CAMPAI	ATE / OFFICEHOLDER GN FINANCE REPORT		FORM C/O COVER SHEET PG
The C/OH Instructio	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Wild	мі Т.	OFFICE USE ONLY
	Ewers-Shurtleff	SUFFIX	5 1011
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE	Date Received RECEIVED OCT 2024 CITY SECRETARY'S OFFICE CITY OF BRYAN
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 9	EXTENSION	bashandele basevileb-bash asd
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr. Andrew NICKNAME LAST Nelson	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT 1/SU 720 N. Rosemary Drive, Bryan,		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 450-3434	EXTENSION	
B REPORT TYPE	January 15 30th day before ele	ion Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year 07 / 01 / 20	Reporting Limit Month THROUGH 09	Day Year 26 / 24
1 ELECTION	ELECTION DATE Month Day Year Primary 11 / 5 / 24 Tem General	ELECTION TYPE C Runoff Other Description Special	3
2 OFFICE	OFFICE HELD (Fany) SMD5 Bryan City Council	13 OFFICE SOUGHT (if known) SMD5 Bryan City Co	puncil
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACC THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MA CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE. TYPE COMMITTEE NAME	EPTED OR POLITICAL EXPENDITURES MADE	
Additional Pages	GENERAL COMMITTEE ADDRESS	IRER NAME	
	COMMITTEE CAMPAIGN TREASI	URER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Marca T. Ewers Shurtleff	CAMPAIG	N FINANCE REPORT			
TOTALS PLEDGES, LOARS, OR GUARANTESS OF LOARS, OR S 0.00 2. TOTAL POLITICAL CONTRIBUTIONS \$ 6,500.00 2. TOTAL POLITICAL CONTRIBUTIONS \$ 6,500.00 EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00 4. TOTAL POLITICAL EXPENDITURE \$ 0.00 6. TOTAL POLITICAL EXPENDITURES \$ 15.00 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 6,574.00 OUTSTANDING 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 6,574.00 OUTSTANDING 6. TOTAL PRINCIPAL ANOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 0.00 18 SIGNATURE Iswear, 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. WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	15 C/OH NAME Marca T. Ewers Shur	tleff	16 Filer	ID (Ethics Comr	nission Filers)
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) C, 00,00,00 EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$0,000 4. TOTAL POLITICAL EXPENDITURES \$15,000 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 0. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$0,000 18 SIGNATURE I eveer, or affirm, under penalty of periory, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. \$0,000 18 SIGNATURE I eveer, or affirm, under penalty of periory, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. \$0,000 18 SIGNATURE I eveer, or affirm, under penalty of periory. \$1000000000000000000000000000000000000	17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	1	\$	0.00
to TALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	6,500.00
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,574.00 OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00 18 SIGNATURE I sweer, 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. June 40, 200 JUNE I sweer, 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. JUNE I sweer, 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. JUNE I sweer, 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. JUNE I sweer, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate Defore me by		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	-	\$	0.00
BALANCE OF REPORTING PERIOD International states of the state of the state of the states the states of the st		4. TOTAL POLITICAL EXPENDITURES		\$	15.00
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required to be reported by me under Title 15, Election Code.		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0.00
required to be reported by me under Title 15, Election Code.	18 SIGNATURE	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and cor	rrect and includ	es all information
Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by	re	quired to be reported by me under Title 15, Election Code.			
Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by		Marca 1. a	IWI	12-8m	unit
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by		Signature of Ca	andidate d	or Onicenoider	
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by					
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by					
NOTARY STAMP/SEAL Sworn to and subscribed before me by		Please complete either option below	N:		
NOTARY STAMP/SEAL Sworn to and subscribed before me by					
NOTARY STAMP/SEAL Sworn to and subscribed before me by					
NOTARY STAMP/SEAL Sworn to and subscribed before me by					
Sworn to and subscribed before me by	(1) Affidavit				
Sworn to and subscribed before me by					
Sworn to and subscribed before the by	NOTARY STAMP/SEA	AL			
Sworn to and subscribed before the by		this the		day of	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration My name is				_ day or	·
OR (2) Unsworn Declaration My name is	20, to certify	y which, witness my hand and seal of office.			
OR (2) Unsworn Declaration My name is		District and the statistics of the		Title of officer a	administering oath
(2) Unsworn Declaration My name is <u>MAY (A.T. EWEYS Shurtlett</u> , and my date of birth is <u>Wy address is</u> My address is <u>Brazos</u> (street) Executed in <u>Brazos</u> County, State of <u>TWAS</u> , on the <u>J</u> day of <u>October</u> , 20, 24 (vear) (vear) <u>Signature of Candidate/Officeholder (Declarant)</u> Revised 1/1/2024	Signature of officer administ				
My name is <u>MAY (A.T. EWEYS Shurtlett</u> , and my date of birth is <u>My address is</u> <u>Byan</u> , <u>TV</u> , <u>USA</u> (street) (street) (city) (state) (zip code) (country) Executed in <u>Br AZDS</u> County, State of <u>TWAS</u> , on the <u>T</u> day of <u>OCtober</u> , 20 <u>24</u> . (wear) (vear) (vear) (vear) <u>Maxwall Eweys</u> Shurtlett Signature of Candidate/Officeholder (Declarant)					
My address is					
My address is	My name is Max	(AT. EWEYS Shurtleff, and my date of birth is	s		•
(street) Executed in <u>Brazos</u> County, State of <u>TWAS</u> , on the <u>1</u> (city) (state) (zip code) (country) May of <u>OCHOPER</u> , 20 <u>24</u> . (vear) (vear) Signature of Candidate/Officeholder (Declarant) Revised 1/1/2024			TV.		USA .
Executed in <u>Brazos</u> County, State of <u>TWAS</u> , on the <u>day of October</u> , 20, 24. (year) Signature of Candidate/Officeholder (Declarant)	wy address is	(street)	(state)		
Forms provided by Texas Ethics Comm Revised 1/1/2024	Executed in Braz	TDS County, State of <u>10445</u> , on the <u>day of OC</u>	Ewer	5- Smu	MUH rant)
	Forms provided by Texas E	Ethics Comm Bocot Form s.sta Bocot Bage			Revised 1/1/2024

