CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethic	cs Commission Filers)	2 Total pages t	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS/ MR	MWWU		T.	OFFICE	USEONLY
NAME	NICKNAME	EWERS-SMU	irnett	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #;	CITY; STAT	E; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS (MR)	vew Wed	Su	MI	Receipt # Date Processed	Amount \$
NAIVIE	NICKNAME	LAST		SUFFIX	Date Imaged	
		Nelsin	ACCORDED 579/AC			
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / S		ITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	120 N	1. Rosemany	Dure 1	siyan, Tx	77802	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTE	NSION		
TREASURER PHONE	(979)	450-343	54			
9 REPORT TYPE	January 15	30th day before o	election	Runoff		after campaign appointment fer Only)
	July 15	8th day before ele	POLIVII	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	ar
OOVERED	01	/01/2023	THROUGH	06/	30/21	023
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	12/8	/ 22 General	Special	*		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE B	E SOUGHT (If known	y council	DISMUT5
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MAD	DE WITHOUT THE CAND	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		до то	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Soneth Marketine Surface Commence		Appendicate frames appearance and ap
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
	 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 	\$ 178.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,242.95
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ Ø
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ Ø
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	I David Eve	s-shumett
		andidate or Officeholder
	Please complete either option belov	v:
(1) Affidavit		
(1) Amdavit		
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by this the	day of,
	which, witness my hand and seal of office.	
		Title of officer administering oath
Signature of officer administe	ring oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Deglarati		0.584 (0.177) (0.178)
My name is	TA EWERS-Shuttet, and my date of birth is	
My address is _		BUSA
Braz	(Street) Texas, on the day of Ju	(country)
Executed in 1010	County, State of 10 700 , on the 11 day of 10 month	1 0
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20		20 Filer ID (Ethics Con	mmission Filers)
21		LE SUBTOTALS = SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 178.34
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1,242 95
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.	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 CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

1		340-100 N & 0100-2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
The	Instruction Guide explains how	w to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	io Ewers · SV	nur tlett	•		3 Filer ID (Ethics Commission Filers)
4 Date 04 03 33	5 Full name of contributor	out-of-state PAC		Zip Code	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)		yer (See Instruc	tions)
Date OHIOANAT	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
01117123	Contributor address;	City;	State;	Zip Code	28.34 reunalianum trum Renmo
Principal occup	pation / Job title (See Instructions)		SV/	yer (See Instruc	tions)
Date	Full name of contributor Contributor address;	out-of-state PAC	(ID#:	Zip Code	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Emplo	oyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	{ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)	Emple	oyer (See Instruc	ctions)
	ATTACH ADD	ITIONAL COPIES	OF THIS S	CHEDULEAS	NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:		
2 FILER NAME	E		3 Filer ID (Ethics Co.	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIA		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	\	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	. Check if travel outside	 	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	rer (FOR NON-JUDICIA	AL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	A			
	ATTACH ADDITIONAL COPIES OF T			a requirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explain	s how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES		\$	
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City; Sta	te; Zip Code		
					Check if travel outs	I. ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Sta	ite; Zip Code		
					Check if travel outs	l . ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; Sta	ite; Zip Code		
					Check if travel outs	I , ide of Texas. Complete Schedule T.
	Principal occup	oation / Job title (See Instru	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T
	Principal occup	eation / Job title (See Instruc	etions)	Employer (See	Instructions)	

