

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Jennifer	MI L
	NICKNAME	LAST Murphy	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 12829 Gallant Ct Fort Worth, Texas 76244		ZIP CODE
	Date Hand-delivered or Date Postmarked APR 28 2023		
	Receipt #	Amount	
	Date Processed	4-28-23	
			Date Imaged 4-28-23
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Amy	MI
	NICKNAME	LAST Hudson	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1144 Crest Meadow Dr		APT / SUITE #; CITY; STATE; ZIP CODE Haslet, Texas 76052
	7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER EXTENSION
8 REPORT TYPE	<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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 03/28/2023		Month Day Year 04/26/2023
	THROUGH		
10 ELECTION	ELECTION DATE Month Day Year 05/06/2023		ELECTION TYPE <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) Northwest ISD Trustee, Place 7		12 OFFICE SOUGHT (if known) 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

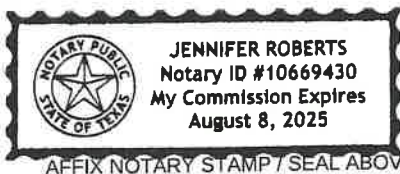
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,287.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,962.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Jennifer L Murphy
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jennifer Murphy, this the 28th 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
 Exec Assistant Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Jennifer L Murphy	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,287.51
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	\$ 4,372.94
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	\$ 4,590.00
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: 5
2 FILER NAME <p style="text-align: center;">Jennifer Murphy</p>		3 Filer ID
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Lynda	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 4109 Autumn Path Road Denton, TX 76208		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergeron, Lisa	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 12608 Saratoga Springs Circle Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Jenny	Amount of Contribution (\$) \$5.52
Contributor address; City; State; Zip Code 1078 Springwood Drive Saginaw, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Angelique	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 3241 Outlook Court Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harbuck, Michele	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 128 Longmeadow Drive Coppell, TX 75019		
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: 5
2 FILER NAME <p style="text-align: center;">Jennifer Murphy</p>		3 Filer ID
4 Date 04/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helm, Jaye	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 5212 Cross Plains Ct Fort Worth, TX 76126		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Marissa	Amount of Contribution (\$) \$52.37
Contributor address; City; State; Zip Code 1019 McKinley Avenue San Antonio, TX 78210		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kate	Amount of Contribution (\$) \$21.13
Contributor address; City; State; Zip Code 1036 Mesa Crest Drive Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kougias, Kristen	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code 1769 Rio Penasco Road Haslet, TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain, Jennifer	Amount of Contribution (\$) \$21.13
Contributor address; City; State; Zip Code 304 Oxford Drive Roanoke, 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: 5
2 FILER NAME <p style="text-align: center;">Jennifer Murphy</p>		3 Filer ID
4 Date 04/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, Amy	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 1363 Osborne Ct Roanoke, TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Jenny	Amount of Contribution (\$) \$5.52
Contributor address; City; State; Zip Code 3600 Hudgins Ranch Road Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Irene	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code 1120 Uplands Drive Northlake, TX 76226		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Rachel	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code 12725 Lizzie Place Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordstrom, Lois	Amount of Contribution (\$) \$36.75
Contributor address; City; State; Zip Code 3612 Homestretch Court 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: 5
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Jennifer Murphy</p>		3 Filer ID
4 Date 04/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pry, Alyssa	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4128 River Birch Road Fort Worth, TX 76137		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schooley, Jerri	Amount of Contribution (\$) \$104.42
Contributor address; City; State; Zip Code 1900 Green Jasper Place Arlington, TX 76005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seymour-Jones, Ashleigh	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 12729 Campolina Way Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Danny	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO Box 291 Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDorn, Erica	Amount of Contribution (\$) \$26.34
Contributor address; City; State; Zip Code 12733 Connemara Ln 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: 5
2 FILER NAME Jennifer Murphy		3 Filer ID
4 Date 04/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Elizabeth	7 Amount of Contribution (\$) \$47.27
6 Contributor address; City; State; Zip Code 406 Austin Street Roanoke, TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washam, Joseph	Amount of Contribution (\$) \$469.86
Contributor address; City; State; Zip Code 9310 Avery Ranch Way Justin, TX 76247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Joshua	Amount of Contribution (\$) \$104.42
Contributor address; City; State; Zip Code 4741 S FM 14 Hawkins, TX 75765		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jessica	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code 1540 Westview Lane Northlake, TX 76226		
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 <p style="text-align: center;">Jennifer L Murphy</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000
5 Date of loan 04/11/2023	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 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: 4	2 FILER NAME Jennifer L Murphy	3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2023	5 Payee name Texas Democrats	
6 Amount (\$) 550.00	7 Payee address; City; State; Zip Code PO Box 15707, Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Database	(b) Description Database
	(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 3/30/2023	Payee name Lone Star Campaign Management	
Amount (\$) 250.00	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 & 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
Date 3/30/2023	Payee name Switchboard	
Amount (\$) 95.00	Payee address; City; State; Zip Code 2001 K Street NW, Washington DC 20006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description Costs/Fees
	<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 FILER NAME Jennifer L Murphy	3 Filer ID (Ethics Commission Filers)
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4 Date 4/7/2023	5 Payee name Goodman Campaigns, LLC
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6 Amount (\$) 348.24	7 Payee address; 211 E. 7th Street, STE 620, Austin, Texas 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Costs/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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/8/2023	Payee name Discount Banners & Signs
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Amount (\$) 959.80	Payee address; 411 N. Main Street, Keller Texas 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Large 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY 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	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	2 FILER NAME Jennifer L Murphy	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2023	5 Payee name Speakeasy Political	
6 Amount (\$) 825.90	7 Payee address; City; State; Zip Code 1902 Van Ness Ave, Floor 3, San Francisco, CA 94109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing/Advertising Expense	(b) Description Digital Ads
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/12/2023	Payee name Lone Star Campaign Management	
Amount (\$) 260.00	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 & Strategy
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/17/2023	Payee name Lone Star Campaign Management	
Amount (\$) 63.28	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 & Strategy
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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 Jennifer L Murphy	3 Filer ID (Ethics Commission Filers)
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4 Date 4/18/2023	5 Payee name Lone Star Campaign Management		
6 Amount (\$) 834.00	7 Payee address; City; State; Zip Code 312 Rambling Ct, Euless Texas 76039		

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Staff	(b) Description Campaign Management & Strategy
	(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
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Date 4/23/2023	Payee name Lone Star Campaign Management		
Amount (\$) 120.00	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	Description Campaign Management & 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
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Date 4/25/2023	Payee name Donorbox		
Amount (\$) 66.82	Payee address; City; State; Zip Code 601 King Street, Suite 200, Alexandria, Virginia 22314		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Merchant Card Services Fees/Banking	Description Donation Processing Fees
	<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
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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 4/14/2023	6 Payee name Speakeasy Political	
7 Amount (\$) \$4,590.00	8 Payee address; City; State; Zip Code 1902 Van Ness Ave, Floor 3, San Francisco, CA 94109	
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) Printing/Advertising Expense	(b) Description Postcard Design and Mailing
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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)	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