

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,560.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,868.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

Marcia Ewers-Shurtlett

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Marcia Ewers-Shurtlett, and my date of birth is [REDACTED]
 My address is [REDACTED], Bryan, TX, 77801, USA
(street) (city) (state) (zip code) (country)
 Executed in Brazos County, State of TX, on the 31 day of October, 2022
(month) (year)
Marcia Ewers-Shurtlett
 Signature of Candidate/Officeholder (Declarant)

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 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 CONTRIBUTIONS	\$ 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 FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARCA EWERS-SHURTLEFF		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/22	5 Full name of contributor out-of-state PAC (ID#: _____) Joseph & Jennifer Slovacek	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 5552 Raymond Stotzer PKWY, College Station 77845		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) William Thornton, Jr.	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4343 Carter Creek PKWY, No. 100, Bryan, TX 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Gayle French	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1747 Parkland Drive, College Station, TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Casey Oldham	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2003 Moses Creek, College Station, TX 77845		
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MARCA EWERS-SHURTLEFF		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/22	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Hunter Goodwin 6 Contributor address; City; State; Zip Code 1011 Lyceum Court, College Sattion, Texas 77840	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/4/22	Full name of contributor out-of-state PAC (ID#: _____) Aron Hutchins Contributor address; City; State; Zip Code 3219 Old Oaks Drive, Bryan, TX 77802	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/22	Full name of contributor out-of-state PAC (ID#: _____) Ramiro Galindo Contributor address; City; State; Zip Code 3000 Galindo Way, bryan, Texas 77804	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/6/22	Full name of contributor out-of-state PAC (ID#: _____) Glenda & Robert Byrns Contributor address; City; State; Zip Code 108 Redbut Street, Bryan, Texas 77801	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marca Ewers-Shuttell		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/22	5 Full name of contributor out-of-state PAC (ID#: _____) Phillip Borroni	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3405 Calmar Court Bryan TX 77802		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/13/22	Full name of contributor out-of-state PAC (ID#: _____) Michael Schaefer	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3743 Craco Canyon College Station 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/22	Full name of contributor out-of-state PAC (ID#: _____) Sarah Wilkinson	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3122 Camelot Drive #50 Bryan 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/22	Full name of contributor out-of-state PAC (ID#: _____) Jack Valerius	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3609 Park Meadow Ln. Bryan TX 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marca Ewers Shurtutt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Bill Leed	7 Amount of contribution (\$) \$500⁰⁰
	6 Contributor address; City; State; Zip Code 4421 Nottingham Ln. Bryan TX 77802	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Water to Wine Productions LLC	Amount of contribution (\$)
10/26/22	Contributor address; City; State; Zip Code 4 Ravens Peron, Bryan TX 77802	\$300⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Adam & Kevin Krolczyk	Amount of contribution (\$)
10/26/22	Contributor address; City; State; Zip Code 741 Rosemary Dr. Bryan 77802	\$250⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Joseph Schultz	Amount of contribution (\$)
10/26/22	Contributor address; City; State; Zip Code 3208 Innsbruck Cr. College Station TX 77845	\$250⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marca Ewers-Shurtlett		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/22	5 Full name of contributor out-of-state PAC (ID#: _____) Lawrence C. Hodges	7 Amount of contribution (\$) \$250⁰⁰
6 Contributor address; City; State; Zip Code 5301 Woodall Ct. College Station TX 77845		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/22	Full name of contributor out-of-state PAC (ID#: _____) Michael J. Beckendorf	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code 2509 River Forest Dr. Bryan TX 77812		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/22	Full name of contributor out-of-state PAC (ID#: _____) Ratner D. Aeneas	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 7750 Raymond Stutzke College Station TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/22	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Jones	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 2811 Ear Rudder Fwy. College Station TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marla Ewers-Shurtlett		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/22	5 Full name of contributor out-of-state PAC (ID#: _____) Greater Brazos Valley Builders Assoc. 6 Contributor address; City; State; Zip Code 230 SW FKNW E. College Station 77840	7 Amount of contribution (\$) \$120⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/22	Full name of contributor out-of-state PAC (ID#: _____) Steve Pringle Contributor address; City; State; Zip Code 3216 Elm Creek Ct. Bryan TX 77808	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/22	Full name of contributor out-of-state PAC (ID#: _____) Patrick Conroy Contributor address; City; State; Zip Code 2307 Elm Creek Ct. Bryan TX 77808	Amount of contribution (\$) \$ 500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 |
| 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 Marca Ewers-Shurtlett	3 Filer ID (Ethics Commission Filers)
4 Date 9/26/22	5 Payee name Save Our Streets Ministry	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1700 Brooksbeck St. Bryan TX 77803	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION made by candidate	(b) Description Donation
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/3/22	Payee name First Financial Bank	
Amount (\$) 5.00	Payee address; City; State; Zip Code 73400 E. Stat Hwy 21 Bryan TX 77808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Paper statement fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/4/22	Payee name 936 Media	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 1050 Johnnie Pudds Blvd. Unit 2414 Mount Pleasant SC 29465	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / Wages / Contract Expense	Description Campaign Staff
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY 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 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
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>Marla Ewers-Shurtlett</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/4/22</i>	5 Payee name <i>Nannys Flower Shop</i>
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6 Amount (\$) <i>106.03</i>	7 Payee address; City; State; Zip Code <i>1105 S. Texas Ave. Bryan, TX 77803</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>event decor</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/17/22</i>	Payee name <i>TWINZ Co.</i>
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Amount (\$) <i>\$1250.00</i>	Payee address; City; State; Zip Code <i>108 William Joel Bryan PKWY Bryan TX 77803</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>campaign consultation</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/17/22</i>	Payee name <i>Pitzy Johnson</i>
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Amount (\$) <i>345.00</i>	Payee address; City; State; Zip Code <i>409 E. 26th St. Bryan TX 77803</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>campaign labor</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expenses Printing Expenses 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date: 10/11/22 5 Payee name: Sarah Wilkinson