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers)

19 FILER NAME

	IEDULE SUBTOTALS NE OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,500.00
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	\$	15.00
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/OI	H \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1 10-min
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

state

MONETAR	Y POLITICAL	CONTRIBUTIONS
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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	wers-Shurtleff	
4 Date	5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$)
	Brett Richards	
09/30/24		
00/00/21	6 Contributor address; City; State; Zip C	
	1101 University Drive E. #104 College Station Te	exas
8 Principal occu	pullen , eee and (,	See Instructions)
Auctioneer	Coleman P	atterson
Data	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Date		
09/10/24	Larry Hodges	
09/10/24	Contributor address; City; State; Zip C	Code 500.00
	2307 Texas Ave. S. Suite B College Station, Tex	as
Principal occup	bation / Job title (See Instructions) Employer (S	Gee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2010	Doug & Kara French	
09/10/24		1,000.00
00,10,21	Contributor address; City; State; Zip C	Code 1,000.00
	4090 State HWY 6 S. College Station, Texas	
Principal occur	pation / Job title (See Instructions) Employer (S	See Instructions)
Philoparocod		
Data		Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:	
	Contributor address; City; State; Zip C	code
	- the title (See Instructions)	See Instructions)
Principal occu	pation / Job title (See Instructions) Employer (
	ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see Instruction guide for	additional reporting requirements.
L		Beviewd 1/1/2024
Forms provided by	Texas Ethics Comm Reset Form s.sta Res	set Page

NON-MONETARY	(IN-KIND)	POLITICAL
CONTRIBUTIONS		

SCHEDULE A2

T	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor Cut-of-state PAC (ID#		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	And the second s	Check if trave! outs	 ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		~	
Date	Full name of contributor 🗌 out-of-state PAC (ID#)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
Principal occ	I cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	In the second	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		and the second
			1999-1999 - 1999-1999-1999-1999-1999-19	a sense anno anno anno anno anno anno anno ann
	2			
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			g requirements.
Forms provided b	y Texas Ethics Comm Reset Form	Rese	t Page	Revised 1/1/2024

PLEDGED CONTRIBUTIONS

SCHEDULE B

ddress; City; le (See Instructions) of pledgorout-of-state PAC	(ID#:	of Pledge \$ de 	kind contribution escription
of pledgor aut-of-state PAC ddress; City; le (See Instructions) of pledgor aut-of-state PAC ddress; City;	State; Zip Code	Amount 9 In- of Pledge \$ de I Check if travel outside of Tex te Instructions)	escription kas. Complete Schedule
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e (See Instructions) of pledgor 🗍 out-of-state PAC ddress; City;	11 Employer (Se	L) Amount In	-kind contribution
of pledgor 🗌 out-of-state PAC ddress; City;	; (ID#:	L) Amount In	-kind contribution
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of pledgor 🗌 out-of-state PAC	C (ID#:		-kind contribution escription
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le (See Instructions)	Employer (S		
of pledgor 🗌 out-of-state PAC	C (ID#:		e-kind contribution escription
iddress; City;	State; Zip Code		2
e (See Instructions)	Employer (S		xas. Complete Schedule
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LOANS	i forestion is not applicable. DO NO	T include this name in the rea	SCHEDULE E
If the requested	information is not applicable, DO NO	T mçinde tins page in the rep	
The I	nstruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filer
TOTAL OF UN	ITEMIZED LOANS		\$
Date of loan	7 Name of lender Out-of-state	PAC (ID#)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
<u>Т ү [] </u>			11 Maturity date
2 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
0 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🔲 out-of-state	PAC (ID#:)	Loan Arnount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		-	
Bringing Occupati	on (See Instructions)	Employer (See Instructions)	
Principal Occupati			

