

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: 1819
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms Karen	OFFICE USE ONLY RECEIVED OCT 11 2022 09	
	NICKNAME LAST SUFFIX Marshall		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 281 Ware Buda, Texas, 78610		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 417-5893		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Derek	Receipt # Amount \$	
	NICKNAME LAST SUFFIX Marshall	Date Processed	
	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 281 Ware Buda, Texas, 78610		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 814-9197		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 22 THROUGH 9 / 30 / 22		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 22	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice of the Peace, Pct 5		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Hays County Republican Party COMMITTEE ADDRESS P. O. Box 1806, Kyle, Texas 78640 COMMITTEE CAMPAIGN TREASURER NAME Mary Pat Paul COMMITTEE CAMPAIGN TREASURER ADDRESS 310 Springwood Rd., Dripping Springs, Texas 78620	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Karen Marshall</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)	\$ 11,925.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,104.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,820.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,000.00

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 Karen Marshall, and my date of birth is 3/6/62

My address is 281 Wane (street), Buda (city), TX (state), 78610 (zip code), USA (country)

Executed in Hays County, State of Texas, on the 7 day of Oct (month), 20 22 (year)

Karen Marshall
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Loren Marshall</i>		20 Filer ID (Ethics Commission Filers)
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	\$ 1,323.20
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

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: 3
2 FILER NAME Karen Marshall		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/22	5 Full name of contributor out-of-state PAC (ID#: Michael Leo 6 Contributor address; City; State; Zip Code 769 Oyster Creek Buda, TX 78610	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 9/10/22	Full name of contributor out-of-state PAC (ID#: Nancy Britner Contributor address; City; State; Zip Code 49 Woodcreek Dr Woodcreek, TX	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/15/22	Full name of contributor out-of-state PAC (ID#: Debra & Karen Marshall Contributor address; City; State; Zip Code 281 Ware Dr Buda, TX 78610	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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: 2
2 FILER NAME Karen Marshall		3 Filer ID (Ethics Commission Filers)
4 Date 8/4/22	5 Full name of contributor out-of-state PAC (ID#: Elizabeth Urban	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code PO Box 930 Buda, TX 78610		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 8/10/22	Full name of contributor out-of-state PAC (ID#: Derek & Karen Marshall	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 281 Wane Buda, TX 78610		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/22	Full name of contributor out-of-state PAC (ID#: Lawrence Nunn	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1101 Geneva Grove CT San Marcos, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/22	Full name of contributor out-of-state PAC (ID#: Tommy & Barbara Seargeant	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 19 Country Oaks Buda, TX 78610		
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME Karen Marshall		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/22	5 Full name of contributor out-of-state PAC (ID#: Loran Gierhart 6 Contributor address; City; State; Zip Code 1013 Oyster Creek Buda, TX 78610	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 9/8/22	Full name of contributor out-of-state PAC (ID#: Sam & Larry Pat Paul Contributor address; City; State; Zip Code 310 Springwood Rd Dripping Springs, TX 78610	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/7/22	Full name of contributor out-of-state PAC (ID#: Derek & Karen Marshall Contributor address; City; State; Zip Code 281 Ware Buda, TX 78610	Amount of contribution (\$) 4,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/8/22	Full name of contributor out-of-state PAC (ID#: Loren Wilber Contributor address; City; State; Zip Code 301 Willet Dr Buda, TX 78610	Amount of contribution (\$) 25.00
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>		

LOANS

SCHEDULE E

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 E: <div style="text-align: center;">2</div>	
2 FILER NAME <div style="text-align: center;">Karen Marshall</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center;">DEBRY & Karen Marshall</div>	9 Loan Amount (\$) <div style="text-align: center;">4,000.00</div>	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="text-align: center;">201 Ware Dr Buda, TX 78610</div>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <div style="text-align: center;">Retired</div>		13 Employer (See Instructions)	
14 Description of Collateral <div style="text-align: center;">none</div>		15 Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <div style="text-align: center;">not applicable</div>	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <div style="text-align: center;">none</div>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <div style="text-align: center;">not applicable</div>	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E:	
2 FILER NAME Karen Marshall				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan 11/5/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek & Karen Marshall			9 Loan Amount (\$) 2,000.00	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 281 Wave Dr Buda, TX 7860			10 Interest rate	
				11 Maturity date	
12 Principal occupation / Job title (See Instructions) Retired			13 Employer (See Instructions)		
14 Description of Collateral (none)			15 Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION (not applicable)	17 Name of guarantor			19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code				
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		

