

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: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Tom</u> FIRST <u>THOMAS</u> MI <u>R</u> NICKNAME LAST SUFFIX <u>SCHERLEN</u>		OFFICE USE ONLY Date Received RECEIVED MAR 29 2021 CITY SECRETARY'S CITY OF AMARILLO
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <input type="checkbox"/> Change of Address <u>3512 MEADOW DR AMARILLO TX 79109</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(806) 680-670-6104</u>		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Nancy</u> FIRST <u>SCHERLEN</u> MI <u>E</u> NICKNAME LAST SUFFIX		Receipt # Amount \$ Date Processed Date Imaged
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <u>3512 MEADOW DR AMARILLO TX 79109</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(806) 680-6604</u>		
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 Day Year <u>1-5-2021</u> THROUGH Month Day Year <u>3-29-2021</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5-1-21</u> 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) OFFICE SOUGHT (if known) <u>AMARILLO City Council</u> <u>Place 3</u>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

TOM SCHERLEN

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

6581.77

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5945.48

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

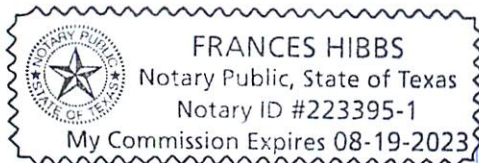
636.29

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas Scherlen this the 29th day of March, 2021, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Frances Hibbs
Printed name of officer administering oath

City Secretary
Title of officer administering oath

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	\$ 5408.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2325.00
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	\$ 5945.48
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 1,173.77	\$ 1088.75 no
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	\$ 101

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME

Tom SCHERLEN

3 Filer ID (Ethics Commission Filers)

4 Date

1/11/2021

5 Full name of contributor

Jeff Stephenson

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$50.00 cash

6 Contributor address:

City:

State:

Zip Code

3600 Randall AMARILLO TX 79109

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

1/11/2021

Full name of contributor

Treena Stephenson

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00 cash

Contributor address:

City:

State:

Zip Code

3600 Randall AMARILLO TX 79109

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/11/2021

Full name of contributor

Dennis Clouch

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500.00

Contributor address:

City:

State:

Zip Code

7706 Pebblebrook AMARILLO TX 79109

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TOM SCHERLEN

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/2021

5 Full name of contributor

BRANDON VINCENT

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$50.00 cash

6 Contributor address:

PO Box 47 Claude TX

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

Asst mgr, AMARILLO BRANCH

9 Employer (See Instructions)

AUSTIN HOSE

Date

1/19/2021

Full name of contributor

Tam Boatler

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address:

3909 Kingston AMARILLO TX 79109

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/19/2021

Full name of contributor

Kaye House

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00

Contributor address:

3431 Wayne AMARILLO TX 79109

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

Date

1/20/2021

Full name of contributor

Teresa Gwaltney

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$20 cash

Contributor address:

3607 Nebraska AMARILLO TX 79109

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

House Supervisor

Employer (See Instructions)

BSA

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim, Josette CRAMER 6 Contributor address: City: State: Zip Code 1907 Club View DR AMARILLO TX 79124	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions)
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teresa Gwaltney Contributor address: City: State: Zip Code 3607 NEBRASKA AMARILLO TX 79109	Amount of contribution (\$) \$5.00 cash
Principal occupation / Job title (See Instructions) House supervisor		Employer (See Instructions) BSA
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crocodile Lile Lile ART Gallery Contributor address: City: State: Zip Code 2719 6th AMARILLO TX 79106	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lile ART Gallery - owner		Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Merony Contributor address: City: State: Zip Code 3511 6th AVE AMARILLO TX 79106	Amount of contribution (\$) \$20 cash
Principal occupation / Job title (See Instructions) Texas Ivy - owner		Employer (See Instructions) Texas Ivy
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Tom SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/2021</i>	5 Full name of contributor <i>Julie Clarke</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: City: State: Zip Code <i>5707 Andover AMARILLO TX 79109</i>	7 Amount of contribution (\$) <i>\$25.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>1/27/2021</i>	Full name of contributor <i>Doil O'steen</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <i>3615 90th St. Lubbock TX 79423</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions) <i>Retired Military</i>		Employer (See Instructions)
Date <i>1/27</i>	Full name of contributor <i>Wanda Chesser</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <i>7502 Stuyvesant AMARILLO TX 79121</i>	Amount of contribution (\$) <i>\$50.00 cash</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>2/1/2021</i>	Full name of contributor <i>Judy Sullivan</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <i>4405 Jennie AMARILLO TX 79109</i>	Amount of contribution (\$) <i>\$80.00 cash</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tom SCHERLEN

