CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				12 年 [17] 中国 (18] [18]	
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages f	iled: 24	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR M R.	THOMAS	MI R	OFFICE	USEONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AMARIL	EADOW DR	CITY; STATE; ZIP CODE		CEIVED 8 03 2023
Change of Address	AREA CODE			CITYS	ECRETADVO
5 CANDIDATE/ OFFICEHOLDER PHONE		70-6104	EXTENSION	Date HGFFeWO	FOAMARILLO
6 CAMPAIGN	MS / MRS / MR	FIRST	/	Receipt #	Amount \$
TREASURER NAME	MRS	NANCY		Date Processed	AGUATA NA
	NICKNAME	SCHER	LEN	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	35/2 M		UITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	AMARI.	LLO TX 7	9109		
8 CAMPAIGN TREASURER PHONE	(80b)	PHONE NUMBER	EXTENSION	See and the second	eran (de (anaman
9 REPORT TYPE	January 15	30th day before e	election Runoff		fter campaign appointment er Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 13	THROUGH 4	Day Yea	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year	Runoff Other Description		
1.35(0/2)	5/6/	13 General	Special		000
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	DAMA C PLACE	3,
14 NOTICE FROM POLITICAL	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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		1 1 1 1 2 2 2	
Additional Pages	GENERAL	COMMITTEE ADDRESS		2 - 2	a rayka
Early ()	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		stor. Ass
,) · · · · · · · · · · · · · · · · · · ·	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	-,-	- Test yes
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	m SCHERLEN	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O		\$ 40051.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	PENDITURE.	\$
300	4. TOTAL POLITICAL EXPENDITUR	ES	\$ 31496,43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST DAY	\$ 40051,00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER		\$
9pava2 9 zaxəT fO əfsf2	Please complete	Signature of Candidate	e or Officenoider
(1) Affidavit			
NOTARY STAMP/SEAL Sworn to and subscribed 20 2. , to certify	0.1.1	this the <u>3rd</u>	day of DR1
Signature of officer administe		ministering oath	Title of officer administering oath
(2) Unsworn Declaration			
My name is		, and my date of birth is	<u> </u>
My address is		,	· · · · · · · · · · · · · · · · · · ·
	(street)		(zip code) (country)
Executed in	County, State of, , or	n the day of(month)	20 (year)
		Signature of Candidate/Of	ficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
10M SCHERLENS	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. V SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$40,051.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 40,051.00 \$ 4,500.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. V SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS \$31496.43
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. V SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	s 206 52
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$

7

SCHEDULE A1

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

	The	Instruction Guide explains how to c	omplete this	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address;		State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;		State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	yıb#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
		ATTACH ADDITIONA If contributor is out-of-state PAC, ple		OF THIS SCHEDULE AS Note that the second in the second section of the second se	

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME TOW	SCHERLEN PLACE 3	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) TOW SCHERLEN PLACE 3	7 Amount of contribution (\$)
118/23	6 Contributor address; City; State; Zip Code	\$950.00 transfer from savings to carry
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions) NA	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/7/12	FKennedy T. Kennedy PContributor address City: State: Zip Code	\$ 100.00
100	Lubbock TX 79453-3575	
Principal occup	Red (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/7/23	Renee Deaver Contributor address; City; State; Zip Code 4707 Frince ton	\$50.00
Principal occur	AMAKILLO / X 79109 Deation / Job title (See Instructions) Employer (See Instruc	ations)
Λ	RED	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/9/23	James J. Schenck Contributor address; City: State; Zip Code 6216 Gains borough Rd. AMARILLO TX 79106	#150.00
	pation / Job title (See Instructions) Employer (See Instruc	etions)
Semir	etired ins. Salesman self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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SUBTOTALS - C/OH

FORM C/OH

		COVERS	SHEEL PG 3
19 FILER	NAME	20 Filer ID (Ethics Co	mmission Filers)
	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE R: PLEDGED CONTRIBUTIONS	•	<u>.</u> \$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

