CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	FIRST Karen	MI	OFFICE USE ONLY			
NAME	NICKNAME	LAST Marshall	SUFFIX	RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 281 Ware Buda, Texas, 78610 OCT 11 2022						
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	417-5893	EXTENSION	Date Hand-delivered or Date Postmarked .			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$			
TREASURER NAME	Mr	Derek		Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
		Marshall		Neto illugat			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	281 Ware Buda, Texas	(NO PO BOX PLEASE): APT / S	BUTE #; CITY;	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 814-9197	EXTENSION				
9 REPORT TYPE	January 15 July 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 7	Day Year / 1 / 22	THROUGH 9	Day Year / 30 / 22			
11 ELECTION	Month Day	Year Primary 22 ■ General	Runoff Other Description Special				
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (IN Innown Justice of the Pe				
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION DNLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME Hays County Republican Party						
Additional Pages	■ GENERAL		(yle, Texas 78640				
	SPECIFIC	Mary Pat Paul					
		310 Springwoo	REASURER ADDRESS d Rd., Dripping Spring	gs, Texas 78620			
		GO TO	PAGE 2	The state of the s			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	en Marshall	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 11,925.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,104,13
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ Z, 820.87
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ // ₀ 000,00
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	r:
(1) Affidavit		
NOTARY STAMP/SEA	L	
Swom to and subscribed	before me by this the	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is \	ren Marshall , and my date of birth is	3/6/62
My address is		17, 78610, USA
Executed in 1204	5 County, State of Texas, on the 1 day of Oc (month	state) (zip code) (country) 7 , 20 22 (year) date/Officeholder (Peclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
	Varen Marshall	Name and the second
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$11,925,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 11,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,323.21
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$1,780.93
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Karen Ma	rshall				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
0 1 1	Hichael les				
9/8/22	6 Contributor address; City; State; Zi	p Code 200,00			
	769 DY STER CRY	200100			
8 Principal occu	Buda T7 7860 pation / Job title (See Instructions) 9 Employe	r (See Instructions)			
	Retired	(See Halluchons)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
1 5	Nauce British	- 5			
9/16/22	Contributor address; City; State; Z	1 / 6363			
	49 Woodcreen Du				
Principal occur	Dation / Job title (See Instructions) Employe	r (See Instructions)			
		, (455			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
11522	DELEX & Varen Marshall	CO CO			
1,01	Contributor address; City; State; Z	p Code 2,000,00			
	Budg, 77 78610				
Principal occu		r (See Instructions)			
Parameter and the second secon					
Date	Full name of contributor				
	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
No. algorithm	Contributor address; City; State; Zi				
	Contributor address, City, State, Zi	p code			
Principal occu	pation / Job title (See Instructions) Employe	er (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS NEEDED			
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:					
² FILER NAME Karen Mai	rshall		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)					
8/4/22	6 Contributor address; POBO+930 City;	State; Zip Code	500,00					
8 Principal occu	Buda, 77 1860 pation / Job title (See Instructions)	Employer (See Instructi	ions)					
	Retired							
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)					
8/10/22	Devek & Kaven Mair Contributor address; City; 281 Warre Buda 77 7860	State; Zip Code	5,000,00					
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)					
Date		(ID#:)	Amount of contribution (\$)					
8/31/22	Contributor address; City; 1101 Geneva Grove CT Sar Marcos, TX 786	State; Zip Code	25,00					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)					
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)					
9/1/22	Contributor address; City; 19 COUNTRY Oals Buda Th 7960	eargeant State; Zip Code	(00,00)					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)					
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see instru							

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Karen Mai	rshall		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
9/2/22	Contributor address; City; 1013 DYSTER CL Budg TX 7860	State; Zip Code	25.00
1	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Ret	ired		
Date	Full name of contributor out-of-state PAC (Amount of contribution (\$)
9/0/22	South & Harry Part J Contributor address; City 310 Springwood Rd	State; Zip Code	25,00
	Dripping Springs, Traction / Job title (See Instructions)	2 7860	
		Employer (See Instructi	ons)
<u> </u>	tired		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/7/22	Devel & Karen Man	rshall	
17/22	Contributor address; City;	State; Zip Code	4,000,00
	Budgitx 7860		
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
14	fired		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4	Loven Wilber		
9/8/22	Contributor address; City;	State; Zip Code	25.00
	Budg TX 78610		
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Re	tired		
wadding participants.			
	ATTACH ADDITIONAL COPIES O	ETHIS SCHEDI II F AS N	FFDFD
	If contributor is out-of-state PAC, please see Instru		

LOANS SCHEDULE E

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

The I	Instruction Guide explains how to compl	ete this form.	Total pages Schedule E:
2 FILER NAME	eran Marshall		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state DENSY & Valien Ma.	PAC (10#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; ZO(Ware Da	State; Zip Code	10 Interest rate 11 Maturity date
T Y Y N	Buda, tx 78610		11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla		Check if personal fundaccount (See instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	

in lender is out-or-state FAC, please

LOANS

SCHEDULE E

if the requested information is not applicable, DO NO i include this page in the report.					
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME					
X	aren Marshall				
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#:)	9 Loan Amount (\$)		
7/15/22	Devell & lleven	Lande II	2,000,00		
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
a financial Institution?	2901 Wave Dr				
□ y \(\sqrt{N} \)	Buda, TX 7860		11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
Rota	red				
14 Description of Colle	ateral		ds were deposited into political		
none		account (See Instructi	ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable	To Guarantor address, Sity,	olato, Zp oodo			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
8/10/22	DECENT YOUR MA	TShell	5,000,00		
ls lender	Lender address; City;	State; Zip Code	Interest rate		
a financial Institution?	281 WareDR		Maturity date		
YXN	Budg TX 7860		maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
_	Retiled				
Description of Colli	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
16.1-	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	EDED		

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selection Manage/Contract Labor.

Candidate/Officeholder/Political Credit Card Payment	The Instruction Guide explains how to co		Other (enter a catego	ry not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Voerziv Marshall		3 Filer ID (Ethics	Commission Filers)		
4 Date 1/10/22	5 Payee name United Herritage					
6 Amount (\$)	7 Payee address; PO BOX 202020	City;	State;	Zip Code		
(e.CO)	Justen TX 18720	(h) Description				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Ba 10 V	Sees				
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	ovnense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OF						
Date	Payee name					
7/15/22	FIT Consulting Payee address; 352 Landa, St					
Amount (\$)	Payee address;	City;	State;	Zip Code		
2,000	New Braunfels, TX 78130					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF EXPENDITURE	consulting	consulta	m of see	use		
	Check if travel outside of Texas. Complete Schedule T.	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					
8/16/22	JAGS Athletic Bo	oster Cliv	B			
Amount (\$)	Payee address;	City:	State;	Zip Code		
102.80	Moe 4 Johnsonthight	da, TX 78	610			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF			n			
EXPENDITURE	advertison	spanie	<u>G</u> GLGV			
	Check if travel outside of Texas, Complete Schedule T.	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 NEE	DED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER NA	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date 8 2222 6 Amount (\$)	5 Payee na. F(T) 7 Payee ad	Consulting dress; 2 Landa, ST		City;	State;	Zip Code
- \	Ne.	w Brauntels	, TX	78130		
8 PURPOSE OF EXPENDITURE	(c)	(See Categories listed at the top of this	·	(b) Description ConSult Check If Austi	Ling Fee	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 8 22 22	Payee na	me ited thertiage	¿ CU	. (unc	W	
Amount (\$)	Payee ad	dress: 0 Box 20202	18,77	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Ose Categories listed at the top of this seemed at the top of th		Description Fees Check if Austi	in, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date 8/25/22	Payee na Ke	sa's Kresai	non)		
Amount (\$)	Payee ad			City;	State;	Zip Code
97.43	(1-	2 Poplar Dr	, Mo	entain (City, T	2 78610
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this solution of the control		Description Shuff Check if Austi	in, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held

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/Office-holder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Karen Marghail		
4 Date	F Device name		
8/24/22	Super Cheap Sign	\(\)	
6 Amount (\$)	Super Chap Sign 7 Payee address; gaoo Water Ford Ce	n tre City;	State; Zip Code
0 27 01	9200 0100		
833.81	Austin TX 78758		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Adventising	signs	
LAPENDITORE	Advertising	3	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI			
Date	Payee name		
8/30/22	Printsign Co		
0150122	1111010111		
Amount (\$)	Payee address;	City;	State; Zip Code
	12111 Menchaca R	C)	
155.88	Austin 78748		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	70-0-	labels	
	Ticken		
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
experience to benefit oron	•		
Date	Payee name		
011	,		
1/2/22	Home Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
)	3730 Dry Hole		
57.63	V 1/2 + 78640		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	, , , , , , , , , , , , , , , , , , , ,		
OF			_
EXPENDITURE	advertising	Sign o	xpense
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	н		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIN E AS NES	DED
	AT IAUTI ADDITIONAL COPIES OF 1113	SOULDOLE NO NEC	.ULU

