

# 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: <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <b>MARTIN</b>	MI <b>J</b>
	NICKNAME <b>MARTY</b>	LAST <b>PHALEN</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>168 FIVE DOVE CIRCLE</b>		CITY: STATE: ZIP CODE <b>Port ARANSAS, TX 78373</b>
	AREA CODE <b>(815)</b>	PHONE NUMBER <b>690-1938</b>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <b>DAVID</b>	MI <b>D</b>
	NICKNAME <b>Buildog</b>	LAST <b>SIELOFF</b>	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <b>105 FIVE DOVE CRI Port ARANSAS TX</b>		CITY: STATE: ZIP CODE <b>78373</b>
	AREA CODE <b>(512)</b>	PHONE NUMBER <b>966-1499</b>	EXTENSION
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	9 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	10 PERIOD COVERED		
	Month Day Year    THROUGH    Month Day Year <b>02 / 01 / 2022</b> <b>05 / 31 / 2022</b>		
9 REPORT TYPE	11 ELECTION		
	ELECTION DATE: Month Day Year    ELECTION TYPE: <b>05 / 07 / 2022</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special		
10 PERIOD COVERED	12 OFFICE		13 OFFICE SOUGHT (if known)
	OFFICE HELD (if any) <b>N/A</b>		<b>MAYOR - Port A</b>
11 ELECTION	14 NOTICE FROM POLITICAL COMMITTEE(S)		
	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received  
**RECEIVED**  
**MAY 31 2022**

City Secretary  
Port Aransas, TX

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Date Hand-delivered or Date Postmarked

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Receipt #	Amount \$
Date Processed	<b>5-31-2022</b>
Date Imaged	<b>5-31-2022</b>

**GO TO PAGE 2**

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3807.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3465.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 08/08/1953  
 My address is 168 FIVE DOVE CIRCLE, PORT ARANSAS TX 78373 USA  
(street) (city) (state) (zip code) (country)  
 Executed in WHEELER County, State of TEXAS, on the 31 day of MAY, 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 <b>MARTIN J PHALEY</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3445.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 362.25
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3465.33
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 of 3

2 FILER NAME

MARTIN J PHALEN

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/22

5 Full name of contributor

LISA M. TURCOTTE

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address:

305 AVE. S Port ARANSAS TX

City:

State:

Zip Code

78373

7 Amount of contribution (\$)

150<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Store worker

9 Employer (See Instructions)

Date

3/7/22

Full name of contributor

ARNOLD GOVELLA

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address:

P.O. BOX 1433 Port ARANSAS TX

City:

State:

Zip Code

78373

Amount of contribution (\$)

200<sup>00</sup>

Principal occupation / Job title (See Instructions)

LAWYER-

Employer (See Instructions)

SELF

Date

3/10/22

Full name of contributor

DAVID D. SIALOFF

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address:

105 FIVE DOVE CIRCLE Port ARANSAS TX

City:

State:

Zip Code

78373

Amount of contribution (\$)

350<sup>00</sup>

Principal occupation / Job title (See Instructions)

MATERIALS ENGINEER

Employer (See Instructions)

NXP Semi-conductors

Date

3/28

Full name of contributor

KEN MARSH

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address:

356 BLUE HARBOR DR. TX 78373

City:

State:

Zip Code

Amount of contribution (\$)

500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

193

2 FILER NAME

MARTIN J PHALEN

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

5 2/19/22

DAVE C PATE

500.00

6 Contributor address: City: State: Zip Code

1302 WHISPER DAWN ST.  
SAN ANTONIO TX 78230

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

6 2/19/22

KEN MARSH

500.00

Contributor address: City: State: Zip Code

356 BLUE HAZEL DR. Port ARANSAS TX  
78373

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

7 2/19/22

TIM PARKE

40.00

Contributor address: City: State: Zip Code

Port ARANSAS TX  
78373

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

8 2/23/22

William Dauley

200.00

Contributor address: City: State: Zip Code

469 Chapel Hill Rd  
Colton NY 13625

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

3 of 3

2 FILER NAME

MARTIN J PHALEN

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/22

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

Robert E HENNERKE

6 Contributor address; City: State: Zip Code

4505 trusted tree Grove Austin tx 78735

7 Amount of contribution (\$)

100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

Date

4/3/2022

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

CORNHOLE BAG tournament @ Stingers

Contributor address; City: State: Zip Code

Port ARANSAS tx 78373

Amount of contribution (\$)

1405<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/2022

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

PAUL SHERRILL

Contributor address; City: State: Zip Code

726 LATANA DR. Port ARANSAS tx 78373

Amount of contribution (\$)

500<sup>00</sup>

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

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

Contributor address; City: State: Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 7</i>	
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 SHERILL</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>			