Date of loan 8/10/22	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek & Karen Marshall			Loan Amount (\$) 5,000.00	
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 281 Wave Dr Buda, TX 7860			Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Description of Collateral (none)			Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION (not applicable)	Name of guarantor			Amount Guaranteed (\$)	
	Guarantor address; City; State; Zip Code				
Principal Occupation (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender 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: <u>1</u>		2 FILER NAME <u>Lawrence Marshall</u>		3 Filer ID (Ethics Commission Filers) <u>NA</u>	
4 Date <u>7/16/22</u>		5 Payee name <u>united Heritage</u>			
6 Amount (\$) <u>6.00</u>		7 Payee address; City; State; Zip Code <u>PO Box 202020</u> <u>Austin, TX 78720</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Banking</u>		(b) Description <u>fees</u>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>7/15/22</u>		Payee name <u>FIT Consulting</u>			
Amount (\$) <u>2,000</u>		Payee address; City; State; Zip Code <u>352 Landau, St</u> <u>New Braunfels, TX 78130</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>consulting</u>		Description <u>consulting expense</u>		
	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					
Date <u>8/16/22</u>		Payee name <u>JAGS Athletic Booster Club</u>			
Amount (\$) <u>102.80</u>		Payee address; City; State; Zip Code <u>Moe & Johnson High School</u> <u>4260 FM 967, Burdick, TX 78610</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising</u>		Description <u>sponsor ad</u>		
	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					
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	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 F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8/22/22		5 Payee name FIT Consulting			
6 Amount (\$) 2,000		7 Payee address; 352 Lande, St New Braunfels, TX 78130		City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description consulting fee		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 8/22/22		Payee name United Heritage CU. (UHCW)			
Amount (\$) 3.00		Payee address; 80 Box 202020 Austin, TX 78720		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dancing		Description Fees		
	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	

Date 8/25/22		Payee name Kesa's Kreations			
Amount (\$) 97.43		Payee address; 117 Poplar Dr, Mountain City, TX 78610		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising		Description SHIRTS		
	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 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	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 F1:		2 FILER NAME Karen Marshall		3 Filer ID (Ethics Commission Filers)	
4 Date 8/26/22		5 Payee name Super Cheap Signs			
6 Amount (\$) 833.81		7 Payee address; City; State; Zip Code 9200 Waterford Centre #100 Austin, TX 78758			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 8/30/22		Payee name Printsign Co			
Amount (\$) 155.88		Payee address; City; State; Zip Code 12111 Menchaca Rd Austin 78748			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description Labels		
	(c) 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					
Date 9/2/22		Payee name Home Depot			
Amount (\$) 57.63		Payee address; City; State; Zip Code 3730 Dry Hole Kyle, TX 78640			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising		(b) Description Sign expense		
	(c) 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					
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	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 F1:	2 FILER NAME Karen Marshall		3 Filer ID (Ethics Commission Filers)
4 Date 9/5/22	5 Payee name Batch Dialer		
6 Amount (\$) 123.00	7 Payee address; City; State; Zip Code online batchdialer.com		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description Phone
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		

Date 9/8/22	Payee name Printsign Co		
Amount (\$) 93.10	Payee address; City; State; Zip Code 12111 Menchaca Rd Austin, TX 78748		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Labels
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
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

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:	2 FILER NAME Karen Marshall	3 Filer ID (Ethics Commission Filers)
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4 Date 9/18/22	5 Payee name us Post office
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6 Amount (\$) 1500.00	7 Payee address; 555 Veteran's Dr Kyle, TX 78640	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description stamps
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/18/22	Payee name Adeas Printing
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Amount (\$) 97.00	Payee address; 719 S. St. Francis Wichita, Wichita, Kansas 67211	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description door hangers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/25/22	Payee name Fedex office
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Amount (\$) 10.60	Payee address; 70690 old San Antonio Rd Buda, TX 78610	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Labels
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 9/27/22 5 Payee name TX ST College Republicans
6 Amount (\$) 200.00 7 Payee address: TX State University City: State: Zip Code
601 University Dr San Marcos, TX 78666