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.	1 Total pages Schedule A1:
2 FILER NAME	SCHERLEN, PLACE	3	3 Filer ID (Ethics Commission Filers)
4 Date 2//4/13	3600 Randall AMARIZLO TX 79109	ate; Zip Code	7 Amount of contribution (\$) #50,00 Cash
8 Principal occu		Employer (See Instruc	cions)
3/14/ 13	AMARILLO TX 791	ate; Zip Code	Amount of contribution (\$) # 200.00
	eation / Job title (See Instructions)	Employer (See Instruct	cions)
1/4/23	7309 Harkway	ate; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) AESIDENI	Employer (See Instruction) AWHANI	LE PRODUC IAS
Date 2/21/13		115 rate; Zip Code X 79102	Amount of contribution (\$) $\#300 \iota 00$
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	pation / Job title (See Instructions)	Employer (See Instruc	tions)
,			:

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 CON	ITRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED	\$

SCHEDULE A1

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

The i	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	SCHERLEN PLACES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) CRAIG GUACTIERE 6 Contributor address; RIKA City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occup	CXZX INFRITH AWARILLO IX 79124 pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Retire	ED BUSINESS INVESTOR SFLF	
Date	Full name of contributor	Amount of contribution (\$)
2/23/_	Contributor address; City; State; Zip Code	#500.00
123	St. AMARILLO TX/9/2	4
Principal occup	ation / Job title (See Instructions) Employer (See Instructions) Co LD WELL	BANKER
3/17/13	Full name of contributor out-of-state PAC (ID#:) Judy Sul/IVan Contributor address; City; State; Fig.Code /	Amount of contribution (\$)
, ,	Contributor address; City; State; 779706 4405 Jennie AMARILLO IX	Cash
// /	pation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/1/23	FRED AUSTIN Contributor address; City; State; Zip Code 4325 Kalee	#400.00
	AMARILLO TX 79109 Detion / Job title (See Instructions) Employer (See Instructions)	tions)
Retir	ed	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 11/15/2022

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 CO	NTRIBUTIONS	\$
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 FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

SCHEDULE A1

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

		4. Total and as Calendula A4:
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	SCHERLEN PLACE 3	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/2/23	ST Mitchell Teresa Mitchell 6 Contributor address; Scale; State; Zip Code 8005 RIVEL ROad AMARILLO TY 79108	# 100.00
8 Principal occup Retu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/4/23	Bro B or L Owens Contributor, address; ton City; State; Zip Code AMARICLO TA 79109	\$100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
3/11/23	Contributor address: 18905 FM 2186 City; State; Zip Code AMARILLO TX 79119	#350,00
	Doation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
3/11/23	FRANK Debbie Turley 3916 DOKLS DMARILLO TX 79109	\$ 200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	rictions)

650

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	SCHERLEN	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/13	5 Full name of contributor out-of-state PAC (ID#:) Pennis Connie Morgan 6 Contributor address: Place 6 DIO Millie Place 7919	7 Amount of contribution (\$)
1/	pation / Job title (See Instructions) 9 Employer (See Instructions)	nions)
Date 3/11/13	Full name of contributor out-of-state PAC (ID#:) I am Boatler Contributor address; City; State; Zip Code 3909 Kingston AMARILLO IX 79109	Amount of contribution (\$) # 100.00 Cash
Principal occup Refl	ation / Job title (See Instructions) Employer (See Instructions)	tions)
3/13/ _{2,3}	Full name of contributor out-of-state PAC (ID#:) DEALON LLL Contributor address; City: State; Zip Code 1800 5. WASHINGTON SUITE 400	Amount of contribution (\$) #15,000.00
Λ.	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3/11/1	Full name of contributor out-of-state PAC (ID#:) JUDITH GUALTIERE Contributor andress: City: State; Zip Code	Amount of contribution (\$)
114/23	S136 ROYCE DR AMARILLO TX 79110	# 150,06
Retir	pation / Job title (See Instructions) Employer (See Instructions)	Zions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