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>197</b>	2 FILER NAME <b>MARTIN J PHALEN</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/8/2022</b>	5 Payee name <b>Signs on the cheap</b>
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6 Amount (\$) <b>380.49</b>	7 Payee address: <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
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Date <b>2/8/2022</b>	Payee name <b>DOOR HANGER.COM</b>
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Amount (\$) <b>98.07</b>	Payee address: <b>2070 S HELLMAN AVE ONTARIO CA 91761</b>
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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
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Date <b>02/15/2022</b>	Payee name <b>Overnight PRINTS</b>
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Amount (\$) <b>52.63</b>	Payee address: <b>7582 LAS VEGAS BLVD LAS VEGAS NV 89123</b>
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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
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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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>277</b>	2 FILER NAME <b>MARTIN J PHALEN</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>02/18/2022</b>	5 Payee name <b>24 HOUR WRISTBANDS</b>
6 Amount (\$) <b>52.18</b>	7 Payee address; City: State: Zip Code <b>14550 Beechnut St Houston TX 77083</b>

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>	(b) Description <b>FLAG 5x3</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>02/21/2022</b>	Payee name <b>BANNERS ON THE CHEAP</b>
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Amount (\$) <b>70.85</b>	Payee address; City: State: Zip Code <b>11525A Stone Hollow DR. Austin TX 78758</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>	Description <b>BANNER 4x8</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>02/21/2025</b>	Payee name <b>BANNERS ON THE CHEAP</b>
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Amount (\$) <b>55.66</b>	Payee address; City: State: Zip Code <b>11525A Stonehollow DR. Austin TX 78758</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>	Description <b>BANNER</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

(7)

# 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 Expenses 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)
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The Instruction Guide explains how to complete this form.

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1 Total pages Schedule F1: <b>597</b>	2 FILER NAME <b>MARTIN J PHALEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/12/2022</b>	5 Payee name <b>ULTIMATE PRINT SOURCES</b>	
6 Amount (\$) <b>150.57</b>	7 Payee address: <b>ONTARIO CA</b>	City: State: Zip Code <b>415302</b>
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

14

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>3/28/2022</b>	Payee name <b>BANNERS ON THE CHEAP</b>		
Amount (\$) <b>25.55</b>	Payee address: <b>11525A Stonehollow DR.</b>	City: State: Zip Code <b>Austin TX 78758</b>	
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	

15

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>3/23/2022</b>	Payee name <b>Signs ON THE CHEAP</b>		
Amount (\$) <b>313.80</b>	Payee address: <b>11525A Stone Hollow DR.</b>	City: State: Zip Code <b>Austin TX 78758</b>	
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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(2)

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>697</b>	2 FILER NAME <b>MARTIN J PHALEN</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/14/2022</b>	5 Payee name <b>South Jetty</b>
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6 Amount (\$) <b>236.22</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 1117 Port ARANSAS TX 78373</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>AD. Expense.</b>	(b) Description <b>News PAPER AD</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>April 13, 2022</b> <del>40.94</del>	Payee name <b>DOMINOS PIZZA</b>
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Amount (\$) <b>40.94</b>	Payee address; City; State; Zip Code <b>2501 TEXAS 361 Port ARANSAS TX 78373</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXP</b>	Description <b>PLANNING meeting</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>4/18/2022</b>	Payee name <b>South Jetty</b>
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Amount (\$) <b>236.22</b>	Payee address; City; State; Zip Code <b>PO Box 1117 Port ARANSAS TX 78373</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>AD EXP</b>	Description <b>News PAPER Ad</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(3)

# 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.

<b>1</b> Total pages Schedule F1: 727	<b>2</b> FILER NAME MARTIN J PHALEN	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/20	<b>5</b> Payee name VALUE BANK	
<b>6</b> Amount (\$) 7.95	<b>7</b> Payee address, City, State, Zip Code Alistar Street Port A Texas 78373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) BANK Fee	<b>(b)</b> Description Service charge
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 4/25	<b>Payee name</b> South Jetty	
<b>Amount (\$)</b> 236.22	<b>Payee address, City, State, Zip Code</b> P.O. Box 1117 Port Aransas tx 78373	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</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>Date</b> 5/26	<b>Payee name</b> VALUE BANK	
<b>Amount (\$)</b> 7.95	<b>Payee address, City, State, Zip Code</b> Alistar St. Port Aransas tx 78373	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) BANK Fee	<b>Description</b> Service Fee close out
	<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

(2)

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

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

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

**1 C/OH NAME**

MARTIN J PITALEW

**2 Filer ID (Ethics Commission Filers)**

**3 SIGNATURE**

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

  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

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

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

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

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

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

  
Signature of Candidate

**5 OFFICEHOLDER**

**\*\* Complete this section only if you are an officeholder \*\***

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

\_\_\_\_\_  
Signature of Officeholder

(25)