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contribution (b) Description volunteer work
(c) Check if travel outside of Texas. Complete Schedule T. 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 9/27/22 Payee name ~~USE~~ United Heritage CU (4#CU)
Amount (\$) 3.00 Payee address: PO Box 202020 City: State: Zip Code
Austin, TX 78720

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Banking Description fees
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 9/28/22 Payee name Facebook
Amount (\$) 4.00 Payee address: City: State: Zip Code
online

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) advertising Description ~~ad~~ 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/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:		2 FILER NAME <i>Karen Marshall</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/28/22</i>		5 Payee name <i>United Heritage CU (UHCW)</i>			
6 Amount (\$) <i>27.95</i>		7 Payee address; <i>PO Box 202020</i> <i>Austin, TX 78720</i>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking</i>		(b) Description <i>fees</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>9/29/22</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>3.00</i>		Payee address; <i>online</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>		Description <i>ad</i>		
	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					
Date <i>9/30/22</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>5.00</i>		Payee address; <i>online</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>		Description <i>ad</i>		
	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					
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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: 4	2 FILER NAME Karen Marshall	3 Filer ID (Ethics Commission Filers)
4 Date 7/1/22	5 Payee name Godaddy	
6 Amount (\$) 178.96 Reimbursement from political contributions intended	7 Payee address; online Godaddy.com	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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 7/29/22	Payee name Fire Laser	
Amount (\$) 48.71 Reimbursement from political contributions intended	Payee address; 1645 Main ST Buda, TX 78610	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description name tags
	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

Date 8/4/22	Payee name Fire Laser	
Amount (\$) 16.24 Reimbursement from political contributions intended	Payee address; 1645 Main ST Buda, TX 78610	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description name tags
	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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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
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 G:	2 FILER NAME <i>Karen Marshall</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/5/22</i>	5 Payee name <i>Home Depot</i>	
6 Amount (\$) <i>58.96</i> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3730 Dry Hole Kyle, TX 78640</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>sign expense</i>
	(c) Check if travel outside of Texas. Complete Schedule T. 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>8/6/22</i>	Payee name <i>Hays GOP</i>	
Amount (\$) <i>41.62</i> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>PO Box 1806 Kyle, TX 78640</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>attend event</i>
	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

Date <i>8/7/22</i>	Payee name <i>Super Cheap Signs</i>	
Amount (\$) <i>1067.86</i> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>9200 Waterford Centre #100 Austin, TX 78758</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>sign expense</i>
	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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Loren Marshall</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/10/22</i>	5 Payee name <i>Communication Specialists Inc (CSI)</i>	
6 Amount (\$) <i>135.31</i> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>502 South Loop 4 Buda, TX 78610</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>pushcards</i>
	(c) Check if travel outside of Texas. Complete Schedule T. 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>8/15/22</i>	Payee name <i>VistaPrint</i>		
Amount (\$) <i>76.85</i> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>online Vistaprint.com</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>business cards</i>	
	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			

Date <i>8/18/22</i>	Payee name <i>Columbia</i>		
Amount (\$) <i>81.81</i> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3939 S. Interstate 25 Ste 340 San Marcos TX 78666</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>shirts</i>	
	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			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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:	2 FILER NAME <i>Laven Marshall</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/22/22</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>58.64</i> Reimbursement from political contributions intended	7 Payee address; <i>5300 S. Mo Pac Exp</i> <i>Austin, TX 78749</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>printing</i>
	(c) Check if travel outside of Texas. Complete Schedule T. 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>9/24/22</i>	Payee name <i>Shipley Donuts</i>	
Amount (\$) <i>15.97</i> Reimbursement from political contributions intended	Payee address; <i>4520 FM 1626</i> <i>Kyle, TX 78640</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <i>volunteer workers</i>
	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

Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
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 expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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