FROM POLIT	EXPENDITURES MADE				DULE F1
	ormation is not applicable, DO NOT ir	nclude th		port.	
	EXPENDITURE CATEG				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explain	Office Overh Polling Expe Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense y not listed above)
Total pages Schedule F1:				3 Filer ID (Ethics	Commission Filers)
Date July, August, September 2024	5 Payee name				
Amount (\$)	7 Payee address;		City;	State;	Zip Code
15.00	PO Box 701 Abilene Texas 79	604			
1	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fee (3 months)		Paper Statem	ent Fee	
	(C) Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
	Category (See Categories listed at the top of this a	schedule)	Description		
EXPENDITURE	Oberly King of exterior (The Construction	Schedule T	Check if Aur	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete S Candidate / Officeholder name DH		Office sought	and a second state	Office held
Date	Payee name				
Amount (\$)	Payee address;	r)	City;	State;	Zip Code
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete	Schedule T.		stin, TX, officeholder living	and the second
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL COPIES	S OF THIS	SCHEDULEAS NE	EDED	
orms provided by Texas E	Ethics Com Reset Form	cs.s	Reset Page		Revised 1/1/20

UNPAID INCURRED OBLIGATIONS

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

SCHEDULE F2

			And the second s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		EXPENDITURE CA	EGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex Salaries/M	pense ages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
		The Instruction Guide ex	plains how to c	omplete this form.		
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM		PAID INCURRED OF	BLIGATION	S	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	itical		
10 . PURPOSE OF	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description		*
EXPENDITURE	(c)	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Au	stin, TX, officehoider living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeholder name	c	ffice sought	Office h	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical	- postante da construir e de la la construir e de la construir e de la construir e de la construir e de la cons	
PURPOSE OF EXPENDITURE	Catego	ory (See Categories listed at the top	of this schedule)	Description		
		Check if travel outside of Texas. Cor	nplete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O		ndidate / Officeholder name	e (Office sought	Office h	eld
				244 - Angelin Gen		
	ATTA	CH ADDITIONAL COPIL	S OF THIS	CHEDULE AS NE	EEDED	
Forms provided by Texas Ethi	cs Com	Reset Form	CS.S	Reset Page		Revised 1/1/2024

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

2

4

SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:	
	3 Filer ID (Ethics Commission Fil	ers)
5 Name of person from whom investment is purchased		
6 Address of person from whom investment is purchased;		p Code
7 Description of investment		
8 Amount of investment (\$)		
Name of person from whom investment is purchased		
Address of person from whom investment is purchased;	City; State; Zi	p Code
Description of investment		
Amount of investment (\$)		
	5 Name of person from whom investment is purchased 6 6 Address of person from whom investment is purchased; 7 7 Description of investment 8 8 Amount of investment (\$) 8 Name of person from whom investment is purchased 4 Address of person from whom investment is purchased 6 Description of investment (\$) 9 Description of person from whom investment is purchased 6 Description of investment 10 Description of investment 10 Description of investment 10	The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission File 5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased; 6 Address of person from whom investment is purchased; City; 7 Description of investment 8 Amount of investment (\$) Name of person from whom investment is purchased; Address of person from whom investment is purchased; Address of person from whom investment is purchased; Description of investment (\$) Description of investment is purchased; City; State; Zi Description of investment

