

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
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MS FIRST MARCIA LAST Kneers-Schmitt MI T SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX [REDACTED] APT / SUITE # CITY STATE ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE [REDACTED] PHONE NUMBER [REDACTED] EXTENSION		
6 CAMPAIGN TREASURER NAME	MR / MRS / MS FIRST Andrew Nelson LAST Nelson MI SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) 720 N. Rosemary Dr. Bryan TX 77802 APT / SUITE # CITY STATE ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE 1979 PHONE NUMBER 430 3434 EXTENSION		
9 REPORT TYPE	☐ January 15 ☒ July 15 ☐ 30th day before election ☐ 60th day before election ☐ Runoff ☐ Extended Modified Reporting Limit ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ Final Report (After C/OH-IR)		
10 PERIOD COVERED	Month Day Year 01 / 15 / 24 THROUGH 7 / 15 / 24		
11 ELECTION	ELECTION DATE Month Day Year 0 / / ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) Seat 5 Bryan City Council	13 OFFICE SOUGHT (if known)	
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.		
☐ Additional Pages ☐ GENERAL ☐ SPECIFIC	COMMITTEE TYPE		
	COMMITTEE NAME		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

34.02

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2200.00 100
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 60.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 82.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Marcia Ewers Shurtliff

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 Marcia Ewers Shurtliff and my date of birth is [REDACTED]
My address is [REDACTED] Bryan, TX [REDACTED] USA
(street) (city) (state) (zip code) (country)
Executed in Sherman County, State of Texas, on the 15 day of July, 20 24
(month) (year)
Marcia Ewers Shurtliff
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 106,560
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 360
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
1.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
2.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 Marca Ewers Shurtzoff		3 Filer ID (Ethics Commission Filer)
4 Date 4/5/24	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Marca Ewers Shurtzoff	7 Amount of contribution (\$) 100.00
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date	Full name of contributor ☐ out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: _____ City: _____ State: _____ Zip Code: _____		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: _____ City: _____ State: _____ Zip Code: _____		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ 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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID# _____) 7 Contributor address: City: State: Zip Code	8 Amount of Contribution \$	9 In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of Contribution \$	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

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 B.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID# _____) 7 Pledgor address: _____ City: _____ State: _____ Zip Code: _____	8 Amount of Pledge \$	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address: _____ City: _____ State: _____ Zip Code: _____	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address: _____ City: _____ State: _____ Zip Code: _____	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address: _____ City: _____ State: _____ Zip Code: _____	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address: _____ City: _____ State: _____ Zip Code: _____	Amount of Pledge \$	In-kind contribution description
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.			

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bookkeeping
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Cash/Check Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/General Expense
Printing Expense
Postage 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 H.	2 FILER NAME <i>Marcia Ewers Shurtlett</i>	3 Filer ID: (Ethics Commission Filers)
4 Date <i>Jan - April 24</i>	5 Business name <i>First Financial Bank</i>	
6 Amount (\$) <i>30.00</i>	7 Business address: <i>PO BOX 701 ABILENE TX 79604</i>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <i>paper statement fees</i>
	(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		
Date <i>Jan-April 24</i>	Business name <i>First Financial Bank</i>	
Amount (\$) <i>30.00</i>	Business address: <i>PO BOX 701 ABILENE</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fee</i>	Description <i>paper statement fees</i>
	☐ 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		
Date	Business name	
Amount (\$)	Business address:	
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 ONLY if direct expenditure to benefit C/OH		
Date	Business name	
Amount (\$)	Business address:	
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 ONLY if direct expenditure to benefit C/OH		
Date	Business name	
Amount (\$)	Business address:	
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 ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE I

The Instruction Guide explains how to complete this form.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T:
2 FILER NAME		3 Filer ID (Ethics Commission Filer)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Marla Fenevs Shurtz

2 Filer ID (Ethics Commission Filer)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Marla Fenevs Shurtz

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- ☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Marla Fenevs Shurtz

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer Name <u>Marcia Ewers Shurtlett</u>	Filer ID #
---	------------

OFFICE USE ONLY	
Date Received	
Date Hand-Delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Campaign Finance report due on July 15 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Marcia Ewers-Shurtlett
Signature of Filer

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 Marcia Ewers Shurtlett, and my date of birth is [REDACTED]

My address is [REDACTED], Bryan TX [REDACTED] USA
(city) (state) (zip code) (country)

Executed in Sherman County, State of Tx, on the 15 day of July, 2024.
(month) (year)

Marcia Ewers Shurtlett
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**