25, 450

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME TOM	SCHERLEN PLACES	3 Filer ID (Ethics Commission Filers)
4 Date 3/14/23	5 Full name of contributor out-of-state PAC (ID#:) DANNY ADNTER 6 Contributor address: 'freq City: State; Zip Code #5324 Whitney Lane AMAR(LLO TX	7 Amount of contribution (\$) #440,00 Cash
//	oation / Job title (See Instructions) N HOSE-BRANCH MGR AUSTIN 4	/
Date /	Full name of contributor	Amount of contribution (\$)
320/23	DIPARKUMAR PATEL Contributor, address; JR City; State; Zip Code 45 Colonial DR 79124-4904 AMARILLO TX 79124-4904	#2500.00
Λ .	ation / Job title (See Instructions) Employer (See Instru ESS Man Hoteller	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/20/23	Rahul Nita Mehta Controlutor address; Lity; State; Zip Code 15 PRESTWICK Lane AMARILLO TX 79124-4940	\$ 150.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/20/23	MINESH PATEL Contributor address: City + B/State Zip Gode H/D/ AMARILLO TX 79109	\$51,00
Principal occur	pation / Job title (See Instructions) Employer (See Instru	ctions)

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

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Revised 11/15/2022

SCHEDULE A1

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

a.o. roquotou momunio no noi appronato, a a mara ano pago maro report					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	NSCHERLEN	3 Filer ID (Ethics Commission Filers)			
4 Date 3/20/23	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) #500.00			
- 1 -	AMARILLO TX 79119-6336				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)			
unk	hown				
Date	Full name of contributor out-of-state PAC (ID#:	—) Amount of contribution (\$)			
1/1	BHADRESHKUMAR DESAI				
120/23	Contributor address; EAS City; State; Zip Code	# 101.00			
700	AMARILLO TX 79103				
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)			
unk	nown				
Date	Full name of contributor Out-of-state PAC (ID#:				
120/23	Contributor address: LLO BLVD West AMARILLO TX 79107	#25.00			
	pation / Job title (See Instructions) Employer (See Ins	structions)			
unk	nown				
Date 3/20/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
1 1/	pation / Job title (See Instructions) Employer (See Instructions)	structions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME	L SCHERLEN		3 Filer ID (Ethics Commission Filers)				
4 Date 3/20/23	5 Full name of contributor out-of-state PAC ALFESH KUMAR R. P. 6 Contributor address: City; IJ2 HMARILLO BLVD AMARILLO TX 75	(ID#:) ATEL State; Zip Code 7107	7 Amount of contribution (\$)				
1	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)				
Date 3/20/23	SFull name of contributory A 1 outgr-state FAC SURESH DHA 1 PATE 3017 AMARILLO BLVD AMARILLO TX 79		Amount of contribution (\$)				
14	nation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

1715/2022

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

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 i	form.	1 Total pages Schedule A1:
2 FILER NAME	LSCHERLEN		3 Filer ID (Ethics Commission Filers)
3/23/23	5 Full name of contributor out-of-state PAC (RANDY DIANE TO 6 Contributor address; Naparral CANYON TX 7901	DLEY	7 Amount of contribution (\$) \$\begin{align*} \delta / DD, DO \\ Cash \\ \end{align*}
8 Principal occup		Employer (See Instructi	ions)
3/13/13	Full name of contributor out-of-state PAC (ELVIRA JOHN SON) Contributor address; PERRY AVE AMARILLO TX 7	1	Amount of contribution (\$)
4 '	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 3/13/13/23	PETER M. BOYCE Contributor address: 2801 S. MONROF.		Amount of contribution (\$) # 100 O
Principal occup	Action / Job title (See Instructions) VESS-INSURANCE	Employer (See Instruct	ions)
Date 3/23/ 23	Full name of contributor out-of-state PAC (JB/J6 Martinda)e Contributor address; City; SOVA; AMARILLO IX 79/	·	Amount of contribution (\$) #25,00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



