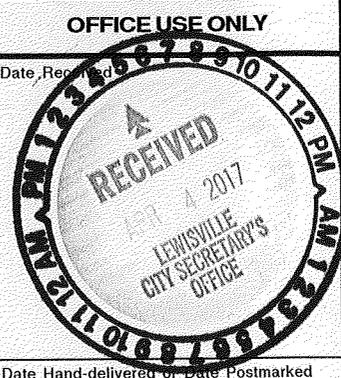


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: center; font-size: 24px;">8</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST <i>Thomas</i>	MI <i>J</i>	
	NICKNAME <i>TJ</i>	LAST <i>GILMORE</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>724 JUNIPER LANE LEWISVILLE TX 75077</i>			
	AREA CODE <i>(469)</i>	PHONE NUMBER <i>322 9432</i>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST <i>Thomas</i>	MI <i>J</i>	Date, Received or Date Postmarked
	NICKNAME <i>TJ</i>	LAST <i>GILMORE</i>	SUFFIX	Receipt #
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>724 JUNIPER LW LEWISVILLE TX 75077</i>			Amount \$
	AREA CODE <i>(469)</i>	PHONE NUMBER <i>322 9432</i>	EXTENSION	Date Processed
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>724 JUNIPER LW LEWISVILLE TX 75077</i>			Date Imaged
	AREA CODE <i>(469)</i>	PHONE NUMBER <i>322 9432</i>	EXTENSION	
9 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)			
10 PERIOD COVERED	Month Day Year <i>7 / 16 / 2016</i>			Month Day Year <i>4 / 6 / 2017</i>
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 8 / 17</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <i>LEWISVILLE CITY COUNCIL PLACE 3</i>		13 OFFICE SOUGHT (if known) <i>LEWISVILLE CITY COUNCIL PLACE THREE</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME THOMAS J. GILMORE (TJ) **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2415.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1567.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2299.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

[Signature]

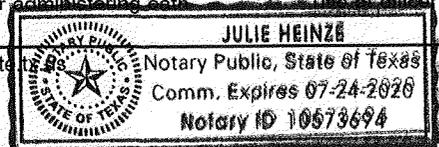
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TJ Gilmore, this the 4th day of April, 2017, to certify which, witness my hand and seal of office.

[Signature] Julie Heinze Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2415.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1567.97
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME THOMAS J. GILMORE (TJ)		3 Filer ID (Ethics Commission Filers)
4 Date 1/2/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD FORD 6 Contributor address; City; State; Zip Code 829 HIGH MEADOW CT. LEWISVILLE TX 75077	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 2/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUGLAS C. HICKS Contributor address; City; State; Zip Code 1637 GLENHILL LN. LEWISVILLE TX 75077	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DATA ANALYST		Employer (See Instructions) GENUINE PARTS CO.
Date 2/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATHAN D. McLANE Contributor address; City; State; Zip Code 980 DOWNNEY DR. LEWISVILLE TX 75067	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) I.T.		Employer (See Instructions) AMERICAN HEART ASSN
Date 3/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETH RAMBOY Contributor address; City; State; Zip Code 1344 SAN ANTONIO LN LEWISVILLE TX 75077	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>THOMAS J. GILMORE (TJ)</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/13/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MELINDA JAMISON</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>1315 CEDAR RIDGE LOUISVILLE TX 75067</i>		
8 Principal occupation / Job title (See Instructions) <i>ADMIN ASST.</i>		9 Employer (See Instructions) <i>ATC GROUP SERVICES</i>
Date <i>2/14/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CAM REINHART</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1128 KELLY LAKE LOUISVILLE TX 75077</i>		
Principal occupation / Job title (See Instructions) <i>DIR. CLIENT SVCS.</i>		Employer (See Instructions) <i>SEGWICK CMS</i>
Date <i>2/16/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAIGE SHAWEN</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>617 PRICE DR LOUISVILLE TX 75067</i>		
Principal occupation / Job title (See Instructions) <i>SALES TRAINING</i>		Employer (See Instructions) <i>ESSILON</i>
Date <i>3/23/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GREATER LOUISVILLE ASSOCIATION OF REALTORS (TREPAC)</i>	Amount of contribution (\$) <i>\$1500.00</i>
Contributor address; City; State; Zip Code <i>TREPAC PO BOX 2246 AUSTIN TX 78768 997 S. EDMONDS LN LOUISVILLE TX 75067</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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/17

5 Full name of contributor out-of-state PAC (ID#: _____)

RAYMOND DANIELS

6 Contributor address; City; State; Zip Code

5513 BISHOP CT LAKE DALLAS TX 75065

7 Amount of contribution (\$)

\$ 140.00

8 Principal occupation / Job title (See Instructions)

SERVICE TECH.

9 Employer (See Instructions)

DANIELS AC

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Thomas J. Gilmore (TJ)</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/17</i>	5 Payee name <i>DEWATELY CORPORATION</i>	
6 Amount (\$) <i>24.28</i>	7 Payee address; City; State; Zip Code <i>629 J. STREET STE 207 SAN DIEGO CA 92101</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FEES</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/22/17</i>	Payee name <i>STAPLES</i>
Amount (\$) <i>41.39</i>	Payee address; City; State; Zip Code <i>997 VALLEY RIDGE BLVD. LEWISVILLE TX 75077</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/28/17</i>	Payee name <i>CAMPAIGNS & PROMOTIONS</i>
Amount (\$) <i>1253.38</i>	Payee address; City; State; Zip Code <i>404 1-45 SOUTH HUNTSVILLE, TX 77340</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME THOMAS J. GILMORE (TJ)	3 Filer ID (Ethics Commission Filers)			
4 Date 3/17/17	5 Payee name PARTY CITY				
6 Amount (\$) 19.45	7 Payee address; City; State; Zip Code LAKEPOINTS TOWNE CROSSINGS 735 HERZBON PKWY LOUISVILLE 75057				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/21/17	Payee name VISTA PRINT				
Amount (\$) 179.47	Payee address; City; State; Zip Code 95 HAYDEN AVENUE LEXINGTON MA 02421				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/23/17	Payee name CLAUDE HICKS				
Amount (\$) 50	Payee address; City; State; Zip Code 1637 GLENHILL LN LOUISVILLE TX 75077				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE GRAPHIC DESIGN	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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