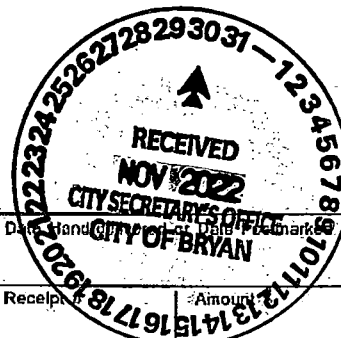


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MS FIRST: Marca B T MI: NICKNAME: LAST: Enlers Shurtz SUFFIX: 	OFFICE USE ONLY Date Received:  Date Handled: Date Filed: Receipt Amount: Date Processed: Date Imaged:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: [REDACTED] APT / SUITE #: CITY: STATE: ZIP CODE: Change of Address: 	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: [REDACTED] PHONE NUMBER: [REDACTED] EXTENSION: 	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR FIRST: Andrew Nelson MI: NICKNAME: LAST: Nelson SUFFIX: 	

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: **720 Rosemary Dr. Bryan, TX 77802** CITY: STATE: ZIP CODE:

8 CAMPAIGN TREASURER PHONE
 AREA CODE: **(979)** PHONE NUMBER: **450-3434** EXTENSION:

9 REPORT TYPE

<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" 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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month: **11** / Day: **1** / Year: **22** THROUGH Month: **11** / Day: **30** / Year: **22**

11 ELECTION

ELECTION DATE			ELECTION TYPE		
Month: 12	Day: 8	Year: 22	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other:
			<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE OFFICE HELD (if any): **no office held** **13 OFFICE SOUGHT (if known):** **Bryan City Council, District 5 Seat**

14 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.

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages:

GO TO PAGE 2

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)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	5741.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

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, 77803 BRANDS
(street) (city) (state) (zip code) (country)
 Executed in BRANDS County, State of TEXAS, on the 30 day of NOV, 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	\$ 6850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5741.34
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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 CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 11/1/22	5 Full name of contributor out-of-state PAC (ID#: _____) Paul & Ann Brouard 6 Contributor address; City; State; Zip Code 3121 Palmetto Trail, Bryan, Texas 77807	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/20/22	Full name of contributor out-of-state PAC (ID#: _____) Sarah Wilkinson Contributor address; City; State; Zip Code 3122 Camelot Drive, Unit 52, Bryan, TX 77802	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2022	Full name of contributor out-of-state PAC (ID#: _____) Robertson Neal Properties Contributor address; City; State; Zip Code 409 E. 26th Street, Bryan, TX 77803	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/22	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Slovacek Contributor address; City; State; Zip Code 5552 Raymond Stotzer PKWY Ste 200 CS TX 77845	Amount of contribution (\$) 1,000.00
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 11/29/22	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Bienski 6 Contributor address; City; State; Zip Code 4406 Nottingham Lane, Bryan, TX 77802	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/22	Full name of contributor out-of-state PAC (ID#: _____) Brian & Nirupa Saia Contributor address; City; State; Zip Code 3211 Elom Creek Court, Bryan, TX 77807	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/22	Full name of contributor out-of-state PAC (ID#: _____) Larry G. Holt Contributor address; City; State; Zip Code 5002 Augusta Cir. College Station, TX 77845	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/22	Full name of contributor out-of-state PAC (ID#: _____) Andrew Restivo Contributor address; City; State; Zip Code 3203 Willow Ridge Dr. Bryan, TX 77807	Amount of contribution (\$) 150.00
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 11/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Keith Manning 6 Contributor address; City; State; Zip Code 3201 Elm Creek Ct., Bryan, TX 77807	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/2022	Full name of contributor out-of-state PAC (ID#: _____) S.K. Adams Contributor address; City; State; Zip Code 3204 Laurel Trace, Ct. Bryan, TX 77807	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/8/22	Full name of contributor out-of-state PAC (ID#: _____) Monty Davis Contributor address; City; State; Zip Code 3012 Hickory Ridge Cir. Bryan, TX 77807	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/8/2022	Full name of contributor out-of-state PAC (ID#: _____) Chandler Arden Contributor address; City; State; Zip Code 4508 Mills Park Circle, Ste. 500, CS TX 77845	Amount of contribution (\$) 100.00
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 11/8/22	5 Full name of contributor out-of-state PAC (ID#: _____) Shamsddin Maredia 6 Contributor address; City; State; Zip Code 5409 Saint Andrews Drive, CS TX 77845	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/8/22	Full name of contributor out-of-state PAC (ID#: _____) Rick Wagner Contributor address; City; State; Zip Code 6501 Wheellock Hall Rd. Bryan, TX 77808	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Campaign for Jared Salvato Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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)

