#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** T. Mrs. Marca NAME Date Received NICKNAME LAST SUFFIX **Ewers-Shurtleff** 4 CANDIDATE / APT / SUITE #: ADDRESS / PO BOX: CITY: STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** PHONE MS / MRS / MR FIRST М CAMPAIGN **TREASURER** Andrew Mr. Date Processed NAME NICKNAME LAST Date Imaged Nelson STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day Month Year COVERED 31 22 10 30 22 9 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description 22 Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE no office held Bryan City Council, District 5 Seat THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

16	Filer ID (Ethics	Commission Filers)	
TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,270.00	
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00	
4. TOTAL POLITICAL EXPENDITURES	\$	9,560.65	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	AY §	4,868.83	
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	IE \$	0.00	
	nd correct and in	cludes all information	
MWW EWES Shuffeld Signature of Candidate or Officeholder			
Please complete either option below:			
·			
before me by this the	day of		
vhich, witness my hand and seal of office.			
ing oath Printed name of officer administering oath	oillo lo elliT	cer administering oath	
OR			
n			
(street)  County, State of, on the day of (month)	W 20 2.	Country)  Showther becarant)	
	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEPGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEPGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  2. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  4. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF T	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  6. LOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  Wear, or affirm, under penalty of porjury, that the accompanying report is true and correct and in ultred to be reported by me under Title 15, Election Code.  Please complete either option below:  Please complete either option below:  OR  OR  (sireer)  (size of Candidate or Office holds)  (size of Candidate or Office holds)	

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### SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	mmissi	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CÓNTRIBUTIONS		\$	6,270.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	9,560.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	тківитіойг	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	0.00

## SCHEDULE A1

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

ті	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	EWERS-SHURTLEFF	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Joseph & Jennifer Slovacek		7 Amount of contribution (\$)
.07 7.20	6 Contributor address; City; State; Zip Code 5552 Raymond Stotzer PKWY, College Station 77845	
Principal oc	ccupation / Job title (See Instructions)  9 Employer (See Instructions)	otions)
Date	Full name of contributor out-of-state PAC (ID#:) William Thornton, Jr.	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4343 Carter Creek PKWY, No. 100, Bryan, TX 77802	
Principal occ	cupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Gayle French	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1747 Parkland Drive, College Station, TX 77845	
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Casey Oldham	Amount of contribution (\$)
	Contributor address; City; State; Zlp Code 2003 Moses Creek, College Station, TX 77845	230.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED reporting requirements.
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### SCHEDULE A1

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2 FILER NAME MARCA EV	/ERS-SHURTLEFF		3 Filer ID (Ethics Commission Filers)	
4 Date 10/4/22	Robert Hunter Goodwin	ID#:) State; Zip Code	7 Amount of contribution (\$) 500.00	
	1011 Lyceum Court, College Sattion,	Texas 77840		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
Date 10/4/22	Full name of contributor out-of-state PAC ( Aron Hutchins	ID#:)	Amount of contribution (\$) 400.00	
	Contributor address; City; 3219 Old Oaks Drive, Bryan, TX 7780	State; Zip Code )2		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date 10/4/22	Ramiro Galindo	:#di	Amount of contribution (\$) 200.00	
	Contributor address; City; 3000 Galindo Way, bryan, Texas 7780	State; Zip Code )4		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date		ID#:)	Amount of contribution (\$)	
10/6/22	Glenda & Robert Byrns  Contributor address; City;  108 Redbut Street, Bryan, Texas 778	State; Zip Code	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
		,		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ca EWERS. Shurtutt	3 Filer ID (Ethics Commission Filers)
4 Date 10 12 22	5 Full name of contributor out-of-state PAC (IDII:)  Dhillip Borrow  6 Contributor address; City; State; Zip Code  3405 (AMW COWN Bryant)/+770)  pation / Job title (See Instructions)  9 Employer (See Instructions)	7. Amount of contribution (\$) \$100.00
Date 10/13/82	Full name of contributor out-of-state PAC (ID#:)  MIWALL Schaeter	Amount of contribution (\$)
10/10/000	Contributor address; City; State; Zip Code 3743 Chaw Canym College Statem 17745	\$250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/13/22	Saran WILKINGON  Contributor address; City; State; Zip Code  3122 Camelot Drive#50Byon 7781	\$250.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 10 18 32	Full name of contributor out-of-state PAC (ID#:)  Jack Valevius	Amount of contribution (S)
10(101	Contributor address; City; State; Zip Coda  3609 Park Meadlew LM. Bygan 781	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.
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### SCHEDULE A1