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/2021

5 Full name of contributor

Linda Owens

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$50.00 cash

6 Contributor address:

City:

State:

Zip Code

4012 Kingston AMARILLO TX 79109

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/1/2021

Full name of contributor

Butch Owens

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00 cash

Contributor address:

City:

State:

Zip Code

4012 Kingston AMARILLO TX 79109

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/2021

Full name of contributor

Jeff Stephenson

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$20.00 cash

Contributor address:

City:

State:

Zip Code

3600 Randall AMARILLO TX 79109

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/2021

Full name of contributor

Keith Ferguson

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00 cash

Contributor address:

City:

State:

Zip Code

5630 SW 43rd AMARILLO TX 79109

Principal occupation / Job title (See Instructions)

Retired

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tom SCHELEN

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/2021

5 Full name of contributor

Cindy Clouch

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address:

7906 Pebblebrook AMARILLO TX 79119

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/3/2021

Full name of contributor

Danny Hunter

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$333.00

Contributor address:

5324 Whitney Lane AMARILLO TX 79110

City:

State:

Zip Code

money order

Principal occupation / Job title (See Instructions)

Branch manager (AMARILLO BRANCH)

Employer (See Instructions)

AUSTIN HOSE

Date

2/3/2021

Full name of contributor

Teresa Gwaltney

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$30.00

Contributor address:

3607 Nebraska AMARILLO TX 79109

City:

State:

Zip Code

(Zelle)

Principal occupation / Job title (See Instructions)

House Supervisor

Employer (See Instructions)

BSA

Date

2/6/2021

Full name of contributor

Fred Austin

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$400.00

Contributor address:

6325 Kalee AMARILLO TX 79109

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Retired

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	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME Tom SCHERLEN				3 Filer ID (Ethics Commission Filers)	
4 Date 2/6/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ohana del Sol (Jim White)			7 Amount of contribution (\$) \$500.00	
6 Contributor address: City: State: Zip Code 160 Welaun Way Lahaina HI					
8 Principal occupation / Job title (See Instructions) Investor			9 Employer (See Instructions)		
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DOROTHY SCHERLEN			Amount of contribution (\$) \$200.00	
Contributor address: City: State: Zip Code 1612 Takewell BORGER TX 79007					
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Len Walker			Amount of contribution (\$) \$200.00	
Contributor address: City: State: Zip Code 3401 6TH AMARILLO TX 79106					
Principal occupation / Job title (See Instructions) ATTORNEY			Employer (See Instructions)		
Date 3/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie Clarke			Amount of contribution (\$) \$25.00	
Contributor address: City: State: Zip Code 5707 Andover AMARILLO TX 79109					
Principal occupation / Job title (See Instructions) Retired			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.					

925

3/9/2021	Ed SCHROETER			\$10.00 cash	
Contributor address: City: State: Zip Code 4450 Evelyn AMARILLO TX 79109					
Principal occupation / Job title (See Instructions) Retired			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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tom SCHERLEN

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/2021

5 Full name of contributor

Marcia Kelly

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address:

City:

State:

Zip Code

2301 Judy AMARILLO TX 79106

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/8/2021

Full name of contributor

John Meyer

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address:

City:

State:

Zip Code

4701 Van Winkle AMARILLO TX 79119

Principal occupation / Job title (See Instructions)

Farming

Employer (See Instructions)

Date

3/9/2021

Full name of contributor

Daniel Roeder

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$65.00

Contributor address:

City:

State:

Zip Code

11004 Gatewood AMARILLO TX 79109

Principal occupation / Job title (See Instructions)

Vitel(CROSSROADS) Communication Owner

Employer (See Instructions)

Date

3/9/2021

Full name of contributor

Ed SCHROETER

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$10.00 cash

Contributor address:

City:

State:

Zip Code

4450 Evelyn AMARILLO TX 79109

Principal occupation / Job title (See Instructions)

Retired

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **89**

2 FILER NAME

TOM SCHERLEN

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/21

5 Full name of contributor

Susan or Mike Leamon

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$25.00 check

6 Contributor address

5613 Baxter Dr

City:

AMARILLO TX

State:

Zip Code

79119-7483

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Date

3/19/21

Full name of contributor

Craig Edward Gualtiere

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1000.00 check

Contributor address:

6822 MARIKA Cir

City:

AMARILLO TX

State:

Zip Code

79124

Principal occupation / Job title (See Instructions)

Owner of Roasters

Employer (See Instructions)

