

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 Filer:	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST LAST Karen Marshall	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JUL 18 2022</p> <p style="margin: 0; font-size: small;">Date Received</p> <p style="margin: 0; font-size: small;">Date Hand-delivered or Date Postmarked</p> <p style="margin: 0; font-size: small;">Receipt # Amount \$</p> <p style="margin: 0; font-size: small;">Date Processed</p> <p style="margin: 0; font-size: small;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS - PO BOX APT / SUITE # CITY STATE ZIP CODE 281 Ward Buda, TX 78610		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 417-5893		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LAST Derek Marshall		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS AND PO BOX PLEASE APT / SUITE # CITY STATE ZIP CODE 281 Ward Buda, TX 78610		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 814-9197		
9 REPORT TYPE	<input type="checkbox"/> January 13 <input type="checkbox"/> 30 days before election <input type="checkbox"/> Runoff <input type="checkbox"/> 120 days after campaign treasurer appointment (Office holder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30 days after election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report After C/OH-PR		
10 PERIOD COVERED	Months Day Year THROUGH Month Day Year 2 20 22 THROUGH 06 30 22		
11 ELECTION	ELECTION DATE Month Day Year 11 8 22	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known): JP-5	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)	\$ 521.88 245.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 521.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

Karen Marshall

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 Karen Marshall, and my date of birth is _____

My address is 281 Wane (street), Bude (city), TX (state), 78010 (zip code), USA (country)

Executed in Hays County, State of Texas, on the 15 day of July, 2022

Karen Marshall
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Karen Marshall

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 245.00
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 521.88
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	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 1	2 FILER NAME Karen Marshall	3 Filer ID (Ethics Commission Filer)
4 Date 3/1/22	5 Payee name Sunco	
6 Amount (\$) 50.40 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 125 FM 1626 Buda, TX 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense	(b) Description Polling Exp
	(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 3/1/22	Payee name Subway	
Amount (\$) 53.14 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 3310 B FM 967, Ste A-101 Buda, TX 78610	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Exp	Description Polling Expense
	<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 3/1/22	Payee name Dereel Marshall	
Amount (\$) 240.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 281 WAM Buda TX 78610	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description
	<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 PERSONAL FUNDS

SCHEDULE G

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G <i>2</i>	2 FILER NAME <i>Karen Marshall</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>4/30/22</i>	5 Payee name <i>Fed Ex</i>	
6 Amount (\$) <i>33.01</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>5601 Brodie Ln Austin, TX 78745</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Printing Expense</i>	(b) Description <i>Info Cards</i>
	(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 <i>5/5/22</i>	Payee name <i>VistaPrint</i>	
Amount (\$) <i>37.33</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>online</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Printing Expense</i>	Description <i>Business cards</i>
	<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 <i>6/28/22</i>	Payee name <i>Trycon Technologies</i>	
Amount (\$) <i>108.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>online</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Advertising Expense</i>	Description <i>QR Code</i>
	<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

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 KAREN STARSHALL		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. Lopez / Precinct Chair Appreciated	7 Amount of contribution (\$) \$45.00
6 Contributor address; City; State; Zip Code 6000 FM150W Kyle TX 78610		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Business Owner
Date 3/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hays County Rep Women	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6000 FM150W Kyle TX 78640		
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)
Date 5/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hays County Rep Women	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6000 FM150W Kyle TX 78640		
Principal occupation / Job title (See Instructions) PAC		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.