; State; Zip Code <i>1308 Creekview, Lewisville, TX 75067</i>	Amount of contribution (\$) <i>\$250 -</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/29/18</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>TREPAC Texas Association of Realtors</i> Contributor address; City; State; Zip Code <i>PO Box 2246, Austin, TX 78768</i>	Amount of contribution (\$) <i>\$2,500 -</i>
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

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.

1 Total pages Schedule F1:	2 FILER NAME Kronka Thimesch	3 Filer ID (Ethics Commission Filers)
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4 Date 3/28/18	5 Payee name Flower Mound Chamber of Commerce
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6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 700 Parker Square Flower Mound, TX 75028 #100
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kronka Thimesch	Office sought USD School Board Place 1	Office held
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Date 4/3/18	Payee name First Graphics Services, Inc
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Amount (\$) \$982.37	Payee address; City; State; Zip Code 229 Garvon St Garland, TX 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kronka Thimesch	Office sought USD School Board Place 1	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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