Date

3/29/21

Full name of contributor

Jesse Pfrimmer III

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00 check

Contributor address:

5723 S. Milam

City:

AMARILLO TX

State:

Zip Code

79110-3209

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>TOM SCHERLEN</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>2/9/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Burkett Outdoor</u>	8 Amount of Contribution \$ <u>\$1500.00</u>	9 In-kind contribution description <u>Billboard</u>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>P.O. Box 50372 Amarillo TX 79159</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Pres of Burkett Outdoor</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Owner of SAME</u>	
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) <u>N/A</u>			

Date <u>3/13/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>The Amarillo Pioneer</u>	Amount of Contribution \$ <u>\$825.00</u>	In-kind contribution description <u>Advertising in the Amarillo Pioneer</u>
Contributor address: _____ City: _____ State: _____ Zip Code: _____ <u>1620 S. Johnson Amarillo TX 79102</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>NEWSPAPER</u>		Employer (FOR NON-JUDICIAL) (See Instructions)	
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) <u>N/A</u>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address: _____ City: _____ State: _____ Zip Code _____	8 Amount of Pledge \$	9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: _____ City: _____ State: _____ Zip Code _____ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: _____ City: _____ State: _____ Zip Code _____ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: _____ City: _____ State: _____ Zip Code _____ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: _____ City: _____ State: _____ Zip Code _____ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Amount of Pledge \$	In-kind contribution description
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.			

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)	
6 Is lender a financial Institution? Y N	8 Lender address: City: State: Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address: City: State: Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address: City: State: Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address: City: State: Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 7		2 FILER NAME TOM SCHERLEN (THOMAS)		3 Filer ID (Ethics Commission Filers)	
4 Date 1-14-21		5 Payee name CITY OF AMARILLO			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 601 S. Buchanan AMARILLO TX 79105			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description filing fee for City Council, Place 3		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

52450

100

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 TOM SCHERLEN	3 Filer ID (Ethics Commission Filers)
4 Date 1-11-2021	5 Payee name Promotions Plus	
6 Amount (\$) \$60.00	7 Payee address: 1407 SW 10TH	City: AMARILLO State: TX Zip Code: 79101
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Banners
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 1-14-2021	Payee name Promotions Plus		
Amount (\$) \$96.00	Payee address: 1407 SW 10TH	City: AMARILLO State: TX Zip Code: 79101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description business cards and 1 banner	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

Date 1-12-2021	Payee name Super Cheap Signs		
Amount (\$) \$935.65	Payee address: 9200 Waterford Centre Blvd #100	City: AUSTIN State: TX Zip Code: 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

100-100

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 1-25-2021		5 Payee name PROMOTIONS Plus			
6 Amount (\$) \$233.82		7 Payee address: 1407 SW 10th		City: AMARILLO Tx	State: TX
				Zip Code: 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description 6 banners		
	(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					
Date 1-27-2021		Payee name PROMOTIONS Plus			
Amount (\$) \$233.82		Payee address: 1407 SW 10th		City: AMARILLO Tx	State: TX
				Zip Code: 79101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 6 Banners		
	<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					
Date 2-3-2021		Payee name Pinnacle Printz			
Amount (\$) \$100.00		Payee address: PO Box 51804		City: AMARILLO Tx	State: TX
				Zip Code: 79159	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 2 magnetic signs + stakes		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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		3 Filer ID (Ethics Commission Filers)	
4 Date 2/5/2021		5 Payee name Promotions Plus			
6 Amount (\$) \$155.88		7 Payee address: City: State: Zip Code 1407 SW 10th AMARILLO TX 79101			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Banners		
	(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 2/8/2021		Payee name Pinnacle Printz			
Amount (\$) \$76.45		Payee address: City: State: Zip Code P O Box 51804 AMARILLO TX 79159			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Magnetic signs		
	<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 2/8/21		Payee name Super Cheap Signs			
Amount (\$) \$935.91		Payee address: City: State: Zip Code 9200 Waterford Centre Blvd #100 AUSTIN TX 78758			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Yard Signs		
	<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

1126

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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		3 Filer ID (Ethics Commission Filers)	
4 Date 2-23-2021		5 Payee name PROMOTIONS PLUS			
6 Amount (\$) \$155.88		7 Payee address: 1407 SW 10th		City: AMARILLO TX	State: TX
				Zip Code 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description 4 Banners		
	(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 2-26-2021		Payee name PROMOTIONS PLUS			
Amount (\$) \$155.88		Payee address: 1407 SW 10th		City: AMARILLO TX	State: TX
				Zip Code 79101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 4 Banners		
	<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 3-3-2021		Payee name PROMOTIONS PLUS			
Amount (\$) \$155.88		Payee address: 1407 SW 10th		City: AMARILLO TX	State: TX
				Zip Code 79101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 4 Banners		
	<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

