

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: **12**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS **MR**

FIRST

MI

THOMAS

NICKNAME

LAST

SUFFIX

Tom

SCHERLEN

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3512 MEADOW DRIVE

AMARILLO TX 79109

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 670-6104

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Nina

NANCY

NICKNAME

LAST

SUFFIX

SCHERLEN

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3512 MEADOW DRIVE

AMARILLO TX 79109

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 670-6104 680-6604

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

4 / 25 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 25

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council Place 3

13 OFFICE SOUGHT (if known)

City Council Place 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

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)

\$ 35,353.00

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

\$ 35,353.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 60,095.00

CONTRIBUTION
BALANCE

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

\$

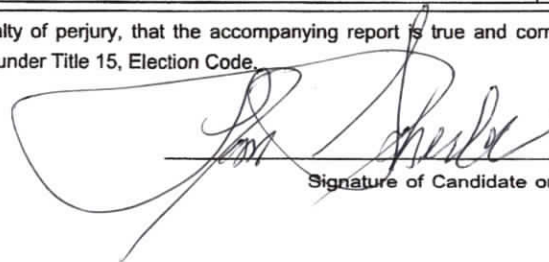
OUTSTANDING
LOAN TOTALS

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

\$ 11,000.00

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 Tom Scherten this the 22nd day of April.

on 25, to certify which, witness my hand and seal of office.

Stephanie Coggins

Signature of officer administering oath

Stephanie Coggins

Printed name of officer administering oath

City Secretary

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. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 35,353.00

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$ 11,000.00

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 60,095.00

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 40.30

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TOM SCHERLEN		3 Filer ID (Ethics Commission Filers)
4 Date 4-14-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: APURVA R KHANDHAR 6 Contributor address; City; State; Zip Code 9103 Clint Ave Amarillo TX 79119-6336	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Hoteliers		9 Employer (See Instructions)
Date 4-14-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AMARILLO Oncology Realty Contributor address; City; State; Zip Code 25 Prestwick Lane Amarillo TX 79124-4940	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rameshchandra Patel, ALPESH KUMAR PATEL, BHAVESH KUMAR PATEL Contributor address; City; State; Zip Code 112 W. AMARILLO BLVD AMARILLO TX 79107	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Hoteliers		Employer (See Instructions)
Date 4-14-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TAM BOATLER Contributor address; City; State; Zip Code 3909 Kingston Road Amarillo TX 79109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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>4-14-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BHAVIHAYAN Hospitality</i>	7 Amount of contribution (\$) <i>\$151.00</i>
6 Contributor address; City; State; Zip Code <i>6800 I-40 W AMARILLO TX 79106</i>		
8 Principal occupation / Job title (See Instructions) <i>Hoteliers</i>		9 Employer (See Instructions)
Date <i>4-14-25</i> <i>nc</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JIGNESH PAREKH</i>	Amount of contribution (\$) <i>\$101.00</i>
Contributor address; City; State; Zip Code <i>900 CAGLE DRIVE AMARILLO TX 79118-1498</i>		
Principal occupation / Job title (See Instructions) <i>Hoteliers</i>		Employer (See Instructions)
Date <i>4-14-25</i> <i>nc</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ALPESH KUMAR, MINITA PATEL</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>17611 NORWOOD DRIVE AMARILLO TX 79119</i>		
Principal occupation / Job title (See Instructions) <i>Hoteliers</i>		Employer (See Instructions)
Date <i>4-17-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>PETER BOYCE BOWES</i>	Amount of contribution (\$) <i>\$50.00</i> <i>CASH</i>
Contributor address; City; State; Zip Code <i>P.O. Box 3836 Amarillo TX 79116</i>		
Principal occupation / Job title (See Instructions) <i>Land developer</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

