

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/7 Report: 9/39	
2 FILER NAME Thibaut, Kristi		3 ACCOUNT # (Ethics Commission filers) 00058217	
4 Date 09/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nix, David 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/23/2008	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00331454) People for the American Way Voters Alliance PAC Contributor address; City; State; Zip Code Washington, DC 20036-3314	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Planned Parenthood of Houston & Southeast Texas Action Fund PAC Contributor address; City; State; Zip Code Houston, TX 77004-3913	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stuart, Don Contributor address; City; State; Zip Code Houston, TX 77219	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans Together PAC Contributor address; City; State; Zip Code Austin, TX 78723	Amount of contribution (\$) \$22,500.00	In-kind contribution description (if applicable) GOTV canvassing
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00058217	2 PAGE # 2 of 39	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kristi	MI	
	NICKNAME	LAST Thibaut	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE
	1803 Briarpark Dr. Houston, TX 77042			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mark	MI	
	NICKNAME	LAST Thibaut	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE; ZIP CODE
	1803 Briarpark Dr. Houston, TX 77042			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(713) 881-3513				
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 \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month	Day	Year	Month Day Year
07/01/2008		THROUGH 09/25/2008		
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11/04/2008				
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 133	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	. . . Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. . .			
	Name			
	Address/PO Box; Apt. / Suite #; City; State; Zip Code			

GO TO PAGE 2

