CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 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** narca MYS. NAME Date Received NICKNAME RECEIVED CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** MAILING BryanTX JUL 15 2025 **ADDRESS** Change of Address EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER TYSECRETARYSOFFICE **OFFICEHOLDER** CITY OF BRYAN PHONE Receipt # Amount \$ MS / MRS / MR MI 6 CAMPAIGN TREASURER Andrew **Date Processed** NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CAMPAIGN TREASURER ADDRESS 720 N. Rosemany Drive, Bryan Tx 77802 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month COVERED 101 THROUGH 30 /2025 25 **ELECTION TYPE ELECTION DATE** 11 ELECTION Runoff Other Description Primary Month Day Year Special General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Bryancity Council Scat 5 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 0 | 16 Filer ID (Ethics Commission Filers) |
|--|---|---------------------------------------|---|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT | | \$ 600.00 |
| | 2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN | UTIONS IS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL | . EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDI | TURES | \$ 35.0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD | ONS MAINTAINED AS OF THE LAS | 1 15 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING | ALL OUTSTANDING LOANS AS O | \$ O.00 |
| THE STATE OF THE PROPERTY OF THE PARTY OF TH | wear, or affirm, under penalty of perjury, th uired to be reported by me under Title 15, Ele | | ue and correct and includes all information |
| F" | | 0 | 2-8hututt andidate or Officeholder |
| 81 | | oignaturo et oc | |
| | | | |
| | Please compl | ete either option belov | w: |
| | | | |
| (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 administer | ing oath Printed name of offic | er administering oath | Title of officer administering oath |
| | | OR | |
| (2) Unsworn Declaration | on | | |
| My name is | LA T EWERS Shum | 4, and my date of birth is | |
| My address is _ | | Dryan. | 7x Brais |
| Executed in Brazi | (street) S County, State of | on the 15 day of 10 (month) | (state) (zip code) (country) Wy, 20 |
| | | Signature of Candi | date officerolder (Declarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME | R NAME 20 Filer ID (Ethics Con | | |
|-----|---|--|-----------|--|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL | |
| 1. | SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS | 1.67,102 | \$ 500.00 | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR | \$ Ø | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | CARETAIN | \$ 0 | |
| 4. | SCHEDULE E: LOANS | \$ Ø | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO | \$ 35.00 | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM | \$ 0.00 | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PE | \$ 0.00 | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU | \$ 0.00 | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM P | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER | DULE 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: | | | | |
| Maria T. Ewers-Snurlett | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 4/30/25 | 5 Full name of contributor out-of-state PAC COMCANT 6 Contributor address; City; 1701 JFK Blvd. 49mflav 1 | (ID#:) State; Zip Code | 7 Amount of contribution (\$) \$\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | | | | |
| Date | Full name of contributor out-of-state PAC Contributor address; City; | (ID#:) State; Zip Code | Amount of contribution (\$) | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | ions) | |
| Date | | (ID#:) State; Zip Code | Amount of contribution (\$) | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC Contributor address; City; | (ID#:) State; Zip Code | Amount of contribution (\$) | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE AS NI | EEDED | |
| If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | |

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor out-of-state PAC (ID#: | Amount of 9 In-kind contribution Contribution 1 description Check if travel outside of Texas. Complete Schedule T. OR NON-JUDICIAL)(See Instructions) S job title (FOR JUDICIAL) (See Instructions) Contributor's spouse (if any) (FOR JUDICIAL) | |
|--|--|--|
| MANUA T. EWERS - Shutter 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor out-of-state PAC (ID#: | Amount of 9 In-kind contribution Contribution \$ description | |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | Contribution \$ description | |
| 7 Contributor address; City; State; Zip Code 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (F 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (IDIF: Contributor address; City; State; Zip Code Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (in Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of | Contribution \$ description | |
| 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: | s job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (ID#:) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of | V. | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date | contributor's spouse (if any) (FOR JUDICIAL) | |
| Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (ID#:) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of | | |
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| Contributor's employer/law firm (FOR JUDICIAL) Law firm of | FOR NON-JUDICIAL)(See Instructions) | |
| Maria di Salaman di Sa | s job title (FOR JUDICIAL) (See Instructions) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | firm of contributor's spouse (if any) (FOR JUDICIAL) | |
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PLEDGED CONTRIBUTIONS