SCHEDULE A1

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

ii the reques			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	SCHERLEN		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/13	5 Full name of contributor out-of-state PAC JELRY H. HODEE 6 Contributor address; City: 320 S. POLK AMARILLO TX 79	(+ Marguret) State; Zip Code	Amount of contribution (\$)
-	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 3/-	Full name of contributor Out-of-state PAC	STARNES	Amount of contribution (\$)
123/23	24025WJGHCity: AV	State; Zip Code	\$ 135.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
3/23/	Full name of contributor out-of-state PAC THOMAS RIVANCY SCHER	(ID#:) State; Zip Code	Money from Wells Pargo ampaign
/23	3512 MEADOW DR AMARILLO TX 7	19109	to FBSW campour
Principal occu Retire	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/28/12	Full name of contributor out-of-state PAG	State; Zip Code	Amount of contribution (\$)
Rrincipal occu	128043.BBJCC HMARILLO TX 7917 pation / Job title (See Instructions) LSS-INSULANCE	Employer (See Instruc	tions)
1) Woln	ess-Insurance	Owner	

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Revised 11/15/2022

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	SCHERLENS	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Full name of contributor out-of-state PAC (ID#:) Titin M Bhakta 6 Contributor address: City: BL vitate: Zip Code 2806 AMARILLO BL VID AMARILLO TX 79107-5642	7 Amount of contribution (\$)
1 1	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor Out-of-state PAC (ID#:) VIRU MAHENDRA BHAKTA	Amount of contribution (\$)
728/23	Contributor address: ARILCITY BLSTateD Zip Code AMARILLO TX 79107	#151,00
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
1,	10WN	nons)
Date 3 /18/	Full name of contributor out-of-state PAC (ID#:) Rakesh/B/NA BHAGAT	Amount of contribution (\$)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Contributor address; DRity VE State; Zip Code AMARILLO TX 79124	\$250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
unk	Nown	
Date	Full name of contributor	Amount of contribution (\$)
3/28/23	Jimmy/Rashmi PATEL Contributor address; Lip Code 2100 S. Cowlter St. State; Zip Code	\$101.00
	HMARILLO TX 19106	
Principal ocçu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
unk	nown	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 11/15/2022

SCHEDULE A1

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

	·		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME TOM	SCHELLEN	_	3 Filer ID (Ethics Commission Filers)
4 Date 3/30/23	5 Full name of contributor out-of-state PAC JAMES JEAN PRAY 6 Contributor address; City; II+N ROSE MONT AMARILLO TX 79101	7 Amount of contribution (\$) $#25,00$	
8 Principal occup UN	nation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 4////33		State; Zip Code	Amount of contribution (\$) $\# J,000.00$
<u> </u>	ation / Job title (See Instructions) - - I GHTELS	Employer (See Instruct AMA FIRE	^ ^ _ I
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	·
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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.

