

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>b</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>BUSIE</i>	MI <i>JANE</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>THURMAN</i>	SUFFIX	Date Received <i>10/30/2023</i> Received by Legislative Services		
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	Date Hand-delivered or Date Postmarked <i>10/30/2023</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>FRED</i>	MI <i>C</i>	Receipt #		
	NICKNAME	LAST <i>ANDY</i>	SUFFIX <i>THURMAN</i>	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY: <i>HORSESHOE BAY TX</i> STATE; ZIP CODE <i>78657</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged <i>10/30/2023</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>9</i>	Day <i>29</i>	Year <i>/23</i>	Month <i>10</i>	Day <i>20</i>	Year <i>/23</i>
11 ELECTION	ELECTION DATE Month <i>11</i> Day <i>1</i> Year <i>/23</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>SAFE AND BEAUTIFUL HORSESHOE BAY PAC</i> COMMITTEE ADDRESS <i>P.O. BOX 634, AUSTIN, TEXAS 78167</i> COMMITTEE CAMPAIGN TREASURER NAME <i>JOHN BUXIE</i> COMMITTEE CAMPAIGN TREASURER ADDRESS <i>P.O. Box 634, Austin, Texas 78167</i>			
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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 825.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4430.73

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 5922.53

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 _____ HORSESHOE BAY TX 78057 USA
(street) (city) (state) (zip code) (country)

Executed in WLAND County, State of TEXAS, on the 30 day of OCTOBER, 20 23.
(month) (year)

Elsie 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)
ELVIE JANE THURMAN	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 825.00
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	\$ 4430.73
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.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 2</p>
<p>2 FILER NAME ELVIE JANE THURMAN</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 10/2/23</p>	<p>5 Full name of contributor ROSE MARY BANKS</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p>7 Amount of contribution (\$) \$ 250.00</p>
<p>6 Contributor address; JACKSONVILLE TX 75166</p>		<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions) RETIRED</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 10/2/23</p>	<p>Full name of contributor ROBERT STEVENSON</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p>Amount of contribution (\$) \$ 100.00</p>
<p>Contributor address; SUNRISE BEACH TX 78643</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) RETIRED</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/2/23</p>	<p>Full name of contributor JAMES HARROD</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p>Amount of contribution (\$) \$ 300.00</p>
<p>Contributor address; HORSESHEOE BAY TX 78651</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) RETIRED</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/10/23</p>	<p>Full name of contributor MICHAEL PICKERING</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>	<p>Amount of contribution (\$) \$ 75.00</p>
<p>Contributor address; HORSESHEOE BAY TX 78651</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) RETIRED</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: <i>2</i>
2 FILER NAME <i>ELSIE JAYE THURMAN</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/10/23</i>	5 Full name of contributor <i>JERRY OSBORNE</i>	<input type="checkbox"/> out-of-state PAC (ID#: )	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; <i>HORSESHOE BAY</i>		City; State; Zip Code <i>TX 78657</i>	
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)	
Date	Full name of contributor 	<input type="checkbox"/> out-of-state PAC (ID#: )	Amount of contribution (\$)
Contributor address; 		City; State; Zip Code 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor 	<input type="checkbox"/> out-of-state PAC (ID#: )	Amount of contribution (\$)
Contributor address; 		City; State; Zip Code 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor 	<input type="checkbox"/> out-of-state PAC (ID#: )	Amount of contribution (\$)
Contributor address; 		City; State; Zip Code 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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)		
1	ELSE JANE THURMAN			
4 Date	5 Payee name			
10/4/23	PRINTWORKS			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
\$ 508.78	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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
10/7/23	HORSESHOE BAY BEACON			
Amount (\$)	Payee address:	City: State: Zip Code		
\$ 2,164.00	PO BOX 4845	HORSESHOE BAY TX 78657		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	ADVERTISING	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			
10/10/23	DIRECT MAIL AGENCY			
Amount (\$)	Payee address:	City: State: Zip Code		
\$ 1,151.95	1705 K AVE.	PLANO TX 75014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	ADVERTISING	POSTCARDS		
	<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				