

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY Date Received <u>5/19/25</u> RECEIVED MAY 29 2025 City Secretary Receipt # <u>100</u> Amount \$ <u>0.00</u> Date Processed _____ Date Imaged _____
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Thomas</u>	MI	
	NICKNAME <u>Tom</u>	LAST <u>Scherlen</u>	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify) _____	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> 8th day before election			

6 EXPLANATION OF CORRECTION
Report type and period covered

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]
Signature of Candidate/Officeholder

NOTARY PUBLIC
STEPHANIE COGGINS
Notary Public, State of Texas
Notary ID #12500548-4
My Commission Expires 09-20-2025
(1) Affidavit
Please complete either option below:
Sworn to and subscribed before me by Tom Scherlen this the 29th day of May, 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

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) 680-6104

6 CAMPAIGN
TREASURER
NAME

MS / MRS **(MR)** MR

FIRST

MI

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) 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

4 / 26 / 25

THROUGH

Month

Day

Year

5 / 1 /

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 25

☐ Primary

☒ Runoff

☐ Other

Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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 <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>6996.20</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>122,866.30</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>122,866.30</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>35,465.98</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>150,000.00</u>

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 29th day of May, 2025, 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

Tom Shepherd

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6996.20
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 150,000.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 122866.30
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 <i>TOM SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-30-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ann Remling</i>	7 Amount of contribution (\$) <i>\$60.00</i>
6 Contributor address; City; State; Zip Code <i>5901 Jared Place AMARILLO TX 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-30-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dinesh or Dervani Patel</i>	Amount of contribution (\$) <i>\$251.00</i>
Contributor address; City; State; Zip Code <i>2 Cypress Pt AMARILLO TX 79124</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-30-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tanay M Patel, Jenika Patel</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>8901 Witmer Ct AMARILLO TX 79119-1342</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-30-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Potter County Lodging LLC</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>19415 Terra Stone San Antonio TX 78255</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>		

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 4-30-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vajir R Sindha 6 Contributor address; City; State; Zip Code 5704 Montserrat DRIVE AMARILLO TX 79119	7 Amount of contribution (\$) \$101.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-30-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James J. Schenk Contributor address; City; State; Zip Code 6216 Gainsborough Road AMARILLO TX 79106	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-12-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Ferguson Contributor address; City; State; Zip Code 5630 SW 43rd AMARILLO TX 79109	Amount of contribution (\$) \$50.00 cash
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-12-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEX PHILLIPS Contributor address; City; State; Zip Code 6302 Lauren Ashley DRIVE AMARILLO TX 79119	Amount of contribution (\$) \$50.00 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>		

301.00

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>4-29-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Steve Moore from Ane dot</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>1,000.00</i> <i>40.30 fee</i> <i>-</i> <i>959.70 net deposit</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-29-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Laurie Hale from Ane dot</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>75.00</i> <i>3.30 fee</i> <i>-</i> <i>71.70</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-1-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tom Roller from Ane dot</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>500.00</i> <i>20.30 fee</i> <i>-</i> <i>479.70</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-4-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tom Kelly from Ane dot</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>1000.00</i> <i>40.30 fee</i> <i>-</i> <i>959.70</i>
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.

2575.20
- 104.20
2470.00
net

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#: _____) <i>5-4-25 Paul Christy from Anedot</i>	7 Amount of contribution (\$) <i>#2000.00</i> <i>- 80.30 fee</i> <hr/> <i>1919.70</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>5-5-25 Eric Bohanan from Anedot</i>	Amount of contribution (\$) <i>#150.00</i> <i>6.30 fee</i> <hr/> <i>143.70</i>
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#: _____) <i>5-22-25 Darien + Lucas Ternigan</i>	Amount of contribution (\$) <i>#1500.00</i>
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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