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category	not listed above)
4		omplete this form.	2	
1 Total pages Schedule F1:	2 FILER NAME Kaven Marsha	11	3 Filer ID (Ethics (Commission Filers)
4 Date	5 Payee name			
9/5/22	Porth Dialen			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
123.00	online Batchdiale	er.com		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	Office Overhead	Phone		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held
Date .	Payee name			
9/8/22	printsign Co			
Amount (\$)	Payee address;	City;	State;	Zip Code
	12111 menchaca Rd			
93.10	Austen, 1x 78749			
	Category (See Categories listed at the top of this schedule)	Description		
	Catogory (See Categories listed at the top of this scriedule)	Description		
PURPOSE OF	~			
EXPENDITURE	Printing	Label S		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austh	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
		and the state of t		
		in the state of th		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Chack if Augtin	n, TX, officeholder living e	Vnanca
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

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 now to co	omplete this form.			
1 Total pages Schedule F1:	1: 2 FILER NAME Ray May Mall 3 Filer ID (Ethics Commission				
4 Date 9/8/22	US Post Office		A		
6 Amount (\$)	7 Payee address; 555 Veteran's Dr	City;	State;	Zip Code	
1500,00	Kyle, Tx 78640				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE			_		
OF EXPENDITURE	advertising	Stamp	S		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date 9/	Payee name				
9/18/22	Adeas Printing				
Amount (\$)	Payee address; 719 5. St. Francis	City;	State;	Zip Code	
97.00	Withita, wich, ta	, Kansas	67211		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	, A				
OF EXPENDITURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
-	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
9/25/22	Feder Office Payee address; 70690 old San Anton				
Amount (\$)	Payee address;	City;	State;	Zip Code	
10.60	10690 ald San Fred By da, 77 7860	ruo fa			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE	Printing	labels			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date 127 22	7/22 5 Payee name TX ST Collège Républicans						
6 Amount (\$)	7 Payon 9	ddress; X State Universi	•	City;	State;	Zip Code	
200,00	ث	101 University	D1 5	an Marcos	s, TX 79	3666	
8	(a) Categor	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF		*		1 :			
EXPENDITURE	C	ontribution	VIII.	volunte	in wor	<u> </u>	
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
9/27/22	Ų.	Ecu United	Herit	age co	J (4 HC	.U)	
Amount (\$)	Payee a	Rat 303090		City;	State;	Zip Code	
3,00	بل	usten, TX 7	1872	0			
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF		-		,			
EXPENDITURE	Bo	rnling		See 5			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee n	iame					
9/20/22	Ene	Le book					
Amount (\$)	Payee a			City;	State;	Zip Code	
		No.					
4.00	QW	line					
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF	Carpe de la carpe	, , ,					
EXPENDITURE	adventising and ad						
		Check if travel outside of Texas. Complete 5	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
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	A	IACH ADDITIONAL COPIES	יטר וחוס:	SOUEDOFF WS WE	PED		

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:	2 FILER NAME VAJEM May Sharl		3 Filer ID (Ethic	s Commission Filers)		
4 Date [5 Payee name					
9/28/28	United Heritage c	U (UHW)			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
27.95	20 80x 202020 Austria TX 18720					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Banling	fees				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living	o expense		
O O I-t- ONLY if disease	Candidate / Officeholder name	Office sought		Office held		
9 Complete ONLY if direct expenditure to benefit C/OI		Onice sought		Office field		
Date	Payee name					
9/29/22	Facebook					
Amount (\$)	Payee address;	City;	State;	Zip Code		
3.00	online					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		,				
OF EXPENDITURE	advertising	ad				
LAPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
9/30/22	Farce book					
Amount (\$)	Payee address;	City;	State;	Zip Code		
5.00	online					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	įs.					
OF EXPENDITURE	advertising	ad				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED			

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleries Manas/Contract Labor.

