

# 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: <span style="font-size: 1.5em; margin-left: 20px;">12</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MR</span> FIRST <span style="font-size: 1.2em; margin-left: 20px;">Martin</span>	MI <span style="font-size: 1.2em; margin-left: 20px;">J</span>	<b>OFFICE USE ONLY</b>  Date Received <span style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</span>  <span style="color: red; font-weight: bold;">APR 04 2022</span>  City Secretary Port Aransas, TX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX <span style="font-size: 1.2em; margin-left: 20px;">Marty PHALEN</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS PO BOX APT / SUITE #: CITY: STATE: ZIP CODE <span style="font-size: 1.2em; margin-left: 20px;">168 FIVE DOVE CIRCLE Port Aransas, TX 78373</span>		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; margin-left: 20px;">(815) 690-1938</span>		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MR</span> FIRST <span style="font-size: 1.2em; margin-left: 20px;">DAVID</span>	MI <span style="font-size: 1.2em; margin-left: 20px;">D</span>	Date Hand-delivered or Date Postmarked
8 CAMPAIGN TREASURER PHONE	NICKNAME LAST SUFFIX <span style="font-size: 1.2em; margin-left: 20px;">Bulldog Sierloff</span>		Receipt # Amount \$
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <span style="font-size: 1.2em; margin-left: 20px;">105 FIVE DOVE CIRCLE Port Aransas TX 78373</span>		Date Processed
10 PERIOD COVERED	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; margin-left: 20px;">(512) 966-1499</span>		Date Imaged
11 ELECTION	<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 checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
12 OFFICE	Month Day Year    Month Day Year <span style="font-size: 1.2em; margin-left: 20px;">02 / 01 / 2022</span> THROUGH <span style="font-size: 1.2em; margin-left: 20px;">04 / 03 / 2022</span>		
13 OFFICE SOUGHT (if known)	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <span style="font-size: 1.2em; margin-left: 20px;">05 / 07 / 2022</span> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
14 NOTICE FROM POLITICAL COMMITTEE(S)	OFFICE HELD (if any)    OFFICE HELD (if known) <span style="font-size: 1.2em; margin-left: 20px;">N/A</span> <span style="font-size: 1.2em; margin-left: 20px;">MAYOR Port A</span>		
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	COMMITTEE TYPE    COMMITTEE NAME <input type="checkbox"/> GENERAL    _____ <input type="checkbox"/> SPECIFIC    _____ COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>GO TO PAGE 2</b>			

## EXAMPLES: REPORTING STAFF REIMBURSEMENT

*This list is for illustrative purposes only. It is intended to provide helpful information and to assist filers in reporting staff reimbursements.*

When a staff member makes political payment(s) out of his or her personal funds, how you disclose the payment(s) depends on two things: 1) the aggregate total of those payments in the reporting period; and 2) whether or not you reimburse the staff worker in the same reporting period.

**Example #1:** The payment out of the staff worker's personal funds does not exceed \$5,000 in the reporting period *and* you reimburse the staff worker from political funds in the same reporting period – You will simply itemize the payment (if over the \$190 itemization threshold) on Schedule F1 as if you made the expenditure directly to the vendor out of your political funds, with the name of the vendor who sold the goods or services as the payee for the expenditure. **Do not** disclose as the payee the name of your staff worker.

**Example #2:** The payment(s) out of the staff worker's personal funds are over \$5,000 in the aggregate in the reporting period *and* you reimburse the staff worker from political funds in the same reporting period – You will use a 3-step process, disclosing everything on the same report: (1) On Schedule E, disclose the total amount paid from the staff worker's personal funds as a loan from the staff worker to your campaign; (2) On Schedule F1, itemize the payments made by your staff worker separately, with the names of the vendors who sold the goods or services to your staff worker as the payees for the expenditures. **Do not** disclose as the payee the name of your staff worker; and (3) On Schedule F1, disclose the payment to your staff worker for the reimbursement of the loan.

**Example #3:** The payment(s) out of the staff worker's personal funds do not exceed \$5,000 in the aggregate in the reporting period *but* you reimburse the staff worker from political funds in a different reporting period – You will use a 3-step process, disclosing steps 1 and 2 on the same report and step 3 later, when the reimbursement occurs: (1) On Schedule E, disclose the total amount paid from the staff worker's personal funds as a loan from the staff worker to your campaign; (2) On Schedule F1, itemize the payments made by your staff worker separately, with the names of the vendors who sold the goods or services to your staff worker as the payees for the expenditures. **Do not** disclose as the payee the name of your staff worker; and (3) When you reimburse your staff worker, if ever, disclose on Schedule F1 of the report covering the period in which the reimbursement occurs the payment to your staff worker for the reimbursement of the loan.

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <u>MARTIN J PHALEN</u>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3307.25</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2699.83</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>282.36</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is MARTIN J PHALEN, and my date of birth is 08/06/1953.  
 My address is 168 FIVE DOVE CIRCLE PORT ARANSAS, TX 78373 USA  
(street) (city) (state) (zip code) (country)  
 Executed in NUECES County, State of TEXAS, on the 3 day of APRIL, 20 22.  
(month) (year)  
Martin J Phalen  
 Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>MARTIN J PHALEN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2945<sup>00</sup></i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>362.25</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>-</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2699.83</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>-</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>-</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>-</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-</i>

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# 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 <b>MARTIN J PHALEN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LISA M tucotte</b>	7 Amount of contribution (\$) <b>150 00</b>
	6 Contributor address; City; State; Zip Code <b>305 AVE. J Port ARANSAS TX 78373</b>	
8 Principal occupation / Job title (See Instructions) <b>Store worker</b>		9 Employer (See Instructions)
Date <b>3/7/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARNOLD GoveLLA</b>	Amount of contribution (\$) <b>200 00</b>
	Contributor address; City; State; Zip Code <b>P.O. Box 1433 Port ARANSAS TX 78373</b>	
Principal occupation / Job title (See Instructions) <b>LAWYER-</b>		Employer (See Instructions) <b>SELF</b>
Date <b>3/10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID D SIELOFF</b>	Amount of contribution (\$) <b>350 00</b>
	Contributor address; City; State; Zip Code <b>105 Five Dove circle Port ARANSAS TX 78373</b>	
Principal occupation / Job title (See Instructions) <b>materials ENGINEER</b>		Employer (See Instructions) <b>NYP semi-conductors</b>
Date <b>3/28</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEN MARSH</b>	Amount of contribution (\$) <b>500 00</b>
	Contributor address; City; State; Zip Code <b>356 BLUE HARBOR DR. TX 78373</b>	
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.

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# 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 <b>MARTIN J PHALEN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/19/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DAVE C PATE</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>11302 WHISPER DAWN ST. SAN ANTONIO TX 78230</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2/19/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KEN MARSH</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>356 BLUE HARBOR DR. PORT ARANSAS TX 78373</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/19/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TIM PARKE</b>	Amount of contribution (\$) <b>40<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Port ARANSAS TX 78373</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/23/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Dailey</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>469 CHAPEL HILL RD COLTON N.Y 13625</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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

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 <i>MARTIN J PHALEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/30/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert E HENNERKE</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>4505 trusted tree Grove Austin TX 78735</i>		

8 Principal occupation / Job title (See Instructions) <i>LAWYER</i>	9 Employer (See Instructions)
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Date <i>4/3/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cornhole BAG tournament @ Stingers</i>	Amount of contribution (\$) <i>405<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>Port ARANSAS TX 78373</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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 <i>MARTIN J Phalen</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>99.75</i>	
5 Date <i>4/1/22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAUL SHERRILL</i>	8 Amount of Contribution \$ <i>99.75</i>	9 In-kind contribution description <i>YARD SIGN Holders</i>
7 Contributor address; City; State; Zip Code <i>726 LANTANA DR. Port A tx 78373</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>RETIRED</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
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 <i>4/3/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TINA MOTT</i>	Amount of Contribution \$ <i>262.50</i>	In-kind contribution description <i>Wall Decor Pieces</i>
Contributor address; City; State; Zip Code <i>1333 Sea Secret Port A tx 38377</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>mail carrier</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>USPS</i>	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN J PHALEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/2022</b>	5 Payee name <b>Signs on the cheap</b>	
6 Amount (\$) <b>380.49</b>	7 Payee address; City; State; Zip Code <b>11525A Stonehollow DR AUSTIN TX 78758</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>	(b) Description <b>YARD SIGNS</b>
	(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 <b>2/8/2022</b>	Payee name <b>DOOR HANGER.COM</b>	
Amount (\$) <b>98.07</b>	Payee address; City; State; Zip Code <b>2020 S HELLMAN AVE ONTARIO CA 91761</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>	Description <b>DOOR HANGERS</b>
	<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 <b>02/15/2022</b>	Payee name <b>OVERNIGHT PRINTS</b>	
Amount (\$) <b>52.63</b>	Payee address; City; State; Zip Code <b>7582 LAS VEGAS BLVD LAS VEGAS NV 89123</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>	Description <b>BUSN CARDS</b>
	<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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		





# 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 <i>MARTIN J PHALEN</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02/18/2022</i>	5 Payee name <i>24 HOUR WRISTBANDS</i>
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6 Amount (\$) <i>52.18</i>	7 Payee address; <i>14550 Beechnut st</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77083</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	(b) Description <i>FLAG 5X3</i>
	(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 <i>02/21/2022</i>	Payee name <i>BANNERS ON THE CHEAP</i>
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Amount (\$) <i>70.95</i>	Payee address; <i>11525A Stone Hollow DR.</i>	City; <i>AUSTIN</i>	State; <i>TX</i>	Zip Code <i>78758</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	Description <i>BANNER 4X8</i>
	<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 <i>02/21/2025</i>	Payee name <i>BANNERS ON THE CHEAP</i>
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Amount (\$) <i>55.66</i>	Payee address; <i>11525A Stonehollow DR.</i>	City; <i>AUSTIN</i>	State; <i>TX</i>	Zip Code <i>78758</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	Description <i>BANNER</i>
	<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 FILER NAME <i>MARTIN J PHALEN</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02/26/2022</i>	5 Payee name <i>Custom Printed Signs</i>
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6 Amount (\$) <i>54.45</i>	7 Payee address; City; State; Zip Code <i>11525A StoneHollow DR. Austin TX 78758</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description <i>BANNER 4x8</i>
	(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 <i>02/19/2022</i>	Payee name <i>Signs on the Cheap</i>
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Amount (\$) <i>897.41</i>	Payee address; City; State; Zip Code <i>11525A StoneHollow DR. Austin TX 78758</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>YARD SIGNS.</i>
	<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 <i>3/7/2021</i>	Payee name <i>South Jetty</i>
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Amount (\$) <i>236.22</i>	Payee address; City; State; Zip Code <i>P.O. Box 1117 Port ARANSAS TX 78373</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i>	Description <i>News Paper Ad</i>
	<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>MARTIN J PHALEY</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/8/22</i>	5 Payee name <i>Overnight Prints</i>
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6 Amount (\$) <i>149.50</i>	7 Payee address; City; State; Zip Code <i>7582 LAS VEGAS Blvd. LAS VEGAS NV 89123</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADV. Expense</i>	(b) Description <i>BUSN. CARDS</i>
	(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 <i>3/8/22</i>	Payee name <i>ZAZZLE</i>
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Amount (\$) <i>69.16</i>	Payee address; City; State; Zip Code <i>811 Sandhill Rd Reno NV 89521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADV. Expense</i>	Description <i>Buttons</i>
	<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 <i>3/8/22</i>	Payee name <i>ETSY / thread bear Emb Co</i>
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Amount (\$) <i>43.19</i>	Payee address; City; State; Zip Code <i>515 SAWNEE CORNERS BLVD. Cumming GA 30040</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADV. Expense</i>	Description <i>Items w/ Logos</i>
	<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MARTIN J PHALEN</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/12/2022</b>	5 Payee name <b>Ultimate Print Sources</b>
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6 Amount (\$) <b>150.57</b>	7 Payee address: <b>ONTARIO CA -</b>	City:	State:	Zip Code <b>415302</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADV. EXP</b>	(b) Description <b>DOOR HANGERS</b>
	(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 <b>3/28/2022</b>	Payee name <b>BANNERS ON THE CHEAP</b>
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Amount (\$) <b>25.55</b>	Payee address: <b>11525A Stonehollow DR. Austin TX 78758</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADV EXP.</b>	Description <b>BANNERS</b>
	<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 <b>3/23/2022</b>	Payee name <b>Signs ON THE CHEAP</b>
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Amount (\$) <b>313.80</b>	Payee address: <b>11525A Stone Hollow DR. Austin TX 78758</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADV. EXP.</b>	Description <b>YARD SIGNS</b>
	<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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