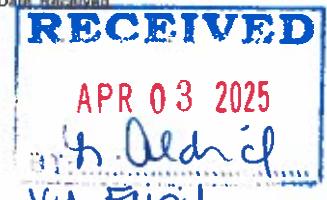


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:	8									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Marie	MI	OFFICE USE ONLY										
	NICKNAME	LAST Bloemer	SUFFIX	<small>Date Received</small> 										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 708 Huff St, Taylor, TX 76574													
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (737)	PHONE NUMBER 216-3376	EXTENSION	Date Hand-delivered or Date Postmarked										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Todd	MI	Receipt #	Amount \$									
	NICKNAME	LAST Rugeroni	SUFFIX	Date Processed										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 1307 Thompson St, Taylor, TX 76574			STATE:	ZIP CODE									
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 468-5534	EXTENSION											
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)										
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month 2	Day / 25	Year / 25	Month 03	Day / 25	Year / 25								
11 ELECTION	ELECTION DATE Month 05	Day / 03	Year / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Taylor City Council District 4										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small> <table border="1"> <tr> <td>COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME													
	COMMITTEE ADDRESS													
	COMMITTEE CAMPAIGN TREASURER NAME													
	COMMITTEE CAMPAIGN TREASURER ADDRESS													

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Bloemer, Marie

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)	\$ 2,411.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,159.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 252.83
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

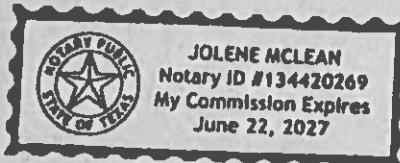
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Julia Marie Bloemer

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Julia Marie Bloemer this the 3 day of April, 20 25, to certify which, witness my hand and seal of office.

Jolene McLean

Signature of officer administering oath

Jolene McLean

Printed name of officer administering oath

Notary Public

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)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2411.86
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2159.03
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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: 3
2 FILER NAME Bloemer, Marie			3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2025	5 Full name of contributor Bloemer, Marie	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) 100
	6 Contributor address: [REDACTED]	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/08/2025	Full name of contributor Hensley, Robert	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 24.43
	Contributor address: [REDACTED]	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/03/2025	Full name of contributor Hoffman, Carla	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 400
	Contributor address: [REDACTED]	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/19/2025	Full name of contributor Lee, Paul	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 48.95
	Contributor address: [REDACTED]	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
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
2 FILER NAME Bloemer, Marie			3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2025	5 Full name of contributor Ngo, Nguyen	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 48.95
	6 Contributor address: [REDACTED]	City: _____ State: _____ Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 02/26/2025	Full name of contributor Pena, Olivia	out-of-state PAC (ID#:)	Amount of contribution (\$) 48.95
	Contributor address: [REDACTED]	City: _____ State: _____ Zip Code Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/2025	Full name of contributor Pena, Olivia	out-of-state PAC (ID#:)	Amount of contribution (\$) 24.43
	Contributor address: [REDACTED]	City: _____ State: _____ Zip Code Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/07/2025	Full name of contributor Sliva, Jorden	out-of-state PAC (ID#:)	Amount of contribution (\$) 294.20
	Contributor address: [REDACTED]	City: _____ State: _____ Zip Code Taylor, TX 76574	
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
2 FILER NAME Bloemer, Marie			3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2025	5 Full name of contributor StGeorge-Thomison, Sherri	out-of-state PAC (ID#: Contributor address: City: State: Zip Code [REDACTED] Georgetown, TX 78634	7 Amount of contribution (\$) 98.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/18/2025	Full name of contributor Thomison, Jacob	out-of-state PAC (ID#: Contributor address: City: State: Zip Code [REDACTED] Georgetown, TX 78634	Amount of contribution (\$) 98.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2025	Full name of contributor Vichinsky, Julius	out-of-state PAC (ID#: Contributor address: City: State: Zip Code [REDACTED] Post Falls, ID 83854	Amount of contribution (\$) 98.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2025	Full name of contributor Windham, Dustin	out-of-state PAC (ID#: Contributor address: City: State: Zip Code [REDACTED] Taylor, TX 76574	Amount of contribution (\$) 980.90
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.			

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: 3	2 FILER NAME Bloemer, Marie	3 Filer ID (Ethics Commission Filers)	
4 Date 03/25/2025	5 Payee name Taylor Sporting Goods		
6 Amount (\$) 129.90	7 Payee address; 307 N Main St, Taylor, TX 76574	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Shirts	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 03/13/2025	Payee name txdemocrats.org		
Amount (\$) 215	Payee address; PO Box 15707, Austin, TX 78761	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description VANS data	
	Check if travel outside of Texas. Complete Schedule T.	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 03/07/2025	Payee name vistaprint.com		
Amount (\$) 281.42	Payee address; 95 Hayden Av, Lexington, MA 02421	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door hangers	
	Check if travel outside of Texas. Complete Schedule T.	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	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: 2	2 FILER NAME Bloemer, Marie	3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2025	5 Payee name Austin SignCo, Inc		
6 Amount (\$) 1,087.91	7 Payee address; 9012 Research Blvd, Suite C-9, Austin, TX 78758	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 03/12/2025	Payee name Dirt Cheap Signs		
Amount (\$) 181.57	Payee address; 6706 Lohman Ford Rd, Lago Vista, TX 78645	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs	
	Check if travel outside of Texas. Complete Schedule T.	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 03/24/2025	Payee name Dirt Cheap Signs		
Amount (\$) 263.23	Payee address; 6706 Lohman Ford Rd, Lago Vista, TX 78645	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs	
	Check if travel outside of Texas. Complete Schedule T.	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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