Revised 11/15/2022

LOANS SCHEDULE E

	ii ine requested	i information is not applicable, DO NO	i include tills page in the rep	JOIL.		
	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS		\$		
5	Date of loan	_	PAC (ID#:)	9 Loan Amount (\$)		
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
	Y N			11 Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Colli	ateral	Check if personal functional account (See Instruction	ls were deposited into political ons)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City;	State; Zip Code			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender out-of-state f	PAC (ID#:)	Loan Amount (\$)		
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
	Y N			Maturity date		
	Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)			
	Description of Colla	ateral	Check if personal func account (See Instructi	ls were deposited into political ons)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME WAYLE EWEYS - SMIL	vnetf	3 Filer ID (Ethics Commission Filers)
4 Date 01[03]83	5 Payee name First Financial	Bank	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 5.00	PO BOX 701, Abil	encity 19604	
8	(a) Category (See Categories listed at the top of this se		
PURPOSE OF EXPENDITURE	Accounting Bankung	9 Paper	Strucment fee
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/01/23	# FIrst Financial	Bank	
Amount (\$)	Payee address;	City;	State; Zip Code
P.00	10 BOX 701. AV	intenc TX 7961	94
	Category (See Categories listed at the top of this sol		
PURPOSE OF EXPENDITURE	ACCOUNTING I BANG	king Paper 8	nument tec
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	. 1 \	
02/02/23	Varmo lam out 1	May 10 Burs)	
Amount (\$)	Payee address;	City;	State; Zip Code
400.00	Ulk		
	Category (See Categories listed at the top of this sch	Description	admind From L
PURPOSE OF EXPENDITURE	Frunt Exponse	DIST 5 (N	adiruma) Event
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: FILER NAME uniers - Shumett 4 Date State; Zip Code 40.00 8 **PURPOSE** Accounting OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date African American Museum City; State: Zip Code Amount (\$) 175.00 Description PURPOSE ion tributins! OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date (reimburment) Zip Code Amount (\$) Payee address; City; State: Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME WAY (A FWEYS - SMU	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/23	5 Payee name Streets M	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
00.00	\$ 1700 Grosbeck 8	St, Byan Tx 17803
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Contibutions Donation	Donation to SOS. Ministry
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
04/03/23	First Financial Baw	K
Amount (\$)	Payee address;	City; State; Zip Code
\$5.00	PO Box 701, Abriler	
PURPOSE OF	Category (See Categories listed at the top of this schedule) AUDUNNING BUNKING	Description Stutement
EXPENDITURE	requiring parties.	100
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
05/01/23	First Financial Bank	L
Amount (\$)	Payee address;	City; State; Zip Code
ടെ 00	PD BOX TOI Abilene	, Tx 79604
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Accounting Banking	Paper Statement Fee
**	Check if Iravel cutside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift//wards/Memorials Expense 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		lages/Contract Labor Other (enter a category not lis	ated above)
1 Total pages Schedule F1:	2 FILER NAME WEYS - Shut	1ett 3 Filer ID (Ethics Comm	nission Filers)
Date 00/01/23	5 Payee name FIRSTFINANUAL F		
6 Amount (\$)	7 Payee address;	City; State; Zip	Code
\$5.00	\$ PO BOX 701 Abile	ne TX-9604	
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting Banking	Paper statement to	•
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	ө
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office	held
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip	Code
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	e
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office	held
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip	Code
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	9
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office	e held
*,6	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	al Committee Legal Services The Instruction Gulde explain	Salaries/Wages/Contract Labor is how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Au	stin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
		City;	State; Zip Code
Amount (\$) TYPE OF	Payee address;	Non-Political	State; Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; Political	Non-Political schedute) Description	State; Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; Political Category (See Categories listed at the top of this Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political schedute) Description	
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of this Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political schedule) Description Schedule T. Check if A	ustin, TX, officeholder living expense

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		The Instruction Guide explains how to complete this form.	1 Total page	es Schedule F3:
2 FII	LER NAM	E	3 Filer ID (E	Ethics Commission Filers)
4 Da	ate	5 Name of person from whom investment is purchased		
		6 Address of person from whom investment is purchased;	City;	State; Zip Code
		7 Description of investment		
		8 Amount of investment (\$)		
D	ate	Name of person from whom investment is purchased		
		Address of person from whom investment is purchased;	City;	State; Zip Code
		Description of investment		
		Amount of investment (\$)		
		ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDE	D

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATE	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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 expla	ains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
	(c) Check if travel outside of Texas. Comple	te Schedule T. Check if Ar	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	his schedule) Description	
	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 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 (approximately provided above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	/Wages/Contract Labor	Other (enter a category not listed above)
Oredit Califf aymoric	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITORL	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sought	, Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, TX, officeholder living expense
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 NEED	DED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

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 Overheadt/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	``	
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See instruc required.)	tions regarding type of information
Date	Payee name		A
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruc required.)	tions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instruction (See Instruction)	blions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruct required.)	ctions regarding type of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:	
2 FILER NAME		3 Filer ID (Ethics Commissi	ion Filers)
4 Date	5 Name of person from whom amount is received	8 A	mount (\$)
	6 Address of person from whom amount is received; City; Star	e; Zip Code	
	7 Purpose for which amount is received Check if	political contribution returned	to filer
Date	Name of person from whom amount is received	A	mount (\$)
	Address of person from whom amount is received; City; Sta	ite; Zip Code	
	Purpose for which amount is received Check if	political contribution returned	to filer
Date	Name of person from whom amount is received	A	Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution returned	to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution returned	to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

•		-	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporatio	n or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reports	ed on:		
· · · · · · · · · · · · · · · · · · ·			
	hedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2 Sc	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Name	7 Name of person(s) traveling		
8 Depart	ure city or name of departure location		
9 Destin	ation city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, se	eminar, or other event)	
Name of Contributor / Corporatio	n or Labor Organization / Pledgor / Payee		
Contribution / Expenditure report	ed on:		
Schedule A2 Sc	hedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
	, , <u> </u>		
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling			
Departure city or name of departure location			
Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)		eminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
Schedule A2 Sche	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name of person(s) traveling			
Depar	Departure city or name of departure location		
Destin	Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

-	The Instruction Guide explains how to complete this form.				
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
		Marca Ewers - Shur nett			
3	SIGNA				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.				
	A.	CAMPAIGN FUNDS			
	Checl	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B. ASSETS				
	Check only one:				
	I do not retain assets purchased with political contributions or interest or other income from political contributions.		e from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to		
			Signature of Candidate		
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••			
	7	I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as		