

**CANDIDATE / OFFICEHOLDER  
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC  
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

6

RB  
14:12

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR MR FIRST MI  
THOMAS  
NICKNAME LAST SUFFIX  
TOM SCHERLEN

OFFICE USE ONLY  
**RECEIVED**

Date Received

JUL 15 2023

CITY SECRETARY'S  
CITY OF AMARILLO

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3512 MEADOW DR  
AMARILLO TX 79109

change of address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

4 REPORT TYPE

Annual  Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year Month Day Year  
4/30/23 THROUGH 7/14/23

Date Imaged

6 TOTALS

*acct not opened till 2023*

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.  
2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ -0-

\$ -

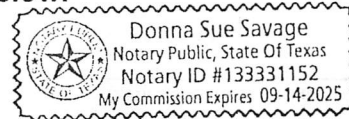
7 SIGNATURE

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/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tom Scherlen this the 15<sup>th</sup> day of July, 2023, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Printed name of officer administering oath

Donna Sue Savage

Title of officer administering oath

Admin Asst. IV

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)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

<b>8 C/OH NAME</b>		<b>9 Filer ID (Ethics Commission Filers)</b>
<b>10 Date</b>	<b>11 Payee name</b>	<b>13 Amount (\$)</b>
	<b>12 Payee address; City; State; Zip Code</b>	
<b>14 Purpose of expenditure (See instructions regarding type of information required.)</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
<b>Purpose of expenditure (See instructions regarding type of information required.)</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
<b>Purpose of expenditure (See instructions regarding type of information required.)</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
<b>Purpose of expenditure (See instructions regarding type of information required.)</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

BB  
14.12

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

OFFICE USE ONLY	
Date Received	<b>RECEIVED</b>
	<b>JUL 15 2023</b>
	<b>CITY SECRETARY'S CITY OF AMARILLO</b>
Date Hand-delivered or Postmarked	
Date Processed	
Date Imaged	

<b>1 ACCOUNT NUMBER</b> (Ethics Commission Filers)	<b>2 TYPE OF FILER</b> CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/> <i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i> <i>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</i>	
<b>3 NAME OF CANDIDATE</b> (PLEASE TYPE OR PRINT) Tom Scherlen	TITLE (Dr., Mr., Ms., etc.) FIRST MI THOMAS R ----- NICKNAME LAST SUFFIX (SR., JR., III, etc.) Tom SCHERLEN	
<b>4 TELEPHONE NUMBER OF CANDIDATE</b> (PLEASE TYPE OR PRINT)	AREA CODE PHONE NUMBER EXTENSION (806) 670-6104	
<b>5 ADDRESS OF CANDIDATE</b> (PLEASE TYPE OR PRINT)	STREET / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3512 MEADOW DR AMARILLO TX 79109	
<b>6 OFFICE SOUGHT BY CANDIDATE</b> (PLEASE TYPE OR PRINT)	AMARILLO City Council PLACE 3	
<b>7 NAME OF COMMITTEE</b> (PLEASE TYPE OR PRINT)	(Empty)	
<b>8 NAME OF CAMPAIGN TREASURER</b> (PLEASE TYPE OR PRINT) Nancy Scherlen	TITLE (Dr., Mr., Ms., etc.) FIRST MI MRS NANCY E ----- NICKNAME LAST SUFFIX (SR., JR., III, etc.) SCHERLEN	

**GO TO PAGE 2**

## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,060.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,100.00
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	\$

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>TOM SCHERLEN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-2-23</i>	5 Payee name <i>NOAH DAWSON</i>	
6 Amount (\$) <i>\$500.00</i>	7 Payee address; City; State; Zip Code <i>1620 S. JOHNSON ST. AMARILLO TX 79102 (Business address)</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>campaign help</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6-7-23</i>	Payee name <i>AMARILLO PIONEER</i>		
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>P.O box 295 AMARILLO TX 79105</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Ad for thanking voters</i>	
	<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	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 <i>TOM SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pete + Patricia Mendoza</i>	7 Amount of contribution (\$) <i>\$60.00 cash</i>
	6 Contributor address; City; State; Zip Code <i>1914 Martin Road AMARILLO TX</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Retired</i>
Date <i>5/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DEALON LLC</i>	Amount of contribution (\$) <i>\$15,000.00</i>
Contributor address; City; State; Zip Code <i>1800 Washington Suite 400 AMARILLO TX 79102</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)
Date <del><i>6/7/23</i></del>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>TOM SCHERLEN</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-30-23</i>	5 Payee name <i>Lone Star Film + Video</i>
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6 Amount (\$) <i>\$6,000.00</i>	7 Payee address: <i>3610 Carson AMARILLO TX 79109</i>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Commercials</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
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Date <i>5-1-23</i>	Payee name <i>Steve Gosselin / Business</i>
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Amount (\$) <i>\$10,000.00</i>	Payee address: <i>4116 Julie AMARILLO TX 79109</i>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	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
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Date <i>5-2-23</i>	Payee name <i>Thomas Warren III</i>
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Amount (\$) <i>\$500.00</i>	Payee address: <i>1620 S. Johnson St. AMARILLO TX 79102 (business address)</i>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>campaign help</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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**