ii alo roqu				
Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:	
2 FILER NAMI	E L SCHERLEN		3 Filer ID (Ethics Commission	on Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ Ind	
5 Date 4//1/23	6 Full name of contributor out-of-state PAC (ID#:	Zip Code		
Burke	ett Outdoor Advertising	7 . 1	Cett Outdook	A 4 /- I
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL	
14 Contributors	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if a	ny) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	1	-kind contribution escription
	Contributor address; City; State;	Zip Code	 Check if travel outside of Te	xas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(Se	e Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIA	L) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if a	ny) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1			irements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ Instruction Instruction						
4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID# State: Zip Code Check if travel outside of Texas. Complete Schedule T. 7 Pledgor address; City: State: Zip Code 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 out-of-state PAC (ID# Amount of Pledge \$ In-kind contribution description Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID# Amount of Pledge \$ In-kind contribution description Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if travel outside of Texas. Complete Schedule T. Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T.	The	e Instruction Guide explain	ns how to complete this	form.	1 Total pages Sched	ule B:
S Date 6 Full name of pledgor	2 FILER NAME	<u> </u>			3 Filer ID (Ethics C	ommission Filers)
S Date 6 Full name of pledgor out-of-state PAC (ID# T Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T.						
7 Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T.	4 TOTAL OF	UNITEMIZED PLED	GES		\$	
7 Pledgor address: City: State: Zip Code	5 Date					. =
10 Principal occupation / Job title (See Instructions)		1				
Date Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.					Check if travel outs	I . ide of Texas. Complete Schedule T.
Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T.	10 Principal occ	cupation / Job title (See Instru	uctions)	11 Employer (See	Instructions)	
Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution description Pledge \$ In-kind contribution description Pledge \$ In-kind contribution description Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Date Full name of pledgor out-of-state PAC (ID# Amount of Pledge \$ In-kind contribution description Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T.	Date					1
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Pledgor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#:						
Date Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.					Check if travel outs	I . ide of Texas. Complete Schedule T.
Pledger address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#:	Principal occu	upation / Job title (See Instru	ctions)	Employer (See	Instructions)	
Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Pledge \$ In-kind contribution description Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	Date	Full name of pledgor	out-of-state PAC (ID#:)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution description Pledger address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T				ate; Zip Code		
Date Full name of pledgor out-of-state PAC (ID#:) Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T					Check if travel outs	ide of Texas. Complete Schedule T.
Pledge \$ description Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T.	Principal occ	upation / Job title (See Instru	actions)	Employer (See	Instructions)	
Check if travel outside of Texas. Complete Schedule T	Date	Full name of pledgor	out-of-state PAC (ID#:)		
		Pledgor address;	City; State	: Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					Check if travel outs	ide of Texas. Complete Schedule T
	Principal occi	upation / Job title (See Instru	ctions)	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.	_					a requirements

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	NITEMIZED LOANS	\$			
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
Y N			11 Maturity date		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Col	lateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal fun account (See Instruc	ids were deposited into political tions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable	I.,,	Employer (See Jacks et al.)			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)			
If le	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

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

Event Expense 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		,
1 Total pages Schedule F1:	FILER NAME SCHERLEN	3	Filer ID (Ethics	Commission Filers)
4 Date 3-17-13 6 Amount (\$)	JOM SCHERLEN 5 Payee name AMAZON, COM			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
#151.22				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Steel 5 yard 5	itakes	for
OF EXPENDITURE	Advertising	yard s	19ns ((200)
	(c) Check if travel outside of Texas. Complete Schedule T.	(_	TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED	

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:___ 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION State; Zip Code Citv: 18 Guarantor address: not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:____ Interest rate State; Zip Code Lender address; Citv: Is lender a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

State; Zip Code

Employer (See Instructions)

City;

Guarantor address;

Principal Occupation (See Instructions)

not applicable

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

Event Expense Fees Food/Beverage Expense Gftt/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	And the second s	
1 Total pages Schedule F1:	2 FILER NAME SCHERLEN	PLACE 3 3 File	r ID (Ethics Commission Filers)	
4 Date 3-14-23	5 Payee name TOM SCHERLEN	CAMPAIEN The	waset for	
6 Amount (\$) \$1,000,00	7 Payee address: BADOW DR	City;) Ca	State Zip Gode	
#//000	AMARILLO TX 791			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	TRANSFE R	1 - 1 (
OF EXPENDITURE	BANKTRANSFER	WELLS FARG	5 to FBSW	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-17-23	Payee address; 1407 SW 10th Sim	5		
Amount (\$)	Payee address; 1457 SW 10th Sw	teb City;	State; Zip Code	
#541,20	10000	101		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	15 BIG "	516N5	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
3-17-23	Super Cheap Sig	g ns		
Amount (\$)	Payee address Waterford	gns Centre#10	State; Zip Code	
\$ 615.22	AUSTIN TX	78	3758	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	150 yard	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check of Austin, TX, offi	ceholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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LOANS SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report.							
	The	1 Total pages Schedule E:						
2	FILER NAME	3 Filer ID (Ethics Commission Filers)						
4	TOTAL OF UN	IITEMIZED LOANS		\$				
5	Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)				
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date				
	Y N							
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
	not applicable	18 Guarantor address; City;	State; Zip Code					
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)								
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)				
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate				
	Institution? Y N			Maturity date				
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
	Description of Colli	ateral	Check if personal fundaccount (See Instruct	unds were deposited into political actions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
		Guarantor address; City;	State; Zip Code					
	not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)					
	If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEW struction guide for additional re					