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4 Date	5 Full name of contributor out-of-state PAC	3 (IDÆ)	7 Amount of contribution (\$)
	6 Contributor address; City; 442   NOHingham Lr	State: Zip Code  1 BYWM 7700	\$500°
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG  WHERE TO WING PAG  Contributor address; City;		Amount of contribution (\$)
10/26/20	Contributor address; City; 4 RAYMS PCYM, BYYA		\$300
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	; (IO#:	Amount of contribution (\$)
10/26/192	Full name of contributor out-of-state PAC  AVMED HEVIN KYO CTY  Contributor address; City;  THE REMANN DY. T	State; Zip Code	\$250°
Principal occur	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10124122	Contributor address; City;  3208 INNSBYWUL CIT. COV	State; Zip Code	\$250 m
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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## SCHEDULE A1

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2 FILER NAME MWCA ENCY-Shurtht	3 Filer ID (Ethlos Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 10/24/92 VAWYENCE C. Hodges 6 Contributor address; City; State; Zip Code 530/ WOOdd G. Colleges Tay 7045	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor    Old   Old	Amount of contribution (\$)
10/26/27 Contributor address; City; State; Zip Code 2509 RIVER FIVEST DR. Byom 778/2	\$250 11
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date  Full name of contributor  Out-of-state PAC (ID#:)  RATER D fractius  Contributor address; City; State; Zlp Code  7750 RAYMMd STUTUE CILLAR State 77845  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$) \$3000 tions)
Date Full name of contributor out-or-state PAC (ID#:)  N27107 Stynumic Junes  Contributor address; City; State; Zip Code  281 Ear Ruder FW. Willer Summ Take  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  \$100
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	IEEDED

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#### SCHEDULE A1

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2 FILER NAME	a Evers. Shurtlett	3 Filter ID (Ethics Commission Filters)	
4 Date	5 Full name of contributor  Greater Brazzs Valley Builders ASSOC 6 Contributor address;  City; State; Zip Code  230 SW PKW E. College Station 7741	7 Amount of contribution (\$) \$(20)	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
10/28/22	Street Ch. Bryant 7708	\$100.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)	
Date	Full name of contributor out-of-state PAC (IDIF:	Amount of contribution (\$)	
10 28 22	Patrick anrly contributor address; City: State; Zlp Code 2307 Elm Creek Ct. Byan TX 77808	\$ 5000	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)	
Date	Full name of contributor out-of-state PAC (ID#;	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

### SCHEDULE F1

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

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

Advartising Expense
Accounting/Banking,
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholden/Political Committee
Gredt Gard Payment

Event Experise Fees Food/Beverage Experise Girl/Awards/Morrorials Expense Légal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salartes/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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME wers-Shurtlett 9/26/22 State: Zip Code . 6 Amount (\$) 1700 GrotsbeckSt. BryanTX 100.00 (a) Category (See Categories listed at the top of this schedule) (b) Description COntribution made by **PURPOSE** Donation OF EXPENDITURE Check if travel outside of Texas; Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH Pavee name Date First Financial Bank 10/3/22 Zip Code Amount (\$) Payee address: 3400 F. Starthwy 21 Bryan TV 77808 5. DO Category (See Categories listed at the top of this schedule) Description Accounting/Bankung PURPOSE ÓF **EXPENDITURE** Chock if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office hold Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 936 Media Amount (\$) Zip Code **も1000.00** Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schodule T Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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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
Continuitions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
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Legal Services