6 Amount (\$): \$53.04 7 Payee address: 1105 University Dr. E. Ste 104, College Station TX 77840
City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: (a) Category: Printing Expense (b) Description: Reimbursement for Copycorner
(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/OH Candidate / Officeholder name Office sought Office held

Date: 10/12/22 Payee name: Venmo

Amount (\$): \$2.00 Payee address: 95 Minton Street 5th Floor New York, NY 10014
City: State: Zip Code:

PURPOSE OF EXPENDITURE: Category: Fees Description: Venmo Fee Phillip Bonni Donation
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: 10/17/22 Payee name: TWINZ CO.

Amount (\$): 114.36 Payee address: 108 William J. Bryan Pkwy. Bryan TX 77803
City: State: Zip Code:

PURPOSE OF EXPENDITURE: Category: Printing Expense Description: Reimbursement DOOR Hanger
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/19/22	5 Payee name ADM Mail	
6 Amount (\$) \$4999.56	7 Payee address; City; State; Zip Code 427 Bellwood St. Bryan TX 77801	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Mailer
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/22	Payee name Copy Corner	
Amount (\$) \$98.24	Payee address; City; State; Zip Code 2307 Texas Ave. S. College Station TX 77840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door Hangers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/21/22	Payee name Copy Corner	
Amount (\$) \$23.82	Payee address; City; State; Zip Code 2307 Texas Ave. S. College Station TX 77840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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
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/Raising 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		3 Filer ID (Ethics Commission Filers)	
4 Date 10/26/22		5 Payee name Venmo			
6 Amount (\$) 9.60		7 Payee address; City; State; Zip Code 95 MORTON ST. 5 TH FLOOR N.Y., N.Y. 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Patrick Conroy Venmo Donation Fee		
	(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/OH		Candidate / Officeholder name		Office sought	
Date 10/26/22		Payee name Venmo			
Amount (\$) 2.00		Payee address; City; State; Zip Code 95 MORTON ST. 5 TH FLOOR N.Y., N.Y. 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Steve Pringle Donation Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/26/22		Payee name Venmo			
Amount (\$) 2.00		Payee address; City; State; Zip Code 95 MORTON ST. 5 TH FLOOR N.Y., N.Y. 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Stephanie Jones Venmo Donation Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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 |
| 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>Maria Ewers - Shurtlett</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/26/22</i>	5 Payee name <i>TWINZ Co.</i>	
6 Amount (\$) <i>1250.00</i>	7 Payee address; <i>108 William J. Bryan Pkwy Bryan TX 77803</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/28/22</i>	Payee name <i>SKYLAR EIKE</i>
Amount (\$) <i>200.00</i>	Payee address; <i>2949 Armer Dr. Bryan, TX 77807</i>
	City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Bounce House Rental</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address;
	City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY 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