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 Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Zip Code State: City (b) Description 8 PURPOSE OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH PROMOTIONS PLUS Payee address; 10th Suite B City; State: Zip Code Description ID BANNERS Y **PURPOSE** NAME TAG ADVERTISING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code Description PURPOSE OF EXPENDITURE plete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE E LOANS

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 E:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UI	NITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender out-of-state l	PAC (ID#:)	9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
Y N			11 Maturity date			
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Col	ilateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable	18 Guarantor address; City;	State; Zip Code				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
Y N			Maturity date			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)				
Description of Col	lateral	Check if personal fun account (See Instruc	ids were deposited into political tions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupat	tion (See Instructions)	Employer (See Instructions)				
lf I	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE struction guide for additional re				

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 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	2-FILER NAME IOM SCHERLEN P	LACE 3	3 Filer ID (Ethics	Commission Filers)		
4 Date 27/23	AMARILLO BOLT		7 - 7	1		
6 Amount (\$) #123,06	7 Payee address: 215N AOLK AM	ARILLO	State;	Zip Code 79/07		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description SCICWE	sandn	ashers		
EXPENDITURE	Havertising (c) Check if travel outside of texas. Complete Schedule T.	Tor hang	ing bay	INCIS expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date ,	Payee name					
3/2/13	PROMOTIONS PLUS					
Amount (\$)	Payee address; 1407 3W 10Th Suit	e B City;	State;	Zip Code		
#262.30	AMARILLO TX79101			· \		
2	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Post Co	ards	ē		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX. officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name			N ii		
3-7-23	Promotions PLUS 1407 5W 10M Suited					
#389,70	March 1 March 1		State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Banne	0.05			
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Revised 11/15/2022

LOANS SCHEDULE E

	If the requested information is not applicable, DO NOT include this page in the report.						
	The	1 Total pages Schedule E:					
2	FILER NAME	3 Filer ID (Ethics Commission Filers)					
4	TOTAL OF UN	IITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)			
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date			
	Y N						
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	not applicable	18 Guarantor address; City;	State; Zip Code				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan Name of lender out-of-state PA			PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution?			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
	Description of Colla	ateral	Check if personal fundaccount (See Instruct	inds were deposited into political ctions)			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
		Guarantor address; City;	State; Zip Code				
	not applicable						
	Principal Occupati	on (See Instructions)	Employer (See Instructions)				
	If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re				

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

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

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

Solicitation/Fundraising Expense

Credit Card Fayment	The Instruction Guide explains how to c	omplete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)			
4 Date 1 / 1 8 / 2023	5 Payee name NOAH DAWSON						
6 Amount (\$)	7 Payee address;	Ĉity;	State;	Zip Code			
#300.00		_					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Advertising	Websit	e Des	ign			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX, officeholder livin	g expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
Date	Spayee name						
1/25/2023	Cheap Signs						
Amount (\$)	Cheap Signs Payee address; Payee add	e City;	State;	Zip Code			
771.09	#100	AUSTI	NIX	78758			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Camp	aign				
OF EXPENDITURE	Advertising	Yard	SIGNS	;			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held			
Date	Payee name						
2-10-23	Promotions Plus						
Amount (\$)	Payee address;	City;	State;	Zip Code			
#254,76	1407 SW 10Th	AMARIC	LOTX	79101			
	Category (See Categories listed at the top of this schedule)	Busine		rd =			
PURPOSE OF	1111	1503/110	-22 000				
EXPENDITURE HAVENTISING POST(push) cando							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held			
expenditure to benefit C/O	JOMSCHERLEN +	JLACE 3					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:___ 10 Interest rate 6 is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date N 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:___ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Υ N Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable 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

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)