3650.00
 - 86.60
 3563.40

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 <i>TOM SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$150,000.00
5 Date of loan <i>5-16-25</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Citizen's Bank</i>	9 Loan Amount (\$) <i>\$50,000.00</i>
6 Is lender a financial institution? <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>4117 S. Georgia AMARILLO TX 79110</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		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 <i>TOM SCHERLEN Campaign</i>	19 Amount Guaranteed (\$) <i>50,000.00</i>
	18 Guarantor address; City; State; Zip Code <i>3512 MEADOW DRIVE AMARILLO TX 79109</i>	
20 Principal Occupation (See Instructions) <i>Retired</i>		21 Employer (See Instructions)
Date of loan <i>5-21-25</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Citizen's Bank</i>	Loan Amount (\$) <i>\$100,000.00</i>
Is lender a financial institution? <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>4117 S. Georgia AMARILLO TX 79109</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <i>TOM SCHERLEN CAMPAIGN</i>	Amount Guaranteed (\$) <i>\$100,000.00</i>
	Guarantor address; City; State; Zip Code <i>3512 MEADOW DR AMARILLO TX 79109</i>	
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.

150,000.00

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 4-29-25		5 Payee name Anedot (from NANCY SCHERLEN)			
6 Amount (\$) 40.30		7 Payee address: 3512 MEADOW DR AMARILLO TX 79109		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CAMPAIGN DONATION		(b) Description fee from Steve Moore donation	
		(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 4-29-25		Payee name Anedot from Nancy SCHERLEN			
Amount (\$) 3.30		Payee address: above address		City: State: Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CAMPAIGN DONATION		Description fee from Laurie Hile donation	
		<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 5-1-25		Payee name Anedot (from Nancy SCHERLEN)			
Amount (\$) 20.30		Payee address: above address		City: State: Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CAMPAIGN DONATION		Description fee from Tom Roller donation	
		<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

63.90

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 <i>TOM SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-4-25</i>		5 Payee name <i>Anedot from Nancy SCHERLEN</i>			
6 Amount (\$) <i>\$40.30</i>		7 Payee address; <i>3512 MEADOW DR AMARILLO TX 79109</i>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Campaign donation</i>		(b) Description <i>fee from Tim Kelly donation</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>5-4-25</i>		Payee name <i>Anedot from Nancy SCHERLEN</i>			
Amount (\$) <i>80.30</i>		Payee address; <i>address as above</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Campaign donation</i>		Description <i>fee from Paul Christy donation</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>5-5-25</i>		Payee name <i>Anedot from Nancy SCHERLEN</i>			
Amount (\$) <i>6.30</i>		Payee address; <i>address as above</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Campaign donation</i>		Description <i>fee from Eric Bohannon</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					

126.90

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 <i>Tom SCHERLEN</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-20-25</i>		5 Payee name <i>TPF (The Political Firm)</i>			
6 Amount (\$) <i>\$720.00</i>		7 Payee address: <i>5555 Hilton Ave Suite Baton Rouge, LA 70808</i>		City:	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Expense</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		Candidate / Officeholder name		Office sought	Office held
Date <i>5-22-25</i>		Payee name <i>ARMADA Strategies LLC</i>			
Amount (\$) <i>\$54,020.00</i>		Payee address: <i>3742 N. Federal Highway #1032 Lighthouse Pt, FLORIDA 33074</i>		City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CAMPAIGN Expenses</i>		Description <i>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>5-23-25</i>		Payee name <i>ARMADA STRATEGIES LLC</i>			
Amount (\$) <i>\$8400.00</i>		Payee address: <i>3742 N Federal Highway #1032 Lighthouse PT, FLORIDA 33074</i>		City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign expenses</i>		Description <i>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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

63,140.00

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 5-23-25		5 Payee name ARMADA STRATEGIES LLC			
6 Amount (\$) \$46,020.00		7 Payee address; City; State; Zip Code 3742 N. Federal Highway #1032 Lighthouse Pt FLORIDA 33074			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Campaign Expenses		(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 5-24-25		Payee name CREATIVE Cannon			
Amount (\$) \$12,000.00		Payee address; City; State; Zip Code 2201 CIVIC Circle #917 AMARILLO TX 79109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign Expenses		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	
Date 5-29-25		Payee name C+B Printing			
Amount (\$) \$1515.50		Payee address; City; State; Zip Code 2400 S.W 6th AMARILLO TX 79106			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign expenses		Description signs	
		<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

59,545.50