

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 2em;">12</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI MS.                      ROSS                      N. NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em;">Thalman</div>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 2306 Wilmette Dr. Arlington, TX 76018 <input type="checkbox"/> Change of Address	Date Received <div style="text-align: center; font-size: 1.5em; border: 1px solid black; padding: 5px;">                     RECEIVED - CSO                      19 APR 26 PM 3:57                 </div>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (817)    381-0890	Date Hand-delivered* or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI MS.                      Claudia                      . NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em;">Perkins</div>	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 3313 Yellowstone Dr. Arlington, TX 76013		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (817)    291-1100		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year 3                      /                      20                      /                      19                      THROUGH                      4                      /                      24                      /                      19		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 5                      /                      4                      /                      19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Arlington city council District 3	13 OFFICE SOUGHT (if known) Arlington city council District 3	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

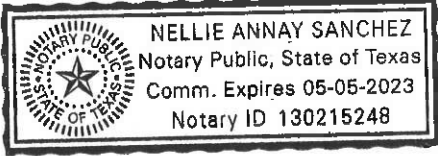
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <i>Roxanne Thalman</i>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE      COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>150</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>22650.48</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>18787.74</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2479.70</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>24600</i>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*R. Thalman*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Roxanne Thalman*, this the *26<sup>th</sup>* day of *April*, 20*19*, to certify which, witness my hand and seal of office.

*Nellie Sanchez*  
\_\_\_\_\_  
Signature of officer administering oath

*Nellie Annay Sanchez*  
\_\_\_\_\_  
Printed name of officer administering oath

*Admin Aide II*  
\_\_\_\_\_  
Title of officer administering oath



# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>Royanne Thelma</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13057
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9443.48
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18787.74
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Royanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mouback Investments

6 Contributor address; City; State; Zip Code

1703 N. Reyno Dr. Arlington, TX 76001

7 Amount of contribution (\$)

250.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Arlington Board of Realtors/TREAC

Contributor address; City; State; Zip Code

8007 2246 Austin, TX 78768

Amount of contribution (\$)

3,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Reagan Fanning

Contributor address; City; State; Zip Code

820 W. Watson Rd. Arlington, TX 76011

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Vivian Nana

Contributor address; City; State; Zip Code

2924 Harlanwood Dr. Fort Worth, TX 76119

Amount of contribution (\$)

501.

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME <u>Ronnie Thalman</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/10/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Logan Patel</u> 6 Contributor address; City; State; Zip Code <u>2025 Dawson Rd. Southlake, TX 76092</u>	7 Amount of contribution (\$) <u>1001.</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/10/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Skip Leake</u> Contributor address; City; State; Zip Code <u>3019 Pitkin Arlington, TX 76010</u>	Amount of contribution (\$) <u>100</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/10/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kiran Jawala</u> Contributor address; City; State; Zip Code <u>2401 Diplomat Dr. Arlington, TX 76011</u>	Amount of contribution (\$) <u>250.</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/11/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>APT. ASSC. OF TARRANT COUNTY</u> Contributor address; City; State; Zip Code <u>1350 Baker Blvd. Richardson Hills, TX 76118</u>	Amount of contribution (\$) <u>2500</u>
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Royanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Clifford Myroskie

7 Amount of contribution (\$)

200

6 Contributor address; City; State; Zip Code

1409 Woodbine St. Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/27/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Traci Ripley

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

3100 Monticello Ave. Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gregory DeBbis

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

7603 Black Willow Ln Arlington, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Retan Masters

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2601 Daves Ln. Arlington, TX 76010

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Royanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Nicholas Bussiere

6 Contributor address; City; State; Zip Code

200 Westlake St Arlington, TX 76018

7 Amount of contribution (\$)

5.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Dodson

Contributor address; City; State; Zip Code

500 FRONT STREET SE. 100 ARLINGTON, TX 76011

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Maisy Haddad

Contributor address; City; State; Zip Code

2500 NORTH EAST BURNING OAKS Blvd # 200 ARLINGTON, TX 76012

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Larry Fowler

Contributor address; City; State; Zip Code

4900 Morris Heights Arlington TX 76016

Amount of contribution (\$)

200

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Roxanne T. Palmer

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Matthew Leh

7 Amount of contribution (\$)

250

6 Contributor address; City; State; Zip Code

26250 Pioneer Hwy 812 Grand Prairie, TX 75051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Grace McDesmott

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2114 Franklinds. Arlington, TX 76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jeffrey McCurdy

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

2910 Colvard Rd Arlington, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dan Duke

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

PO Box 124 644 Arlington, TX 760094

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Rolanne Thalman

3 Filer ID (Ethics Commission Filers)

4 Date

4/18/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CURRENT & HADLER, LLP

6 Contributor address; City; State; Zip Code

101 E. Park Row Arlington, TX 76010

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mark Coffey

Contributor address; City; State; Zip Code

714 Walden Ct. Colleyville, TX 76034

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Claudia Perkins

Contributor address; City; State; Zip Code

3313 Yellowstone Dr. Arlington, TX 76013

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Derrick Wilson

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Roxanne Thalman</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>3/30/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arlington Professional Firefighters Assoc.</u> 7 Contributor address; City; State; Zip Code <u>2005 Fielder Rd. Arlington TX 76013</u>	8 Amount of Contribution \$ <u>1447.00</u>	9 In-kind contribution description <u>road signs, yard signs, labor</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>	
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 <u>3/30/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arlington Professional Firefighters Assoc.</u> Contributor address; City; State; Zip Code <u>2005 Fielder Rd. Arlington TX 76013</u>	Amount of Contribution \$ <u>1995.00</u>	In-kind contribution description <u>mail advertisement</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>	
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Roxanne Thulman</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>9/25/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arlington Police Association</u> 7 Contributor address; City; State; Zip Code <u>1801 W. Oak Row Arlington TX 76013</u>	8 Amount of Contribution \$ <u>400.</u>	9 In-kind contribution description <u>mail advertisement</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>	
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 <u>4/25/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Dang</u> Contributor address; City; State; Zip Code <u>1818 E. Pioneer Hwy Arlington TX 76010</u>	Amount of Contribution \$ <u>200.</u>	In-kind contribution description <u>60TV calls</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>business owner</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>self-employed</u>	
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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## 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: <b>3</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/26/19</b>	5 Payee name <b>MURPHY NASICA</b>
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6 Amount (\$) <b>308.11</b>	7 Payee address; City; State; Zip Code <b>85A Bca 705 St. Ste 304 Austin, TX 78701</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>printing expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>post cards</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/3/19</b>	Payee name <b>MURPHY NASICA</b>
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Amount (\$) <b>3571.47</b>	Payee address; City; State; Zip Code <b>85A Bca 705 St. Ste 304 Austin, TX 78701</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>consulting</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>planning</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/3/19</b>	Payee name <b>MURPHY NASICA</b>
-----------------------	------------------------------------

Amount (\$) <b>1385</b>	Payee address; City; State; Zip Code <b>85A Bca 705 St. Ste 304 Austin, TX 78701</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>printing expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>yard signs</b>
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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

### 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: <b>3</b>		2 FILER NAME <b>Roxanne Thalman</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/27/19</b>		5 Payee name <b>Murphy Basica</b>			
6 Amount (\$) <b>1500</b>		7 Payee address; City; State; Zip Code <b>815A Beanes St. Ste 304 Austin, TX 78701</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>labor</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>labor</b>		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>4/3/19</b>		Payee name <b>Murphy Basica</b>			
Amount (\$) <b>1000</b>		Payee address; City; State; Zip Code <b>815A Beanes St. Ste 304 Austin, TX 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>consulting</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>consulting</b>		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>4/10/19</b>		Payee name <b>Murphy Basica</b>			
Amount (\$) <b>5305.</b>		Payee address; City; State; Zip Code <b>815A Beanes St. Ste 304 Austin, TX 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>labor</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>labor</b>		
	Candidate / Officeholder name		Office sought		Office held
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

### 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: <b>3</b>		2 FILER NAME <i>Roxanne Thalman</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/12/19</i>		5 Payee name <i>Murphy Nasion</i>			
6 Amount (\$) <i>391.11</i>		7 Payee address; City; State; Zip Code <i>615 A Brazos St. Ste 304 Austin TX 78701</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>printing</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>post cards</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <i>4/10/19</i>		Payee name <i>Murphy Nasion</i>			
Amount (\$) <i>5206.85</i>		Payee address; City; State; Zip Code <i>615 Brazos St. Ste 304 Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>printing/postage</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>mail</i>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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