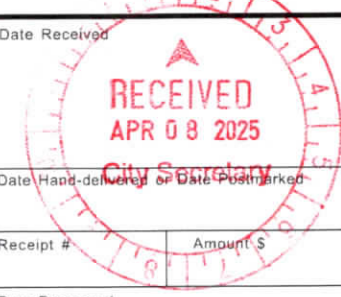


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY 		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			Date Received
	NICKNAME	LAST	SUFFIX			Date Hand-delivered or Date Postmarked
						Receipt #
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)	Date Processed	Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>01 / 01 / 25</u> THROUGH <u>4 / 13 / 25</u>					
6 EXPLANATION OF CORRECTION						
CHANGE OF NAME ON PREVIOUS REPORT FOR DONATION FROM BOYD GIST. \$150.00						

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder



(1) Affidavit

Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tom Scherlen this the 8th day of April, 2025, to certify which, witness my hand and seal of office.

Stephanie Coggins Stephanie Coggins 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

COPY

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 TRS 3-18-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Boyd Gist Services Inc 6 Contributor address; City; State; Zip Code 2403 SW 26TH AVE AMARILLO TX 79109-1901	7 Amount of contribution (\$) \$ 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-31-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANNY Hunter Contributor address; City; State; Zip Code 5324 Whitney Lane AMARILLO TX 79109	Amount of contribution (\$) \$ 300.00 cash
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-1-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Las Tiendas Courtyard LLC Contributor address; City; State; Zip Code 6666 W AMARILLO BLVD AMARILLO TX 79106	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pete + Patricia Mendoza Contributor address; City; State; Zip Code 1914 Martin Road AMARILLO TX	Amount of contribution (\$) \$ 70.00 cash
Principal occupation / Job title (See Instructions)		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>		

11030

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST THOMAS MI R NICKNAME LAST SUFFIX Tom SCHERLEN		OFFICE USE ONLY 	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3512 MEADOW DRIVE AMARILLO TX 79109			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (806) 670-6104			Date Received
	MS / MRS / MR MR FIRST NANCY MI E NICKNAME LAST SUFFIX SCHERLEN			Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 680-6604		Receipt #	
	AREA CODE PHONE NUMBER EXTENSION (806) 680-6604		Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST NANCY MI E NICKNAME LAST SUFFIX SCHERLEN		Date Processed	
	MS / MRS / MR MR FIRST NANCY MI E NICKNAME LAST SUFFIX SCHERLEN		Date Imaged	
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) 680-6604			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2025 THROUGH 4 / 3 / 2025			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 3 / 25 <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	City Council Place 3	same		
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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

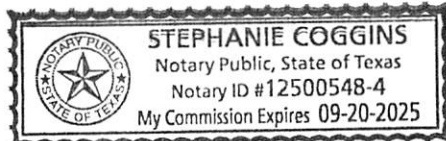
15 C/OH NAME <u>TOM SCHERLEN</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6726.50</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>800.80</u> <u>792.50</u>
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	\$

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]
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 3rd day of April, 2025, to certify which, witness my hand and seal of office.
Stephanie Coggins Stephanie Coggins 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

TOM SCHERLEN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ *6426.50* *ms*

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 CONTRIBUTIONS

\$ *800.80* *ms*
792.50

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

\$

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 <i>TOM SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-10-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>THOMAS WARREN</i>	Amount of contribution (\$) <i>(Dep. 2-14-25)</i> <i>\$100.00</i> <i>cashier's check</i>
6 Contributor address; City; State; Zip Code <i>AMARILLO TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2-13-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NANCY SCHERLEN</i>	Amount of contribution (\$) <i>\$5.00 4.50</i> <i>(Apple Pay)</i>
Contributor address; City; State; Zip Code <i>3512 MEADOW DRIVE</i> <i>AMARILLO TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-10-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>FRED & Jackie Kennedy</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>5401 164TH</i> <i>LUBBOCK TX 79424</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-18-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JEFF & TREENA Stephenson</i>	Amount of contribution (\$) <i>\$50.00</i> <i>cash</i>
Contributor address; City; State; Zip Code <i>3600 RANDALL</i> <i>AMARILLO TX 79109</i>		
Principal occupation / Job title (See Instructions)		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>		

254.50

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 3-18-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Boyd Gist Services Inc 6 Contributor address; City; State; Zip Code 2403 SW 26TH AVE AMARILLO TX 79109-1901	7 Amount of contribution (\$) \$ 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-31-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANNY Hunter Contributor address; City; State; Zip Code 5324 Whitney Lane AMARILLO TX 79109	Amount of contribution (\$) \$ 300.00 cash
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-1-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Las Tiendas Courtyard LLC Contributor address; City; State; Zip Code 6666 W AMARILLO BLVD AMARILLO TX 79106	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pete + Patricia Mendoza Contributor address; City; State; Zip Code 1914 Martin Road AMARILLO TX	Amount of contribution (\$) \$ 70.00 cash
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.		

11020

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 4-2-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rahul Mehta Nita Mehta	7 Amount of contribution (\$) \$151.00
6 Contributor address; City: State: Zip Code 15 PRESTWICK Lane AMARILLO TX 79124-4940		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dipakkumar Patel Sangita Patel	Amount of contribution (\$) \$2501.00
Contributor address; City: State: Zip Code 46 Colonial DRIVE AMARILLO TX 79124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL FISHER	Amount of contribution (\$) \$2,000.00
Contributor address; City: State: Zip Code 7306 SW 34TH Suite 1 Pmb 238 AMARILLO TX 79121-1423		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRED AUSTIN JR	Amount of contribution (\$) \$500.00
Contributor address; City: State: Zip Code P O BOX 7908 AMARILLO TX 79114-7908		
Principal occupation / Job title (See Instructions)		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>		

5152

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Randy Tooley</div>	7 Amount of contribution (\$) <div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$200.00</div>
	6 Contributor address; City; State; Zip Code <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Anedot</div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Eric Bohanan</div>	Amount of contribution (\$) <div style="border-bottom: 1px solid black; padding-bottom: 5px;">\$100.00</div>
	Contributor address; City; State; Zip Code <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Anedot</div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	Amount of contribution (\$) <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>
	Contributor address; City; State; Zip Code <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	Amount of contribution (\$) <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>
	Contributor address; City; State; Zip Code <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	
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	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 SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-6-25</i>		5 Payee name <i>Ryan Neel</i>			
6 Amount (\$) <i>\$692.00</i>		7 Payee address: <i>8601 ICE HOUSE DRIVE: UNIT 7108 NORTH RICHLAND HILLS, TX 76180</i>		City:	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>services rendered political campaign →</i>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>2-10-25</i>		Payee name <i>City of AMARILLO</i>			
Amount (\$) <i>\$100.00</i>		Payee address: <i>623 S. JOHNSON</i>		City:	State; Zip Code <i>AMARILLO TX 79105</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>filing fee for DPLace 3</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					
Date <i>2-13-25</i>		Payee name <i>NANCY SCHERLEN (Anedot?) service fee for Apple Pay deposit</i>			
Amount (\$) <i>1.50</i>		Payee address: <i>3512 MEADOW DR AMARILLO TX 79109</i>		City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

792.50

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 <u>TOM SCHERLEN</u>		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <u>Anedot (from NANCY SCHERLEN)</u>			
6 Amount (\$) <u>\$8.30</u>		7 Payee address; <u>3512 MEADOW DR</u> <u>AMARILLO TX 79109</u>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>fee for using</u> <u>Anedot</u>		(b) Description <u>\$8.30</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address;		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address;		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address;		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

8.30