Reset Form

Forms provided by Texas Ethics Commi

Reset Page

Revised 1/1/2024

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Pc	Event Exp Fæs Food/Beve de By Gift/Award	ense erage Expense Is/Memorials Expense	Loan Rep Office Ov Polling E Printing B	oayment/Reimburse /erhead/Rental Exp xpense	ment Solicitatio ense Transpor Travel In Travel O	District ut Of District	g Expense ent & Related Expe not listed above)
	n Guide explains how to co			Source and the second	GE FOR EACH CR	EDIT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILER	ID (Ethics	Commission File
4 TOTAL OF UNITEMIZED E	KPENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut	tion			ang sector and galances we are		
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Credi	t Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	sted at the top of this sche	dule)	(b) Description			
Political Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.	CH	eck if Austin, TX, offic	eholder living (expense
Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credi	t Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	l dress;	City,	State,	Zip Code
EXPENDITURE	(a) Category (See Categories I	isted at the top of this sche	dule}	(b) Description			
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.	С	heck if Austin, TX, offi	ceholder living	expense
Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought	an air an	Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expendito	ure Charged	(c) Date(s) Credi	t Card Issuer Paid		
PAYEE	(a) Payee name	_	(b) Payee ad	l dress;	City,	State,	Zip Code
EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	
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PERSONA			SCHEDULE G
If the requested in	nformation is not applicable, DO NOT inc	nude uns page in the re	
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Fees Food/Beverage Expense le By Gift/Awards/Memorials Expense	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 G	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		d
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
EXTERDITORE	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austli	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description	
EXPENDITORE	Check if travel outside of Texas. Complete Scher	dule T. Check if Austi	in, TX, officeholder living expense
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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 sche	edule) Description	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF		
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing I Salaries/	Expense Wages/Contract Labor	Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t ny not listed above)
1 Total pages Schedule H:	2 FILER NA	AME			3 Filer ID (Ethics	s 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 so	chedule)	(b) Description		
	(c) (c)	heck if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officeholder living of	axpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		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 so	chedule)	Description		
	c	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	umung-ordin it	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 so	chedule)	Description		
	0	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name	·		
6 Amount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type o	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 required.)	e instructions regarding type of	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 required.)	e instructions 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 (Se required.)	e instructions regarding type	of information
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	RIBUTIONS RETURNED TO FILER ested information is not applicable, DO NOT include this p	age in the report.	
	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
FILER NAME	ter in the second s	3 Filer ID (Ethic	s Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City;	State; Zip Code	
	7 Purpose for which amount is received C	heck 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;	State; Zip Code	
	Purpose for which amount is received C	heck if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
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IN-KIND CON FOR TRAVEL		IONS OR POLITICAL EXPENDIT	TURES SCHEDULE T	
		not applicable, DO NOT include this page i	n the report.	
inter.	·	explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME		-	3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / C	Corporation o	r Labor Organization / Pledgor / Payee		
5 Contribution / Expenditu Schedule A2 Schedule F2 6 Dates of travel	Scheol		Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
	8 Departure	a city or name of departure location		
	9 Destinatio	on city or name of destination location		
10 Means of transportatio	n	11 Purpose of travel (including name of conference, s	eminar, or other event)	
Name of Contributor / (Corporation c	r Labor Organization / Pledgor / Payee		
Contribution / Expendit	Scher	on: dule B Schedule B(J) Schedule C2 dule F4 Schedule G Schedule H person(s) traveling	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
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Name of Contributor /	Corporation (or Labor Organization / Pledgor / Payee		
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The Instruction Guide explains how to complete this for	m.
Complete only if "Report Type" on page 1 is marked "Fina	IReport" ••
CIOH NAME Mary T. EWEVS - Shurtleff SIGNATURE	2 Filer ID (Ethics Commission Filers)
I do not expect any further political contributions or political expenditures in connection with m designating a report as a final report terminates my campaign treasurer appointment. I also u campaign contributions or make any campaign expenditures without a campaign treasurer ap	nderstand that I may not accept any
FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below <i>only</i> if you are not an officeholder. ••	
A. CAMPAIGN FUNDS	
Check only 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 politimay not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions that I must file and that I must dispose of unexpended political contributions in accordance with the requirement	contributions and that I may not retain tributions longer than six years after cal contributions and unexpended
B. ASSETS	
Check only one:	
I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.
I do retain assets purchased with political contributions or interest or other income fir that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to
•• Complete this section only if you are an officeholder ••	×
I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political con- political contributions or interest or other income from political contributions.	if, after filing the last required report as
	Revised 1/1/202

		OFFIC	E USE ONLY
	AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION	Date Received	
*******	An exemption affidavit must be submitted with each paper report.	Date Hand-deliv	ered or Date Postmarked
Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.		Receipt #	Amount \$
in <u>any</u> calendar yea	r must me an subsequent reporte container of	Date Processed	
Filer name	Filer ID #	Date Imaged	
MANIA	T. EWINS-Shufflett		

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the Campaign Finance Report due on Out . 1, 2024 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

lana Ewas Smithelt

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	
My address is Executed in County		per, 20 24. (year) WMS SMUMOH of Filer (Declarant)
FILERS WHO AR ARE STILL REG	RE EXEMPT FROM THE ELECTRONIC FILING REC QUIRED TO FILE CAMPAIGN FINANCE REPORTS	UIREMENT ON PAPER