U.S.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2021	5 Payee name Super Cheap Signs	
6 Amount (\$) \$1520.91	7 Payee address: 9200 Waterford Centre Blvd #100	City: Austin State: TX Zip Code: 78758
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard Signs
	(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 3-11-2021	Payee name PROMOTIONS PLUS	
Amount (\$) \$155.88	Payee address: 1407 SW 10th	City: Amarillo State: TX Zip Code: 79101
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 4 Banners
	<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 3-22-2021	Payee name Super Cheap Signs	
Amount (\$) \$765.27	Payee address: 9200 Waterford Centre Blvd #100	City: Austin State: TX Zip Code: 78758
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2402...

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 TOM (THOMAS) SCHERLEN		3 Filer ID (Ethics Commission Filers)
4 Date 3-26-2021	5 Payee name PROMOTIONS PLUS		
6 Amount (\$) \$108.25	7 Payee address: City: State: Zip Code 1407 SW 10th AMARILLO TX 79101 Suite B		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising (Post cards)		(b) Description Post cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
Amount (\$) Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
Amount (\$) Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
Amount (\$) Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

108.25

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 4	2 FILER NAME TOM SCHERLEN	3 Filer ID (Ethics Commission Filers)
4 Date 1/5/21	5 Payee name Wells Fargo Bank (Tom SCHERLEN CAMPAIGN)	
6 Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 3429 Bell St AMARILLO TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Opened Campaign checking account
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 1/27/21	Payee name Wells Fargo Bank (Tom SCHERLEN CAMPAIGN)		
Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 3429 Bell St AMARILLO TX 79109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description transfer of money to add to campaign	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 3/8/21	Payee name Wells Fargo Bank (Tom SCHERLEN CAMPAIGN)		
Amount (\$) 500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 3429 Bell Street AMARILLO TX 79109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other (advertising exp)	Description transferred money to help pay for signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1173.19

560.00

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME TOM SCHERLEN (THOMAS)	3 Filer ID (Ethics Commission Filers)
---------------------------	--	---------------------------------------

4 Date 1-9-21	5 Payee name U S POST OFFICE
-------------------------	--

6 Amount (\$) 74.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 505 E. 9TH AVE	City: AMARILLO TX	State: TX	Zip Code 79105
---	---	-----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Opened a P.O. Box for the campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 1-15-21	Payee name Phillips 66 - Conoco
------------------------	---

Amount (\$) 150.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 34th + Western	City: AMARILLO TX	State: TX	Zip Code 79109
--	---	-----------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 1-27-2021	Payee name AMARILLO Bolt
--------------------------	------------------------------------

Amount (\$) 6.89 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 215 N Polk	City: AMARILLO	State: TX	Zip Code 79107
--	-------------------------------------	--------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv (Other)	Description nuts + screws to hang banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2 FILER NAME Tom (THOMAS) SCHERLEN 3 Filer ID (Ethics Commission Filers)

4 Date 3-14-2021 5 Payee name FedEx

6 Amount (\$) 7.88 7 Payee address: City: State: Zip Code
☐ Reimbursement from political contributions intended 3801 Olsen Blvd #2 AMARILLO TX 79109

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ 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 1-9-2021 Payee name Scott Latham (PROMOTIONS PLUS)

Amount (\$) 60.00 Payee address: City: State: Zip Code
☐ Reimbursement from political contributions intended 1407 SW 10TH AMARILLO TX 79101

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Advertising Business cards
☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 1-27-2021 Payee name transfer of funds Wells Fargo (Tom SCHERLEN CAMPAIGN)

Amount (\$) 200.00 Payee address: City: State: Zip Code
☐ Reimbursement from political contributions intended 3429 Bell AMARILLO TX 79109

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Tom (Thomas) Schellen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-13-2021</i>	5 Payee name <i>The Amarillo Pioneer</i>	
6 Amount (\$) <i>125.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>1620 S. Johnson</i>	City: <i>AMARILLO TX</i> State: <i>TX</i> Zip Code: <i>79102</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>The AMARILLO PIONEER VOTER GUIDE</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

125.00

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)
Date	Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See instructions regarding type of information required)
Date	Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See instructions regarding type of information required)
Date	Payee name	
Amount (\$)	Payee address:	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See instructions regarding type of information required)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City: State: Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City: State: Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		