

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	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs	Jennifer	L
	NICKNAME	LAST	SUFFIX
		Murphy	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	12829 Gallant Ct Fort Worth, Texas 76244		
	Receipt #		Amount
	Date Processed		Date Imaged
			4-5-23 4-5-23
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs	Amy	
	NICKNAME	LAST	SUFFIX
		Hudson	
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	1144 Crest Meadow Dr		Haslet, Texas 76052
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		210-385-1203	
8 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)		
9 PERIOD COVERED	Month	Day	Year
	01	18	2023
THROUGH		03/27/2023	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	05	06	2023
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Northwest ISD Trustee, Place 7		Northwest ISD Trustee, Place 7

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME **Jennifer L Murphy** 14 Filer ID

15 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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)	\$ 2,618.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,388.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 230.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

17 AFFIDAVIT

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.

Jennifer L Murphy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer Murphy, this the 5th day of April, 2023, to certify which, witness my hand and seal of office.

Jennifer Roberts
Signature of officer administering

Jennifer Roberts
Printed name of officer administering

Executive Assistant
Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Jennifer L Murphy	19 Filer ID _____
-------------------------------------------	-----------------------------

	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,618.87
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,143.20
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 244.90
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/8 Rpt:
2 FILER NAME Jennifer L. Murphy		3 Filer ID
4 Date 03/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxley, Amanda	7 Amount of Contribution (\$) \$21.13
6 Contributor address; City; State; Zip Code 12825 Saratoga Downs Court Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besser, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4403 Cinnamon Stone Dr Arlington, TX 76005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggan, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 817 Forest Crossing Drive Hurst, TX 76053		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Arena	Amount of Contribution (\$) \$52.37
Contributor address; City; State; Zip Code 3516 Caspian Cove Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Kimberly	Amount of Contribution (\$) \$21.13
Contributor address; City; State; Zip Code 12737 Outlook Avenue Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt:
2 FILER NAME <p style="text-align: center; margin: 0;">Jennifer L Murphy</p>		3 Filer ID
4 Date 03/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burud, Gwenn	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 9468 Smiths Park Lane Fort Worth, TX 76177		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Jennifer	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code 1106 BENTLEY DR ROANOKE, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Melody	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 12740 Campilina Way Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Christopher	Amount of Contribution (\$) \$260.59
Contributor address; City; State; Zip Code 1800 W Roscoe St Apt 216 Chicago, IL 60657		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Charles	Amount of Contribution (\$) \$520.87
Contributor address; City; State; Zip Code 112 Hawthorne II Lake Drive Bloomington, IL 61704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt:
2 FILER NAME Jennifer L Murphy		3 Filer ID
4 Date 03/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorin, Maryann	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 9920 Eddleman Court Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farris, April	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code 14225 Oak Bark Dr Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Paul	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4721 Eddleman Drive Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritz, Caleb	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 16017 Pemberly Way Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helmick, Casey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 14000 Esperanza Drive Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt:
2 FILER NAME Jennifer L Murphy		3 Filer ID
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Amy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1144 Crest Meadow Drive Haslet, TX 76052		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Sarah	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 2215 White Lane Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knotts, Sarah	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5407 Sapphire Court Arlington, TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kooyenga, Cathi	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 12444 South 79th Avenue Palos Park, IL 60464		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunday, Michelle	Amount of Contribution (\$) \$52.37
Contributor address; City; State; Zip Code 2810 Castlereach Street Trophy Club, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt:
2 FILER NAME Jennifer L Murphy		3 Filer ID
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mantyh, Casey	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 416 Lonesome Star Trail Haslet, TX 76052		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAdams, Michelle	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1341 Bluff Springs Dr Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Norma	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3500 Confidence Dr Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Bonnie	Amount of Contribution (\$) \$21.13
Contributor address; City; State; Zip Code 2520 Broadway Drive Trophy Club, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Shawn	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 109 Lakeveiw Ave Fox lake, IL 60020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt:
2 FILER NAME Jennifer L Murphy		3 Filer ID
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Billy	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3232 North Rock Road Wichita, KS 67226		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quast, Sally Lynne	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 8217 West Nantucket Street Wichita, AR 67212		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransleben, Lisa	Amount of Contribution (\$) \$21.13
Contributor address; City; State; Zip Code 106 Rolling Rock Drive Trophy Club, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Lindsay	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 12756 Lizzie Pl Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawver, Amber	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 12829 campolina way Keller, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Jennifer L Murphy</p>		3 Filer ID
4 Date 03/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sivak, John	7 Amount of Contribution (\$) \$36.75
6 Contributor address; City; State; Zip Code 12808 Travers Trl Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slagle, Bryan	Amount of Contribution (\$) \$104.42
Contributor address; City; State; Zip Code 14026 Ridgetop Rd Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jim	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code 25 Crestwood Drive Trophy Club, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stanley	Amount of Contribution (\$) \$104.42
Contributor address; City; State; Zip Code 6541 Village springs drive Plano, TX 75024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Vicki	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 9633 Armour Dr Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt:
2 FILER NAME Jennifer L Murphy		3 Filer ID
4 Date 03/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Jay	7 Amount of Contribution (\$) \$52.37
6 Contributor address; City; State; Zip Code 3928 Ringdove Way Roanoke, TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washam, Joseph A	Amount of Contribution (\$) \$104.42
Contributor address; City; State; Zip Code 9310 Avery Ranch Way Justin, TX 76247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurman, Lauren	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 12404 Outlook Ave Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) williams, Marci	Amount of Contribution (\$) \$52.37
Contributor address; City; State; Zip Code 8311 w. garden ridge st. wichita, KS 67205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 1
2 FILER NAME Jennifer L Murphy		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000
5 Date of loan 03/01/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer L Murphy (SELF)	9 Loan Amount (\$) \$1,000
6 Is lender a financial Institution? Y NO	8 Lender address; City; State; Zip Code 12829 Gallant Ct, Fort Worth Texas 76244	10 Interest rate n/a
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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: 2	2 FILER NAME Jennifer L Murphy	3 Filer ID (Ethics Commission Filers)
4 Date 3/14/2023	5 Payee name Print Place	
6 Amount (\$) 476.30	7 Payee address; City; State; Zip Code 1130 Ave H East, Arlington, Texas 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing / Advertising Expense	(b) Description Push Card Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/16/2023	Payee name Discount Banners & Signs	
Amount (\$) 1,296.00	Payee address; City; State; Zip Code 411 N. Main Street, Keller, Texas 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Sign Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/2023	Payee name Lone Star Campaign Management	
Amount (\$) 325.00	Payee address; City; State; Zip Code 312 Rambling Ct, Euless Texas 76039	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Staff / Consulting	Description Campaign Management & Campaign Strategy
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	2 FILER NAME Jennifer L Murphy	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2023	5 Payee name DonorBox	
6 Amount (\$) 45.90	7 Payee address; City; State; Zip Code 601 King Street, Suite 200, Alexandria, Virginia 22314	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Merchant Card Services Fees / Banking Fees	(b) Description Donation Processing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Jennifer L Murphy	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 2/28/2023	6 Payee name Lone Star Campaign Management	
7 Amount (\$) \$200.00	8 Payee address; City; State; Zip Code 312 Rambling Ct, Euless Texas 76039	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Staff / Consulting	(b) Description Campaign Management & Campaign Strategy
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/23/2023	Payee name Squarespace Webservices	
Amount (\$) 44.90	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, New York 10014	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Housing Service
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED