

# 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>5</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Marie NICKNAME LAST Bloemer SUFFIX			OFFICE USE ONLY		
				Date Received <b>RECEIVED</b> <b>MAY 29 2025</b> <b>By Aldrich</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 708 Huff St, Taylor, TX 76574					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	( 737 )	216-3376		Receipt #      Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Todd NICKNAME LAST Rugeroni SUFFIX			Date Processed		
				Date Imaged		
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	PHONE NUMBER	EXTENSION			
	( 512 )	468-5534				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" 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 4	Day 25	Year 25	Month 05	Day 28	Year 25
11 ELECTION	ELECTION DATE Month 06 / Day 07 / Year 25	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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)	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.					
Additional Pages	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) \$ 170 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1206.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 184.43 4. TOTAL POLITICAL EXPENDITURES \$ 184.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1400.47
OUTSTANDING LOAN TOTALS	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.

J. Marie Blauner  
Signature of Candidate or

**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 address is 708 Huff St Taylor TX 75374 United States (country)

(street) (city) (state) (zip code) (country)

Executed in Williamson County, State of Texas, on the 28th day of April 2025 (year).

the 28th day of April, 2018  
(month)

J. M. Marie Blaemer  
Signature of Candidate/Officeholder

**Signature of Candidate/Officeholder (Declarant)**

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

19 FILER NAME Marie Bloemer	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1036.96
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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: <b>2</b>
2 FILER NAME Bloemer, Marie			3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2025	5 Full name of contributor Edgar Mitchell	out-of-state PAC (ID#: 6 Contributor address; [REDACTED] Taylor, TX 76574	7 Amount of contribution (\$) <b>245.15</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 05/05/2025	Full name of contributor Dan Cabaniss	out-of-state PAC (ID#: Contributor address; [REDACTED] City: State: Zip Code Austin, TX 78704	Amount of contribution (\$) <b>147.05</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/13/2025	Full name of contributor Mark Nibbelink	out-of-state PAC (ID#: Contributor address; [REDACTED] City: State: Zip Code Austin, TX 78703	Amount of contribution (\$) <b>400</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/19/2025	Full name of contributor Robert Hensley	out-of-state PAC (ID#: Contributor address; [REDACTED] City: State: Zip Code Taylor, TX 76574	Amount of contribution (\$) <b>24.43</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.

## 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: <b>2</b>
<b>2 FILER NAME</b> Bloemer, Marie			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 05/04/2025	<b>5 Full name of contributor</b> Louise Mcginley	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>24.43</b>
	<b>6 Contributor address;</b> [REDACTED]	City; State; Zip Code [REDACTED] Taylor 76574	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 05/05/2025	<b>Full name of contributor</b> Paul Lee	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>48.95</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code [REDACTED] Taylor, TX 76574	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 05/08/2025	<b>Full name of contributor</b> Mia Johns	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>98</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code [REDACTED] Taylor, TX 76574	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 05/17/2025	<b>Full name of contributor</b> Christina Lewis	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>48.95</b>
	<b>Contributor address;</b> [REDACTED]	City; State; Zip Code [REDACTED] Taylor, TX 76574	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			