452.00

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 <i>TOM SCHERLENS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-17-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>RANDY TOOLEY</i>	7 Amount of contribution (\$) <i>\$100.00</i> <i>CASH</i>
6 Contributor address: City: State: Zip Code <i>1925 Chaparral Road</i> <i>Amador Canyon TX 79015</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>4-17-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MR. Gupta, (Townhouse Motel)</i>	Amount of contribution (\$) <i>\$151.00</i>
Contributor address: City: State: Zip Code <i>112 W. AMARILLO Blvd.</i> <i>AMARILLO TX 79107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-10-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Paul Christy</i>	Amount of contribution (\$) <i>\$1000.00</i> <i>(959.70 net)</i> <i>(Anedot)</i>
Contributor address: City: State: Zip Code <i>7803 Valcourt Drive</i> <i>AMARILLO TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-21-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>RICHARD James</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: City: State: Zip Code <i>18905 FM 2186</i> <i>AMARILLO TX 79119</i>		
Principal occupation / Job title (See Instructions) <i>Retired (real estate)</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

1559.00

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 <i>TOM SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-2-25</i> <i>ms</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Paul and Paula BORCHARDT</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 2509 AMARILLO TX 79109</i>		
8 Principal occupation / Job title (See Instructions) <i>Wonderland Park</i>		9 Employer (See Instructions)
Date <i>4-21-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Butch + Linda Owens</i>	Amount of contribution (\$) <i>\$100.00</i> <i>cash</i>
Contributor address; City; State; Zip Code <i>4012 Kingston AMARILLO TX 79109</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4-21-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Paul Clay</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>4703 Van Winkle DRIVE AMARILLO TX 79119-4912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-21-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sanjayhai OR Rekhaven Patel</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>3800 Pine Street AMARILLO TX 79118-7732</i>		
Principal occupation / Job title (See Instructions) <i>Hoteliers</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

900.00

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 <i>TOM SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-21-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard James E</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>18905 FM 2186 Amarillo TX 79119 NE</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-21-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dealon LLC</i>	Amount of contribution (\$) <i>\$35,000.00</i>
Contributor address; City; State; Zip Code <i>1800 S. Washington Suite 400 Amarillo TX 79102</i>		
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)
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)
<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>		

\$35,000.00

LOANS

SCHEDULE E

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 <u>TOM SCHERLEN</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>4-18-25</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TOM + NANCY SCHERLEN</u>	9 Loan Amount (\$) <u>\$9,000.00</u>
6 Is lender a financial institution? <input checked="" type="radio"/> <u>N</u>	8 Lender address; City; State; Zip Code <u>3512 MEADOW DRIVE (THRU FORD BANK)</u> <u>AMA, TX 79109 (SW)</u>	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions) <u>Retired</u>		13 Employer (See Instructions)
14 Description of Collateral <u>personal</u> <input type="checkbox"/> none <u>loan from SCHERLENS</u>		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor _____ 18 Guarantor address; City; State; Zip Code _____	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <u>4-18-25</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TOM + NANCY SCHERLEN</u>	Loan Amount (\$) <u>\$2,000.00</u>
Is lender a financial institution? <u>Y N</u>	Lender address; City; State; Zip Code <u>3512 MEADOW DR</u> <u>AMA, TX 79109</u>	Interest rate —
		Maturity date —
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Description of Collateral <u>personal</u> <input type="checkbox"/> none <u>loan from Scherlen's</u>		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor _____ Guarantor address; City; State; Zip Code _____	Amount Guaranteed (\$)
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.

\$11,000.00

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4-7-25		5 Payee name CREATIVE CANNON			
6 Amount (\$) \$13,000.00		7 Payee address: 2201 Civic Circle #917 AMARILLO TX 79109		City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) payment on account		(b) Description payment		
	(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 4-17-25		Payee name CREATIVE CANNON			
Amount (\$) \$12,000.00		Payee address: 2201 Civic Circle #917 AMARILLO TX 79109		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) payment on account		Description payment		
	<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 4-21-25		Payee name Versapay			
Amount (\$) \$35,000.00		Payee address: online		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising		Description advertising		
	<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

60,000.00

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TOM SCHERLEN	3 Filer ID (Ethics Commission Filers)
4 Date 4-21-25	5 Payee name Versa pay	
6 Amount (\$) \$95.00	7 Payee address; City; State; Zip Code online	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

95.00

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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME TOM SCHERLEN	3 Filer ID (Ethics Commission Filers)
4 Date 4-10-25	5 Payee name TOM SCHERLEN, NANCY SCHERLEN	
6 Amount (\$) \$40.30 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3512 MEADOW DRIVE AMARILLO TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fee for Anedot deposit	(b) Description fee for PAUL Christy deposit
	(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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

140-320