

# 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: <i>16</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>ELSIE</i>	MI <i>JANE</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>THURMAN</i>	SUFFIX	Date Received <i>10/09/2023</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE <i>HORSESHOE BAY TX 78657</i>	
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>FRIZD</i>	MI <i>C</i>	Date Hand-delivered or Date Postmarked <i>10/09/2023</i>		
	NICKNAME	LAST <i>ANDY THURMAN</i>	SUFFIX	Receipt #	Amount \$	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: <i>HORSESHOE BAY</i>				STATE: ZIP CODE <i>TX 78657</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> 30th day before election	<input 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 <i>1</i>	Day <i>/ 1</i>	Year <i>/ 2023</i>	Month <i>1</i>	Day <i>/ 20</i>	Year <i>/ 2023</i>
11 ELECTION	ELECTION DATE Month <i>11</i> Day <i>/ 1</i> Year <i>/ 2023</i>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>MAYOR OF HORSESHOE BAY</i>		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	ELSIE JANE THURMAN		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)	\$	50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	-0-
	4. TOTAL POLITICAL EXPENDITURES	\$	4521.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	10,028.26
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS			

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.

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 ELSIE JANE THURMAN, and my date of birth is 10/05/57.  
My address is HORSESHOE BAY, TX, 78657, USA.  
(street) (city) (state) (zip code) (country)

Executed in UVALDE County, State of TEXAS, on the 2 day of OCTOBER, 20 23.

Elvie Jane Thurman  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
ELSIE JANE THURMAN		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,500	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,521.74	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> 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: <i>1</i>
2 FILER NAME <b>ELSIE JANE THURMAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/2/23</b>	5 Full name of contributor <b>JAMES J. MINI BLACKMON</b> 6 Contributor address; <b>HORSESHOE BAY TX 78657</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>8/13/23</b>	Full name of contributor <b>FRANKLIN J. SUSAN BYRD</b> Contributor address; <b>HORSESHOE BAY TX 78657</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>8/17/23</b>	Full name of contributor <b>GERALD J. BRENDA GRAY</b> Contributor address; <b>HORSESHOE BAY TX 78657</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>8/17/23</b>	Full name of contributor <b>DALE J. RONDA RODMAN</b> Contributor address; <b>HORSESHOE BAY TX 78657</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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: 9
2 FILER NAME ELSIE JANE THURMAN			3 Filer ID (Ethics Commission Filers)
4 Date 8/2/23	5 Full name of contributor ROSE MARY BANKS	□ out-of-state PAC (ID#_____)	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; JACKSONVILLE	City; State; Zip Code TX 75766	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)	
Date 8/1/23	Full name of contributor LELAND J. BETH PETERSON	□ out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 500.00
	Contributor address; HORSESHOE BAY	City; State; Zip Code TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 8/1/23	Full name of contributor KENNETH J. MARILYN LINDGREEN	□ out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 500.00
	Contributor address; HORSESHOE BAY	City; State; Zip Code TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 8/6/23	Full name of contributor J. SCOTT & GAIL MATTHEWS	□ out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 500.00
	Contributor address; HORSESHOE BAY	City; State; Zip Code TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 9	
<b>2 FILER NAME</b> ELSIE JANE THURMAN				<b>3 Filer ID (Ethics Commission Filers)</b>	
<b>4 Date</b> 8/4/23	<b>5 Full name of contributor</b> ROBERT & LINDA LAMBERT			<b>6 Contributor address;</b> City: State: Zip Code HORSESHOE BAY TX 78657	<b>7 Amount of contribution (\$)</b> + 500.00
<b>8 Principal occupation / Job title (See Instructions)</b> RETIRED			<b>9 Employer (See Instructions)</b>		
<b>Date</b> 8/5/23	<b>Full name of contributor</b> ROBERT & DONNA SHAFFER			<b>□ out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> + 500.00
<b>Principal occupation / Job title (See Instructions)</b> RETIRED			<b>Employer (See Instructions)</b>		
<b>Date</b> 8/7/23	<b>Full name of contributor</b> R. WAYNE ANDERSON			<b>□ out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> + 500.00
<b>Principal occupation / Job title (See Instructions)</b> RETIRED			<b>Employer (See Instructions)</b>		
<b>Date</b> 8/6/23	<b>Full name of contributor</b> ALTON HOLMES FAMILY LTD PTR			<b>□ out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> + 500.00
<b>Principal occupation / Job title (See Instructions)</b> RETIRED			<b>Employer (See Instructions)</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>		
<b>2 FILER NAME</b> ELSIE JANE THURMAN		<b>1 Total pages Schedule A1:</b> 9
<b>4 Date</b> 8/14/23	<b>5 Full name of contributor</b> JANET & BRUCE REVENNAUGH	<b>7 Amount of contribution (\$)</b> + 500 00
<b>6 Contributor address:</b> HORSESHOE BAY TX 78657	City: State: Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> RETIRED		<b>9 Employer (See Instructions)</b>
<b>Date</b> 8/7/14	<b>Full name of contributor</b> STEPHEN & MAGGIEET JORDAN	<b>Amount of contribution (\$)</b> + 500 00
<b>Contributor address:</b> HORSESHOE BAY TX 78657	City: State: Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b>
<b>Date</b> 8/8/23	<b>Full name of contributor</b> GEORGE & PHYLLIS MITCHELL	<b>Amount of contribution (\$)</b> + 500 00
<b>Contributor address:</b> HORSESHOE BAY TX 78657	City: State: Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b>
<b>Date</b> 8/6/23	<b>Full name of contributor</b> B.ROOKS & MICHELLE HERRING	<b>Amount of contribution (\$)</b> + 500 00
<b>Contributor address:</b> HORSESHOE BAY TX 78657	City: State: Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME <b>ELSIE JANE THURMAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/17/23</b>	5 Full name of contributor <b>HUSH D. REED</b> 6 Contributor address; <b>HORSESHOE BAY TX 78657</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>8/15/23</b>	Full name of contributor <b>J.D. &amp; JAN BROWNING</b> Contributor address; <b>HORSESHOE BAY TX 78657</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>8/15/23</b>	Full name of contributor <b>A. G. NICHOLS</b> Contributor address; <b>HORSESHOE BAY TX 78657</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>8/28/23</b>	Full name of contributor <b>JOHN &amp; CAROLE MUYARD</b> Contributor address; <b>HORSESHOE BAY TX 78657</b>	Amount of contribution (\$) <b>\$ 200.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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: 9
2 FILER NAME <b>ELSIE JANE THURMAN</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>9/1/23</b>	5 Full name of contributor <b>CLAUDIA J. CRAIG HAYDON</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) <b>\$ 150 00</b>
6 Contributor address; <b>HORSESHOE BAY TX 78657</b>		City: _____ State: _____ Zip Code	
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)	
Date <b>9/1/23</b>	Full name of contributor <b>DENNIS &amp; MARGARET JENSEN</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>\$ 200 00</b>
Contributor address; <b>HORSESHOE BAY TX 78657</b>		City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>9/1/23</b>	Full name of contributor <b>DENNIS &amp; JO JENSEN</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>\$ 200 00</b>
Contributor address; <b>HORSESHOE BAY TX 78657</b>		City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>9/4/23</b>	Full name of contributor <b>JAMES &amp; DEBRA MASON</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>\$ 500 00</b>
Contributor address; <b>HORSESHOE BAY TX 78657</b>		City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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: 9
2 FILER NAME ELAINE JANE THURMAN			3 Filer ID (Ethics Commission Filers)
4 Date 9/1/23	5 Full name of contributor ROBERT & DONNA HORNIGROS	□ out-of-state PAC (ID#_____)	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; HORSESHOE BAY	City: TX State: Zip Code: 78657	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)	
Date 9/1/23	Full name of contributor LARRY MORGAN	□ out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 500.00
	Contributor address; HORSESHOE BAY	City: TX State: Zip Code: 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 9/8/23	Full name of contributor FRANCES MCROBERT	□ out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 200.00
	Contributor address; HORSESHOE BAY	City: TX State: Zip Code: 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 9/8/23	Full name of contributor RICHARD & ELIZABETH PITTS	□ out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 300.00
	Contributor address; HORSESHOE BAY	City: TX State: Zip Code: 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:  <i>9</i>
2 FILER NAME  <i>ELSIE JANE THURMAN</i>			3 Filer ID (Ethics Commission Filers)
4 Date  <i>9/19/23</i>	5 Full name of contributor  <i>FORREST &amp; CHRIS DUNLAP</i>	<input type="checkbox"/> out-of-state PAC (ID#:  .....)	7 Amount of contribution (\$)  <i>\$ 200 00</i>
6 Contributor address:  <i>HORSESHOE BAY</i>		City: <i>TX</i> State: <i>78657</i>	
8 Principal occupation / Job title (See Instructions)  <i>RETIRED</i>		9 Employer (See Instructions)	
Date  <i>9/18/23</i>	Full name of contributor  <i>JANIS BURROW</i>	<input type="checkbox"/> out-of-state PAC (ID#:  .....)	Amount of contribution (\$)  <i>\$ 300 00</i>
Contributor address:  <i>AUSTIN</i>		City: <i>TX</i> State: <i>78131</i>	
Principal occupation / Job title (See Instructions)  <i>RETIRED</i>		Employer (See Instructions)	
Date  <i>9/18/23</i>	Full name of contributor  <i>RICHARD &amp; JANIS NELSON</i>	<input type="checkbox"/> out-of-state PAC (ID#:  .....)	Amount of contribution (\$)  <i>\$ 200 00</i>
Contributor address:  <i>HORSESHOE BAY</i>		City: <i>TX</i> State: <i>78657</i>	
Principal occupation / Job title (See Instructions)  <i>RETIRED</i>		Employer (See Instructions)	
Date  <i>9/18/23</i>	Full name of contributor  <i>HANNA &amp; SAM DRAGO</i>	<input type="checkbox"/> out-of-state PAC (ID#:  .....)	Amount of contribution (\$)  <i>\$ 500 00</i>
Contributor address:  <i>HORSESHOE BAY</i>		City: <i>TX</i> State: <i>78657</i>	
Principal occupation / Job title (See Instructions)  <i>RETIRED</i>		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>9</i>
2 FILER NAME <i>ELSIE JANE THURMAN</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/4/23</i>	5 Full name of contributor <i>MICHELLE &amp; JAMES JORGENSEN</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>\$ 200.00</i>
	6 Contributor address: <i>HORSESHOE BAY</i>	City: <i>TX</i> State: <i>78657</i> Zip Code	
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)	
Date <i>9/18/23</i>	Full name of contributor <i>JOHN &amp; NANCY LOFTIS</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$ 250.00</i>
	Contributor address: <i>HORSESHOE BAY</i>	City: <i>TX</i> State: <i>78657</i> Zip Code	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>9/18/23</i>	Full name of contributor <i>JOE DAN &amp; CARLA BOWLAND</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$ 500.00</i>
	Contributor address: <i>HORSESHOE BAY</i>	City: <i>TX</i> State: <i>78657</i> Zip Code	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>9/18/23</i>	Full name of contributor <i>ROBERT &amp; DONNA HONNOR</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$ 300.00</i>
	Contributor address: <i>HORSESHOE BAY</i>	City: <i>TX</i> State: <i>78657</i> Zip Code	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# 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	ELSIE JANE THURMAN			
4 Date	5 Payee name			
8/15/23	PRINTWORKS			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
\$ 1,935.51	314 MAIN STREET	MARBLE FALLS TX 78654		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	ADVERTISING	CAMPAIGN SIGNS		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8/26/23	ELSIE THURMAN (REIMBURSEMENT)			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$ 324.38	HORSESHOE BAY		TX	78657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	ADVERTISING	PHOTO - \$ 162.38		
	EVENT EXPENSE	INSURANCE - \$ 162.00		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8/28/23	ROSE MARY BANKS			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$ 83.49	JACKSONVILLE		TX	75166
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	GIFT EXPENSE	GIFTS FOR HOSTS OF CAMPAIGN EVENTS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 Committees  
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	ELSIE JANE THURMAN		
4 Date	5 Payee name		
8/29/23	PRINTWORKS		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
+\$ 385.37	314 MAIN STREET	MARBLE FALLS TX 78654	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ADVERTISING	CAMPAGN BROCHURES	
	(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
Date	Payee name		
8/30/23	DICK NELSON		
Amount (\$)	Payee address:	City: State: Zip Code	
+\$ 100.00		HORSESHOE BAY TX 78657	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	EVENT EXPENSE	REIMBURSE FOR CLUBHOUSE DEPOSIT	
	<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
Date	Payee name		
8/31/23	CREATED FOR YOU		
Amount (\$)	Payee address:	City: State: Zip Code	
+\$ 210.00	PO BOX 4448	HORSESHOE BAY TX 78657	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	GIFTS EXPENSE	GIFTS FOR HOSTS OF CAMPAIGN EVENTS	
	<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	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	ELSIE JANE THURMAN			
4 Date	5 Payee name			
4/1/23	SERGIO PEREZ			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
\$ 200.00		GRANITE SHOALS TX 78654		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	ADVERTISING EXPENSE	CAMPAIGN SIGN INSTALLATION		
	(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
Date	Payee name			
4/1/23	HORSESHOE BAY BEACON			
Amount (\$)	Payee address:	City:	State:	Zip Code
105.00	PO BOX 4845	HORSESHOE BAY	TX	78657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	ADVERTISING EXPENSE	NEWSPAPER ADS		
	<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
Date	Payee name			
4/8/23	JIMMIE HOMBURG			
Amount (\$)	Payee address:	City:	State:	Zip Code
46.31		HORSESHOE BAY	TX	78657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	ADVERTISING EXPENSE	CAMPAIGN BUTTONS		
	<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	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	ELsie Jane Thurman	
5 Payee name	PRINTWORKS	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
1071.68	314 MAIN STREET	MARBLE FALLS TX 78654
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	CAMPAIGN SIGNS
(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		