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-SHURTLEFF	3 Filer ID (Ethics Commission Filers)
4 Date 11/3/22	5 Payee name Lauren Connolly Reimbursement 100 Women of BCS	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code NATonline pymt online charity; 100 Women of BCS	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations made by candidate	(b) Description Donation to 100 Women of BCS
	(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 11/8/22	Payee name Beccashoemaker	
Amount (\$) 5.00	Payee address; City; State; Zip Code NATonline pymt	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description WATER PARTY
	(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
Date 11/14/22	Payee name Copy Corner	
Amount (\$) 505.42	Payee address; City; State; Zip Code 2307 Texas Ave. College Station TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door Hangers
	(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

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
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/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.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11/16/22		5 Payee name NANA Blossom Shop - reimburse Hunter Shumlett 11/30/22			
6 Amount (\$) 70.36		7 Payee address; City; State; Zip Code 409 E. 26 th Street Bryan TX 77803			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Award Expense		(b) Description flowers for campaign volunteer		
	(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 11/14/22		Payee name Target - Reimburse Marca Shumlett			
Amount (\$) 12.59		Payee address; City; State; Zip Code 409 E. 26 th St. Bryan TX 77803			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Stationary		
	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 11/16/22		Payee name USPS - reimburse Hunter Shumlett 11/30/22			
Amount (\$) 60.00		Payee address; City; State; Zip Code 409 E. 26 th St. Bryan TX 77803			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Postage		
	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	

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 11/21/22		5 Payee name USPS - reimburse Hunter Shurtlett 11/30/22			
6 Amount (\$) 24.00		7 Payee address, City, State, Zip Code 409 E. 20th St. Bryan TX 77803			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Postage		
	(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 11/16/22		Payee name Twine Co.			
Amount (\$) 1250.00		Payee address, City, State, Zip Code 200 S Main St. Bryan TX 77803			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Advertising / Consulting		
	(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 11/16/22		Payee name Marshalls - reimburse Marca Shurtlett 11/30/22			
Amount (\$) 29.30		Payee address, City, State, Zip Code 409 E. 20th St. Bryan TX 77803			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign event		Description Contributions/Donation Homebuilders event		
	(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: 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/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.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11/29/22		5 Payee name AD Mail			
6 Amount (\$) 1009.57		7 Payee address: 427 Dellwood St. Bryan TX		City: Bryan TX	State: TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Mailers		
	(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 11/29/22		Payee name Tex Aqs Texas Film Works			
Amount (\$) 500		Payee address: 308 George Bush Dr. College Station TX		City: College Station TX	State: TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description VIDEO		
	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 11/29/22		Payee name Kyle Schumann			
Amount (\$) 550.00		Payee address: 2107 Stubbs Dr. Bryan TX		City: Bryan TX	State: TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Data Analysis & Coaching		
	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	

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 Maxia Ewers-Shurtick		3. Filer ID (Ethics Commission Filer)	
4. Date 11/28/2022		5. Payee name Venmo			
6. Amount (\$) 2.95		7. Payee address; N/A		City:	State: Zip Code
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee		(b) Description		
	(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 11/30/22	Payee name Venmo				
Amount (\$) \$2.00	Payee address; N/A		City:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		Description		
	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 10/6, 10/10, 10/16, 10/20	Payee name Pay Pal				
Amount (\$) 48.04	Payee address;		City:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Paypal Fees		
	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
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/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.

1. Total pages Schedule F1:		2. FILER NAME		3. Filer ID (Ethics Commission Filers)	
4. Date 11/30/22		5. Payee name TWINZ CO			
6. Amount (\$) 1250		7. Payee address; 200 S. Main St. Bryan, TX		City:	State: TX Zip Code: 77803
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Consulting		(b) Description Advertising		
	(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 11/30		Payee name Riley Johnson - reimbursement - copy corner			
Amount (\$)		Payee address; 409 E. 26th St Bryan TX		City:	State: TX Zip Code: 77803
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.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/30/22		Payee name Daran Wilkerson - reimbursement JR. League			
Amount (\$) 300.00		Payee address; 3172 Camelot Dr. Unit 52 Bryan TX		City:	State: TX Zip Code: 77802
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation		Description JR. League		
	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