

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:

16

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ELSIE

JADE

THURMAN

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

HORSESHOE BAY TX 78657

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

FRED

C

ANDY

THURMAN

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

HORSESHOE BAY

TX

78657

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 1 / 2023

THROUGH

Month

Day

Year

9 / 28 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 1 / 2023

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR OF HORSESHOE BAY

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

Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>ELSIE JANE THURMAN</u>		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)	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,500.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,521.74</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10,028.26</u>
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.

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 _____
My address is _____

(street) (city) (state) (zip code) (country)

Executed in VLAND County, State of TEXAS, on the 2 day of OCTOBER, 2023
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>ELSIE JANE THURMAN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>14,500</i>
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	\$ <i>4,521.74</i>
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: 1
2 FILER NAME ELSIE JANE THURMAN		3 Filer ID (Ethics Commission Filers)
4 Date 8/2/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES & MINI BLACKMON 6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 8/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANKLIN & SUSAN BYRD Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GERALD & BRENDA GRAY Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DALE & RONDA RODMAN Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSE MARY BANKS	7 Amount of contribution (\$) \$ 100 ⁰⁰
6 Contributor address; City; State; Zip Code JACKSONVILLE TX 75166		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 8/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LELAND J. BETH PETERSON	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH J. MARILYN LINDGREN	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. SCOTT & GAIL MATTHEWS	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address; City; State; Zip Code HORSESHOE BAY 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
2 FILER NAME ELSIE JANE THURMAN		3 Filer ID (Ethics Commission Filers)
4 Date 8/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & LINDA LAMBERT 6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	7 Amount of contribution (\$) \$ 500 ⁰⁰
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 8/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & DONNA SHAFER Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R. WAYNE ANDERSON Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALTON HOLMES FAMILY LTD PTR Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500 ⁰⁰
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	
2 FILER NAME ELSIE JANE THURMAN				3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JANET & BRUCE PEVENNAUGH			7 Amount of contribution (\$) \$ 500⁰⁰	
6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657					
8 Principal occupation / Job title (See Instructions) RETIRED			9 Employer (See Instructions)		

Date 8/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEPHEN & MARGARET JORDAN			Amount of contribution (\$) \$ 500⁰⁰	
Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657					
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions)		

Date 8/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE & PHYLLIS MITCHELL			Amount of contribution (\$) \$ 500⁰⁰	
Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657					
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions)		

Date 8/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BROOKS & MICHELLE HERRING			Amount of contribution (\$) \$ 500⁰⁰	
Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657					
Principal occupation / Job title (See Instructions) RETIRED			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 ELSIE JANE THURMAN		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HUGH D. REED 6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 8/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.D. JAN BROWNING Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A.G. NICHOLS Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN L. CAROLE MINYARD Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 ELSIE JANE THURMAN		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAUDIA S. CRAIG HAYDON 6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	7 Amount of contribution (\$) \$ 150 ⁰⁰
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS & MARGARET JENSEN Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 200 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS & J. JENSEN Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 200 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 9/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES & DEBRA MASON Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500 ⁰⁰
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

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 ELKE JANE THURMAN		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & DONNA HONNORS 6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	7 Amount of contribution (\$) \$ 500 ⁰⁰
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 9/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY MORGAN Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 500 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 9/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANCES MCROBERT Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 200 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 9/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD & ELIZABETH PITTS Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	Amount of contribution (\$) \$ 300 ⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 9	
2 FILER NAME ELSIE JANE THURMAN				3 Filer ID (Ethics Commission Filers)	
4 Date 9/19/23		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FORREST & CHRIS DUNLAP		7 Amount of contribution (\$) \$ 200⁰⁰	
		6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657			
8 Principal occupation / Job title (See Instructions) RETIRED			9 Employer (See Instructions)		
Date 9/18/23		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JANIS BURROW		Amount of contribution (\$) \$ 500⁰⁰	
		Contributor address; City; State; Zip Code AUSTIN TX 78731			
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions)		
Date 9/16/23		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD & JANIS NELSON		Amount of contribution (\$) \$ 200⁰⁰	
		Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657			
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions)		
Date 9/18/23		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HANNA & SAM DRAGO		Amount of contribution (\$) \$ 500⁰⁰	
		Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657			
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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 9/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHELLE & JAMES JORGENSEN			7 Amount of contribution (\$) \$ 200⁰⁰	
6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657					
8 Principal occupation / Job title (See Instructions) RETIRED			9 Employer (See Instructions)		
Date 9/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN & NANCY LOFTIS			Amount of contribution (\$) \$ 250⁰⁰	
Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657					
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions)		
Date 9/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE DAN & CARLA ROWLAND			Amount of contribution (\$) \$ 500⁰⁰	
Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657					
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions)		
Date 9/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT & DONNA HONNORS			Amount of contribution (\$) \$ 300⁰⁰	
Contributor address; City; State; Zip Code HORSESHOE BAY 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.					