SCHEDULE B

| If the requested information is not applicable, DO NOT include this page | e in the report. |
|---|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule B: |
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED PLEDGES | \$ |
| 5 Date 6 Full name of pledgor out-of-state PAC (ID#: | 8 Amount 9 In-kind contribution of Pledge \$ description |
| | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (See Instructions) 11 Employer (See | Instructions) |
| Date Full name of pledgor | Amount I In-kind contribution of Pledge \$ I description |
| | |
| Principal occupation / Job title (See Instructions) Employer (See | Instructions) |
| Date Full name of pledgor out-of-state PAC (ID#: | Amount of In-kind contribution description |
| | Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (See Instructions) Employer (See | Instructions) |
| Date Full name of pledgor | Amount of In-kind contribution Pledge \$ description |
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| Principal occupation / Job title (See Instructions) Employer (See | Instructions) |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see Instruction guide for | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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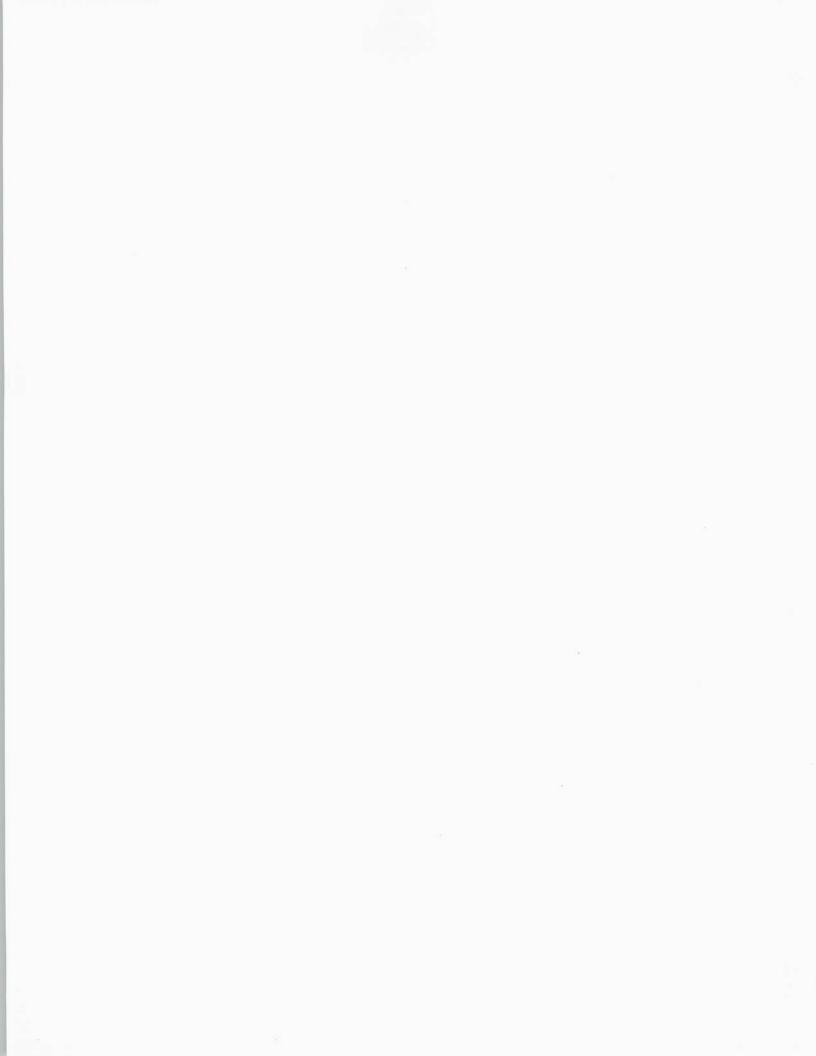
| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repayment/Reimbursement 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 F1: | 2 FILER NAME Marca T. Ewers | Shurlett | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 411125 | 5 Payee name First Financial | 2 | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | |
| 5.00 | PO BOX 701, Ani | line TX 79044 | | |
| 8 | (a) Category (See Categories listed at the top of this so | | L | |
| PURPOSE OF EXPENDITURE | Fees | Paper 1 | interment tee | |
| | (c) Check if travel outside of Texas. Complete Sch | nedule T. Check if Au | stin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date 5 1 25 | Payee name FIRST FI Nancial | Bank | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| \$ 5.00 | PO BOX 701, Abil | ine Tx 79064 | | |
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| \$10 titul | PO BUX 701, Abilin | ,Tx 79064 | | |
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SCHEDULE F1

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| | EXPENDITURE CATEGOR | RIES FOR BOX 8(a) | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir | in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor w to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME Marca T. Gwers Sr | watett | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1225 | 5 Payee name First Financial Band | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 5.00 | PD Box 701, Abilive | TX 79604 | |
| 8 | (a) Category (See Categories listed at the top of this sched | (b) Description | |
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| Date | Payee name | | R THAT |
| 2/3/25 | FIRST Financial Bo | inle | |
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