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4 Date 1014122	Dams Flower Snup		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
10le.03	1105 S. Texas Ave. B	ryan,TX7	780,3
.8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description	,
PURPOSE OF EXPENDITURE	Event Expense	event d	ecor
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10/7/22	TWINE CO.		
Amount (\$)	Payee address;	City;	State; Zlp Code
\$1250.00	108 Williams Jud Bry	your PKW	Bryan 7x 77803
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	Check if travel outside of Toxas, Complete Schedule T.	Check if Austin,	1X, officeholder living expense
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Ďate	Рауее пате		The State of the S
1017122	Rilly Johnson		
Amount (\$)	Payee address;	City;	State; Zip Code
345.00	409E. 26th St. Bry	Jan 74 1	7803
	Category (See Categories listed at the top of this schedule)	Description	1
PURPOSE OF EXPENDITURE	Contract Labor	campaign	r labor
	Check if travel cutaide of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
757	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED

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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
Conditutions/Donations/Made By
Candidate/Officeholder/Political Committee

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Event Exponso
Fees
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Loan Repayment/Relimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Satisfies/Manss/Contract Labor Solicitation/Fundralang Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Revised 8/17/2020

Credit Card Payment	The Instruction Guide explains how to	complete this form.		·
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4 Date 1011122	5 Payee name Savan Wilkinson	·	- Mary de Paller	
6 Amount (\$)	7 Payee address;	.Clty;	State; Zip Code	
\$53.04	1105 University De. F	=. Ste 100	t, College Station	17240
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1 5-0	
PURPOSE OF EXPENDITURE	Printing Expense	Reimbru	sement for Copy come	R
	(c) Check it travel cureids of Texas: Complete Screedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date _	Payeo name			
10/12/22	Venmo			
Amount (\$)	Payee address;	City;	State; Zip Code	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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### SCHEDULE F1

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

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

Advortising Expense Accounting/Danking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee.

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Eveni Expense Food/Deverage Expense
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Loan Repayment/Relimbursement Office Overhead/Rental Expense Politing Expense Printing Excense

Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transpoxiation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Revised 8/17/2020

Cradit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payoe name Zip Code State; 6 Amount (\$ (b) Description 8 PURPOSE Mailer OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10119122 City; Zip Code Amount (\$) Collegestation Description Category (See Categories listed at the top of this schedule) PURPOSE Hangers DOOR OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name 10/21/22 City; State: Zip Code Amount (\$) Payee address; \$23.82 Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX, officeholder tlying expense Chack if travel cutside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	•
Advertising Expense Accounting Banking Consulting Expense Contributions/Donations Made F Candidate/Officeholder/Politic	Food/Boverage Expense   1 Food/Boverage Expense   1 By Gift/Awards/Morrorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarlea/Wages/Contract Lebor	Solidiation/Fundrelaing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (onter a category not listed above)
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6 Amount (\$)	7 Payee address;	City;	State; Zlp Godo
9.40	95 Morton St. 6	5th Floor NY	NY 10014
8	(a) Category (See Categories listed at the top of this sch	**	
PURPOSE OF EXPENDITURE	tus	Patrick Cu	nroy Venmo Donatu
	(C) Chack I travel outside of Texas. Complete School	guleT. Check if Austin	n, TX, officeholder living expense
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Complete ONLY If direct expenditure to benefit C/OH

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Candidate / Officeholder name

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Office sought

Check if Austin, TX, officeholder flying expense

Revised 8/17/2020

Office held

### 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 Expenso Git/Awards/Memorials Exponse Legal Services

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

Transportation Equipment & Rolated Expense travel in District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundralsing Expense

Gencauraynen	The Instruction Guide explains how to	complete this form.	· ·
1 Total pages Schedule F1:	2 FILER NAME May LA EWERS. Shurtle	LH+	3 Filer ID (Ethics Commission Filers)
4 Date  0 24 29	5 Payee name TWINZ Co.		
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125000	108 William J. Bry	yan pki	NV Bryan TV 772
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
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