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salaries	Vages/Contract Labor	Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule G:							
~	Karen Marsha						
4 Date 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	5 Payee name						
11/12	Godaday						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
Reimbursement from political contributions	and and a	101					
intended	Orlene Godaddu	· · · · · · · · · · · · · · · · · · ·					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE							
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH							
Date	Payee name						
7 29/22	Fire Laser						
Amount (\$)	Fire La Serz Payee address;	City;	State; Zip Code				
Reimbursement from	1645 Main ST						
political contributions intended	Buda TX 78610						
DUBDOOF	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	a dile atiscisi	Kane	tage				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/							
Date	Payee name						
8/4/22			·				
Amount (\$)	Payee address;	City;	State; Zip Code				
16.24	Payee address; 1645 Main ST	City,	State, Zip Code				
Reimbursement from political contributions		•					
intended	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF		Doddiption	*				
EXPENDITURE	advertising	name	tags				
	Check if travel outside of Texas. Compilète Schedule T.		, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH							
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED				

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	complete this form.	Other (enter a category	not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)	
Total pages concease of	Karen Marshail		o their is (Lanes o	7011111131071 7 110137	
4 Date	5 Payee name				
8/5/22	Home Depot				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
95.8C	3730 Dry Hole				
Reimbursement from political contributions	Kyle, TX 78640				
intended		(h) Description			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	advertising	Sign e	reuse		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	C	Office held	
expenditure to benefit C/OH			A STATE OF THE STA		
Date	Payee name				
86/22	Payee address; PO BOX 1806				
Amount (\$)	Payee address;	City;	State;	Zip Code	
41,62	\$0 BOK 1200				
Reimbursement from political contributions intended	Kyle, TX 78640				
OUROGE	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Event Expense attendevent				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Candidate / Officeholder name	Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/		Office sought	`	Since rield	
ON POST OF THE POS					
Date	Payee name				
8/7/22	Super Cheap Signi Payoe address; 9200 Waterford C	7			
Amount (\$)	Payee address;	e atro City;	State;	Zip Code	
1061.86					
Reimbursement from political contributions	#100	200			
intended		758			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	adventisin,	Signe	x dense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held	
expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		

SCHEDULE G

	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 Coffice Overhead/Rer Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Complete Control Co		d/Rental Expense e se s/Contract Labor	Transportation Equipme Travel In District Travel Out Of District Other (enter a category		,		
1	Total pages Schedule G:	2 FILER NAME Vaien Marshall 3 Filer ID (Ethics Commission Filers)							
4	Date 10/22	5 Payee name COMMUNICATION Specialists Inc (CSI)							
6	Amount (\$) 135.3\ Reimbursement from political contributions intended	7 Pavee and	ress; South			City;	State		Code
8	PURPOSE OF EXPENDITURE		(See Categories listed at	the top of this schedule)		Description UShcan	.d 5		
		(c) C	heck if travel outside of Tex	as. Complete Schedule T.		Check if Austin	, TX, officeholder living	g expense	
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candida	ate / Officeholder n	a me	Offic	ce sought		Office he	ld
	8 15 22	Payee nan	star Prin-	E					
	Amount (\$) Reimbursement from political contributions intended	Payee add	•	stapvin	t. U	City:	State	; Zip (Code
	PURPOSE OF EXPENDITURE	ad	(See Categories listed at Vertis Check if travel outside of Tex	ing			1, TX, officeholder livin		4 100 100 100 100 100 100 100 100 100 10
	Complete ONLY if direct expenditure to benefit C/		ate / Officeholder r	name	Offi	ce sought		Office he	ld
	Date 8 8 22	Payee nan	ne olowb	ia					
	Amount (\$) Reimbursement from political contributions intended	Payee add	939 5. ste 340	Interst arcos	ate	25 7866	State;	Zip Co	de
	PURPOSE OF EXPENDITURE		(See Categories listed at	the top of this schedule		Description SM M S	>		
	mplete <u>ONLY</u> if direct penditure to benefit C/OH	l	Check if travel outside of Tex			Check if Austir ce sought	n, TX, officeholder livin	Office he	ld
		ATTA	CHADDITIONAL	CODIES OF THE	6 60HE	DINE AS NEED	ED		

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule G:	2 FILER NAME Vaven Marsha	3 Filer ID (Ethics Commission Filers)					
4 Date 9 22 22	5 Payee name Office De pot						
6 Amount (\$) S U Reimbursement from political contributions intended	7 Payee address; 5 300 S, Mo Pac E, Susten, TX 787		State;	Zip Code			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	4				
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	4	TX, officeholder living ex	BORDO			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date 9/24/22	Payee name 5 Mipley Do-Wet 8						
Amount (\$)	Stupley Do Nut 8 Payee address; 4520 FM 1424	City;	State;	Zip Code			
political contributions intended	# Kyle, 77 78640						
PURPOSE	Category (See Categories listed at the top of this schedule)	Description					
OF EXPENDITURE	Food	volonteer workers					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED				