

# 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: <div style="text-align: center;">6</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		<b>OFFICE USE ONLY</b>		
	NICKNAME LAST SUFFIX				
		<div style="text-align: center;"> <div>ELISE JANE</div> <div>THURMAN</div> </div>		<div>Date Received <b>10/30/2023</b> Received by Legislative Services  <b>OCT 30 2023</b>  City of Horseshoe Bay</div> <div>Date Hand-delivered or Date Postmarked <b>10/30/2023</b></div> <div>Receipt # Amount \$</div> <div>Date Processed</div> <div>Date Imaged <b>10/30/2023</b></div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
<input type="checkbox"/> Change of Address 		HORSESHOE BAY TX 78657			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		<div style="text-align: center;"> <div>FRED C</div> <div>THURMAN</div> </div>			
		NICKNAME LAST SUFFIX			
		ANDY THURMAN			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
		HORSESHOE BAY TX 78657			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15  <input type="checkbox"/> July 15         </div> <div> <input type="checkbox"/> 30th day before election  <input checked="" type="checkbox"/> 8th day before election         </div> <div> <input type="checkbox"/> Runoff  <input type="checkbox"/> Exceeded Modified Reporting Limit         </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input type="checkbox"/> Final Report (Attach C/OH - FR)         </div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month Day Year            9 / 29 / 23         </div> <div>THROUGH</div> <div>           Month Day Year            10 / 28 / 23         </div> </div>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
		Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
		11 / 7 / 23			
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.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE		COMMITTEE NAME		
	<input checked="" type="checkbox"/> GENERAL		SAFE AND BEAUTIFUL HORSESHOE BAY PAC		
	<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS		
			P.O. BOX 634, AUSTIN, TEXAS 78767		
		COMMITTEE CAMPAIGN TREASURER NAME			
		JOHN BUXIE			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		P.O. BOX 634, AUSTIN, TEXAS. 78767			

GO TO PAGE 2

# 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>825<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4430.73</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5922.53</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 HORSESHOE BAY, TX, 78057, USA.  
(street) (city) (state) (zip code) (country)

Executed in LLANO County, State of TEXAS, on the 30 day of OCTOBER, 2023.  
(month) (year)

Elsie Jane Thurman  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

ELSIE JANE THURMAN

20 Filer ID (Ethics Commission Filers)

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	\$ 4,430.73
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME ELISE JANE THURMAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSE MARY BANKS 6 Contributor address; City; State; Zip Code JACKSONVILLE TX 75166	7 Amount of contribution (\$) \$ 250 <sup>00</sup>
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 10/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT STEVENSON Contributor address; City; State; Zip Code SUNRISE BEACH TX 78643	Amount of contribution (\$) \$ 100 <sup>00</sup>
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES HARROD Contributor address; City; State; Zip Code HORSESHOE BAY TX 78651	Amount of contribution (\$) \$ 300.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL PICKERING Contributor address; City; State; Zip Code HORSESHOE BAY TX 78651	Amount of contribution (\$) \$ 75 <sup>00</sup>
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: 2
2 FILER NAME ELSIE JANE THUEMAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY OSBORNE 6 Contributor address; City; State; Zip Code HORSESHOE BAY TX 78657	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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  
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: 1		2 FILER NAME ELSE JANE THURMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 10/4/23		5 Payee name PRINTWORKS			
6 Amount (\$) \$508.78		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 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					
Date 10/7/23		Payee name HORSESHOE BAY BEACON			
Amount (\$) \$2,164.00		Payee address; PO BOX 4845		City; HORSESHOE BAY	State; TX Zip Code 78657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		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					
Date 10/10/23		Payee name DIRECT MAIL AGENCY			
Amount (\$) \$1,757.95		Payee address; 1705 K AVE.		City; PLANO	State; TX Zip Code 75074
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description 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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 11/15/2022