

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: <u>11</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <u>TOM SCHERLEN</u> M R NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received <h2 style="margin: 0;">RECEIVED</h2> APR 27 2023 CITY SECRETARY'S CITY OF AMARILLO <small>Date Hand-delivered or Date Postmarked</small> Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <u>3512 MEADOW DR</u> <u>AMARILLO TX 79109</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(806) 670-6104</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>NANCY SCHERLEN</u> E NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <u>3512 MEADOW DR</u> <u>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 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 checked="" 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 THROUGH Month Day Year <u>4 / 4 / 2023</u> <u>4 / 27 / 2023</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 6 / 2023</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)	13 OFFICE SOUGHT (if known) <u>AMA City Council PLACE 3</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME TOM SCHERLEN		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	31,000
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	7,000
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,224.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,635.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,224.00 <i>cms</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tom Scherlen this the 27 day of April, 2023, to certify which, witness my hand and seal of office.

[Signature] Jonni Glick Asst. City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,224.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2750.00
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	\$ 23,635.19
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TOM SCHERLEN		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHELLE Dement	7 Amount of contribution (\$) \$ 50.00 cash
6 Contributor address; City; State; Zip Code 5511 Andrews Ave AMARILLO TX 79106		
8 Principal occupation / Job title (See Instructions) UNKNOWN		9 Employer (See Instructions)
Date 4/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID RIEFF	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7106 BIRKSHIRE AMARILLO TX 79109		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions) UNKNOWN
Date 4/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILAN/JYOTIKA PATEL	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 25 PRESTWICK Lane AMARILLO TX 79124		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions) UNKNOWN
Date 4/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SATISH BHAI/OSHA BHARTA	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 1501 S. ROSS AMARILLO TX 79102		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions) UNKNOWN
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

600.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) unreadable name	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code JP MORGAN acct# CHASE BANK 964370167 9992		
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom/Nancy SCHERLEN	Amount of contribution (\$) \$371.00
Contributor address; City; State; Zip Code 3512 MEADOW DR AMARILLO TX 79109		amt for mistaken expense on 4-7-23
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Phillips	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5600 Bell Street #105-102 AMARILLO TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dealon, LLC	Amount of contribution (\$) \$20,000.00
Contributor address; City; State; Zip Code 1800 S. Washington AMARILLO TX 79102		
Principal occupation / Job title (See Instructions) Business		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.

201971

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete/Patricia Mendoza 6 Contributor address; City; State; Zip Code 1914 Martin Road AMARILLO TX 79107	7 Amount of contribution (\$) \$100.00 cash
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jignesh Parekh Contributor address; City; State; Zip Code 9300 Cagle DR AMARILLO TX 79109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) —
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deepak Patel / Smita Patel Contributor address; City; State; Zip Code 17802 Georgetown DR AMARILLO TX 79119	Amount of contribution (\$) \$101.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) —
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rimal Kumar / Vaisu Patel Contributor address; City; State; Zip Code 6303 BASSWOOD LAVE AMARILLO TX 79124	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) unknown		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.

551.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TOM SCHERLEN

3 Filer ID (Ethics Commission Filers)

4 Date

4/14/23

5 Full name of contributor

out-of-state PAC (ID#: _____)

DAN / DEVIYANI PATEL

7 Amount of contribution (\$)

\$500.00

6 Contributor address:

City:

State:

Zip Code

J, Cypress Point
AMARILLO TX 79124

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

Date

4/14/23

Full name of contributor

out-of-state PAC (ID#: _____)

Vajir Sindha

Amount of contribution (\$)

\$250.00

Contributor address:

City:

State:

Zip Code

5704 Montserrat DR
AMARILLO TX 79119

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

Date

~~4/14/23~~

Full name of contributor

out-of-state PAC (ID#: _____)

~~Barkett Outdoor Advertising~~

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/23

Full name of contributor

out-of-state PAC (ID#: _____)

Kelly Giles

Amount of contribution (\$)

\$250.00

Contributor address:

City:

State:

Zip Code

197010 Hunter's Run
Canyon, TX 79015

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

1000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME 10M SCHERLEN		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dharavalkumar P. Patel	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 4400 Bell Apt 502C AMARILLO TX 79109-5270		
8 Principal occupation / Job title (See Instructions) UNKNOWN		9 Employer (See Instructions)
Date 4/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul E / Mary R Clay	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7301 Park Ridge DR AMARILLO TX 79119		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions)
Date 4/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhupendra or Amishaben Bhakta	Amount of contribution (\$) \$51.00
Contributor address; City; State; Zip Code 620 W AMARILLO BLVD AMARILLO TX 79107		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions)
Date 4/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitesh / Viral Nitesh Patel	Amount of contribution (\$) \$501.00
Contributor address; City; State; Zip Code 10804 Miami Ave Lubbock TX 79423		
Principal occupation / Job title (See Instructions) UNKNOWN		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.

1102, 00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TOM SCHERLEN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1750.00	
5 Date 4/4/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APFFA PAC 542	8 Amount of Contribution \$	9 In-kind contribution description Misc Advertising
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ 613 SE 46TH AVE AMARILLO TX 79118		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) FIRE FIGHTERS		11 Employer (FOR NON-JUDICIAL)(See Instructions) AMA FIRE DEPT	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURKETT Outdoor Adv	Amount of Contribution \$	In-kind contribution description \$1000.00 Billboards
Contributor address: _____ City: _____ State: _____ Zip Code _____ PO Box 50372 AMARILLO TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) BURKETT Outdoor Advertising		Employer (FOR NON-JUDICIAL)(See Instructions) BURKETT Outdoor Advertising	
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)			

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

2750.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **TOM SCHERLEN** 3 Filer ID (Ethics Commission Filers)

4 Date **4-5-23** 5 Payee name **PROMOTIONS PLUS**

6 Amount (\$) **\$243.56** 7 Payee address: **1407 SW 10TH Suite B** City: State: Zip Code
AMARILLO TX 79101

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political Buttons
(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 **4-7-23** Payee name **mistaken expense 4-7-23 reimbursed 4-10-23 (OTDRD)**

Amount (\$) **\$371.00** Payee address: **3400 Las Vegas BLVD** City: State: Zip Code
Las Vegas Nevada 89109

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

Date **4-6-23** Payee name **Whited Checks**

Amount (\$) **\$20.63** Payee address: **1513 S. Tyler** City: State: Zip Code
AMARILLO TX 79101

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) banking Campaign acct	Description Checks to pay bills (campaign)
<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

635.19

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>TOM SCHERLERS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-14-23</i>	5 Payee name <i>BURKETT Outdoor Advertising</i>	
6 Amount (\$) <i>\$2,000.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 50372 AMARILLO TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Billboards</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 <i>4-20-23</i>	Payee name <i>Noah Dawson</i>	
Amount (\$) <i>\$1,000.00</i>	Payee address; City; State; Zip Code <i>1620 S. Johnson St. AMARILLO TX 79102 (business address)</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Social media advertising</i>
	<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 <i>4-13-23</i>	Payee name <i>Steve Gosselin / Business</i>	
Amount (\$) <i>\$20,000.00</i>	Payee address; City; State; Zip Code <i>4116 Julie Amarillo TX 79109</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Commercials, etc</i>
	<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

23,000.00