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: 4		2 FILER NAME ELSIE JANE THURMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/23		5 Payee name PRINTWORKS			
6 Amount (\$) \$ 1,935.51		7 Payee address; City; State; Zip Code 314 MAIN STREET MARBLE FALLS TX 78654			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description 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 8/26/23		Payee name ELSIE THURMAN (REIMBURSEMENT)			
Amount (\$) \$ 324.38		Payee address; City; State; Zip Code HORSESHOE BAY TX 78657			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EVENT EXPENSE		Description PHOTO - \$162.38 INSURANCE - \$162.00		
	<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 8/28/23		Payee name ROSE MARY BANKS			
Amount (\$) \$ 83.49		Payee address; City; State; Zip Code JACKSONVILLE TX 75166			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT EXPENSE		Description 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 <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

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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: 4		2 FILER NAME ELSIE JANE THURMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 8/29/23		5 Payee name PRINTWORKS			
6 Amount (\$) \$ 385.37		7 Payee address; 314 MAIN STREET		City: MARBLE FALLS	State: TX Zip Code: 78654
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description CAMPAIGN 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 8/30/23		Payee name DICK NELSON			
Amount (\$) \$ 100.00		Payee address; HORSESHOE BAY		City: TX	State: TX Zip Code: 78657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description 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 8/31/23		Payee name CREATED FOR YOU			
Amount (\$) \$ 270.00		Payee address; PO BOX 4448		City: HORSESHOE BAY	State: TX Zip Code: 78657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS EXPENSE		Description 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

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: 4		2 FILER NAME ELSIE JANE THURMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 9/7/23		5 Payee name SERGIO PEREZ			
6 Amount (\$) \$ 200.00		7 Payee address; City: State: Zip Code GRANITE SHOALS TX 78654			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description 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 9/7/23		Payee name HORSESHOE BAY BEACON			
Amount (\$) 105.00		Payee address; City: State: Zip Code PO BOX 4845 HORSESHOE BAY TX 78657			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description 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 9/8/23		Payee name JIMMIE HOMBURG			
Amount (\$) 46.31		Payee address; City: State: Zip Code HORSESHOE BAY TX 78657			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description 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

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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: <div style="text-align: center;">4</div>	2 FILER NAME <div style="text-align: center;">ELSIE JANE THURMAN</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">9/26/23</div>	5 Payee name <div style="text-align: center;">PRINTWORKS</div>		
6 Amount (\$) <div style="text-align: center;">1071.60</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">314 MAIN STREET MARBLE FALLS TX 78654</div>		
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">ADVERTISING EXPENSE</div>		(b) Description <div style="text-align: center;">CAMPAIGN SIGNS</div>
	(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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Date</div> <div style="width: 40%;">Payee name</div> <div style="width: 20%;">City;</div> <div style="width: 20%;">State;</div> <div style="width: 20%;">Zip Code</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Amount (\$)</div> <div style="width: 40%;">Payee address;</div> <div style="width: 20%;">City;</div> <div style="width: 20%;">State;</div> <div style="width: 20%;">Zip Code</div> </div>			
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		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 20%;">Office sought</div> <div style="width: 20%;">Office held</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Date</div> <div style="width: 40%;">Payee name</div> <div style="width: 20%;">City;</div> <div style="width: 20%;">State;</div> <div style="width: 20%;">Zip Code</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Amount (\$)</div> <div style="width: 40%;">Payee address;</div> <div style="width: 20%;">City;</div> <div style="width: 20%;">State;</div> <div style="width: 20%;">Zip Code</div> </div>			
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		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 20%;">Office sought</div> <div style="width: 20%;">Office held</div> </div>			

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