1 Total pages Schedule F1:	2 FILER, NAME SCHERLEN F	LACE 3 3F	iler ID (Ethics Commission Filers)
4 Date 1-14-23	5 Payee name Super Cheap Sign.		
6 Amount (\$)	7 Payee address; 9200 Waterford Cen	tre city;	State; Zip Code
#771.15	#100	AUSTIN	TX 18158
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	I a H
PURPOSE OF EXPENDITURE	Advertisina	Yard s	lans
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-24-23	Promotions Plus		
Amount (\$)	Payee address; 1407 Swite P	City;	State; Zip Code
\$389,170	AMARILLO TX 791		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	BANNES	15
	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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Promotions Plus		
2-27-23	Tromolions PIDS		
Amount (\$)	Payee address; 1407 5 W 10th Suit	e B City;	State; Zip Code
#89,63	AMARILLO TX 70	9101	
DUDDOSE	Category (See Categories listed at the top of this schedule)	Magnetic Magnetic	_ signs for
PURPOSE OF EXPENDITURE	Advertising	cars/mag	signs for inetic tags
!	Check if travel outside on Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED)

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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 Candidate/Officeholder/Politi Credit Card Payment						
1 Total pages Schedule G:	TOM SCHERLEN PLACE 3 3 Filer ID (Ethics Commission Filers)					
4 Date 1-18-23	5 Payee name City of AMARILLO AMARILLO TX 7910					
6 Amount (\$) 4 100,00 Reimbursement from political contributions intended Cash	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Application fee (b) Description Fee to file bail of bail of bail of bail of Check if Laval 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 N/A					
Date A-17-13 Amount (\$) 15:00 CM Reimbursement from	Payee name PIDNEER GUN Show Payee address; Code City; Ama 1x 79/01					
political contributions intended	at AMARILLO CIVIC Center					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Description Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH					
3-12-23	Payee name					
Amount (\$) L5.00 Reimbursement from political contributions intended	Payee address; Chen show was held at City; State; Zip Code AMARILLO CIVIC Center AMA 1x 79/01					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description					
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					
Forms provided by Texas E	thics Commission www.ethics.state.tx.us Revised 11/15/20					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)				
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$				
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City,	State; Zip Code				
		<u> </u>					
9 TYPE OF EXPENDITURE	Political	Non-Political					
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description					
PURPOSE OF Expenditure							
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
	/						
TYPE OF \ EXPENDITURE	Political	Non-Political					
)	Category (See Categories listed at the top of this	s schedule) Description					
PURPOSE OF							
EXPENDITURE	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, 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 NE	EEDED				
Forms provided by Texas Ethics	Commission www.ethics.	state.tx.us	Revised 11/15/2022				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EVENDITUES	ECODIES ES	D DOY 6(-)		
		EXPENDITURE CAT		` '		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhe Polling Expen Printing Expe		Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
Credit Card Fayment		The Instruction Guide expla	ains how to com	plete this form.		
1 Total pages Schedule G:	2 FILER NA	SCHER LEA	J		3 Filer ID (Ethics	Commission Filers)
4 Date 3-18-23	5 Payee nai	BOR FREI	Gt(T			
Amount (\$) Reimbursement from	7 Payee ad	7 3W 457	h Au	ENOBE	State;	Zip Code
political contributions intended	AMA	trillo TY	< 791	09		
8 PURPOSE OF	(a) Category	(See Categories listed at the top of this	s schedule) (b) Description 2	Grome	1.
EXPENDITURE	1,77	ERTISING		epair	KII IDr	panne
		Check if travel outside of Texas. Complete			n, TX, officeholder living e	
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	late / Officeholder name	Of	ice sought		Office held
3-27-23	Payee nai	bor FREI	GHT			
Amount (\$) Reimbursement from	5807	gress: SW 45 M	UAVE	City;	State;	Zip Code
political contributions intended	HMA	RILLO /	X	79109		
PURPOSE OF EXPENDITURE	Category Adve	r (See Categories listed at the top of thi	s schedule)	Description AKGS 0	j grans	tafor
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/		late / Officeholder name	Of	īce sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	:					
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this	s schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candio	date / Officeholder name	Of	ice sought		Office held
	ATTA	ACH ADDITIONAL COPIES	OF THIS SCH	EDULE AS NEEL	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH