CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI J	OFFICE USE ONLY
NAME	NICKNAME	Usery	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	HOUL BI		orty; state; zip code an Angelo, Tx 7650f	JAN 18 2022
Change of Address			EVENION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	340-0075	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Allouit 4
NAME	NICKNAME	Patricia LAST	A. SUFFIX	Date Processed
	HOMANIE	Usery		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS (Residence or Business)			1 Angelo TX 76924	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	11012
TREASURER PHONE	(325)	234.0686		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	u,	13 /2021	THROUGH	15 /2022
11 ELECTION	ELECTION DA		ELECTION TYP	
	Month Day	Year	Runoff Other Description	
	3/1/	/2022 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	anty Judge
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	EHOLDER. THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES ES MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		· · · · · · · · · · · · · · · · · · ·
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
<u></u>		20.70	DACE 2	
		GO 10	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Tommy J. Usery	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 1,5000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5412.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 10,77.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 4839.12
1	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Cano	didate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the _	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarat	OR	
(2) Unsworn Declarat		1-11
My name is	my J. 16ery and my date of birth is San Angels. T	12/29/1954 V 9604 USA
Executed in	(street) (city) (state of	ate) (zip code) (country)
	month	(year)
	Signature of Candida	te/Officehold er (Decl arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ID (Ethics Commission Filers)
Tommy J. Wsery	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1650 50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 4839.12
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	\$ 4839.12 ONS \$ 3758.15
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	UTIONS \$
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 BUSINES	SS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	IONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	TURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	ted 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
2 FILER NAME	Tommy J. Usery	3 Filer ID (Ethics Commission Filers)
4 Date 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:) Dan Grag. 6 Contributor address; City; State; Zip Code 101 Estate Dr. San Angelo Tk 70903 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
• Principal occu	Retiked	uoris)
Date 12/4/2/	Full name of contributor out-of-state PAC (ID#:) Keith Key Contributor address; City; State; Zip Code San Angelo, Tx 76904	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	ions)
	Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12/14/21	Randy Armor Contributor address; City; State; Zip Code 3131 San Antonio St San Angelo, The 16901	5000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	notived	
Date	Full name of contributor	Amount of contribution (\$)
12/14/2021	Michael A. Bairel Contributor address; City; State; Zip Code 1464 Plantation Ct Wall Tx 76957	50000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	Attorney Selt	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Total pages Schedule A1: 2/2 Filer ID (Ethics Commission Filers) Amount of contribution (\$) Amount of contribution (\$)
Amount of contribution (\$) COO Amount of contribution (\$)
Amount of contribution (\$)
Amount of contribution (\$)
10000
ns)
Amount of contribution (\$)
100 00
ns)
Amount of contribution (\$)
ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

if the requested	information is not applicable, DO NO	I include this page in the rep	oort.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	ommy J. Usery		3 Filer ID (Ethics Commission Filers)
	ITEMIZED LOANS		\$
5 Date of loan 11/13/2021 6 Is lender	7 Name of lender out-of-state in Tormmy J. Usery. 8 Lender address; City;	State: Zio Code	9 Loan Amount (\$) 750
a financial Institution?	4006 Blair Lang San	Angelo TX 71404	11 Maturity date
Attorney		13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$) 4. 88
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate Maturity date
Y N	on / Job title (See Instructions)		ividiality date
Atte	rnay	Employer (See Instructions)	
Description of Coll	ateral 1	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
v not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

			1 Total pages Schedule E:
The II	nstruction Guide explains how to comp	plete this form.	2/7
FILER NAME	Tommy J. Usery		3 Filer ID (Ethics Commission Filers
	TEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state		9 Loan Amount (\$)
Is lender a financial Institution?	Tommy J. Usery. 8 Lender address; City; 4006 Blair Lane	State; Zip Code	10 Interest rate
2 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Colla	teral	Check if personal fu account (See Instru	nds were deposited into political actions)
GUARANTOR			19 Amount Guaranteed (\$)
INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
INFORMATION	18 Guarantor address; City;	21 Employer (See Instructions)	
INFORMATION not applicable Principal Occupation Date of loan Is lender a financial Institution?	18 Guarantor address; City; on (See Instructions)	21 Employer (See Instructions)	
INFORMATION Inot applicable Principal Occupation Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; on (See Instructions) Name of lender	21 Employer (See Instructions) e PAC (ID#:)	Loan Amount (\$) Interest rate Maturity date
INFORMATION not applicable Principal Occupation Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; on (See Instructions) Name of lender	21 Employer (See Instructions) e PAC (ID#:) State; Zip Code Employer (See Instructions)	Loan Amount (\$) Interest ate Maturity date unds were deposited into political
INFORMATION Inot applicable Principal Occupation Date of loan Is lender a financial Institution? Y N Principal occupation Description of Colland	18 Guarantor address; City; on (See Instructions) Name of lender	21 Employer (See Instructions) e PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal for account (See Instru	Loan Amount (\$) Interest ate Maturity date unds were deposited into political
INFORMATION Inot applicable Principal Occupation Date of loan Is lender a financial institution? Y N Principal occupation Description of Collation Inone GUARANTOR	18 Guarantor address; City; on (See Instructions) Name of lender	21 Employer (See Instructions) e PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal for account (See Instru	Loan Amount (\$) Interest rate Maturity date unds were deposited into political actions)

SCHEDULE E

if the requested information is n	ot applicable, DO NO	i include this page in the re	port.
The Instruction Guide	explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Tommy J	. Ugery		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LO	ANS		\$
5 Date of loan 7 Name of lender (2/03/202)	ny J. User		9 Loan Amount (\$)
b Lender addre	ss; City;	State: Zip Code	10 Interest rate 0 % 70 11 Maturity date N / 4
12 Principal occupation / Job title (See	Instructions)	13 Employer (See Instructions)	
14 Description of Collateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION 17 Name of guara	antor		19 Amount Guaranteed (\$)
18 Guarantor ad	dress; City;	State; Zip Code	
20 Principal Occupation (See Instruction	ns)	21 Employer (See Instructions)	-
Date of loan Name of lender	er out-of-state my I. Kery		Loan Amount (\$)
Is lender Lender addre	1	State; Zip Code	Interest rate O % Maturity date
Y (N) Yvos	Bleir long	San Angel & 144 Employer (See Instructions)	d atla
Alfonny	,	Self	
Description of Collateral		Check if personal fur account (See Instruc	nds were deposited into political attions)
GUARANTOR Name of guard INFORMATION	antor		Amount Guaranteed (\$)
Guarantor ac	ldress; City;	State; Zip Code	
Principal Occupation (See Instruction	s)	Employer (See Instructions)	
		PIES OF THIS SCHEDULE AS NE	

SCHEDULE E

The	instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
FILER NAME	Tommy J. Usery		3 Filer ID (Ethics Commission Filers
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state		9 Loan Amount (\$) 4. \$7
is lender a financial Institution?	8 Lender address; City; 4006 Blair Lam	State; Zip Code San Angelo Tk 76904	10 Interest rate
2 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
Authornul		Sect	
4 Description of Co		15	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
O Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	·
Date of loan /2 /30/2/	Name of lender out-of-state	PAC (IDIII:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate 5% Maturity date N/A
Y N Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)	N/H
Description of Co	onellateral	Se IT	nds were deposited into political
none		account (See Instruc	ctions)
	Name of guarantor		Amount Guaranteed (\$)
GUARANTOR INFORMATION			
GUARANTOR	Guarantor address; City;	State; Zip Code	

if the requested information is not applicable, DC	O NOT Include this page in the re	port,
The Instruction Guide explains how to o	complete this form.	1 Total pages Schedule E:
2 FILER NAME Linny J. /	5009	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender ut-of	f-state PAC (ID#:)	9 Loan Amount (\$)
12/30/3/ Tommy I. US	sery	37.78
6 Is lender a financial 8 Lender address; City;		10 Interest rate 11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
Attorney		
14 Description of Collateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City;	; State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-o	of-state PAC (ID#:)	Loan Amount (\$)
12/30/21 Tomm I	1 Sery	12.74
Is lender Lender address; City a financial Institution?	State; Zip Code	Interest rate
Y N 4006 Blair lan	u Son Angelo To 16404	Maturity date N A
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal fun account (See Instruc	nds were deposited into political tions)
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City	y; State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL	L COPIES OF THIS SCHEDULE AS NE	

SCHEDULE E

Made-J numma

The Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
FILER NAME Tomme J. Use	ery	3 Filer ID Ethics Commission Filers
TOTAL OF UNITEMIZED LOANS		\$
Date of loan 7 Name of lender out-	of-state PAC (IDI:)	9 Loan Amount (\$)
is lender 8 Lender address; City a financial	State; Zip Code Soan Angelo Tx 1 cgul	10 Interest rate
Y N COUNTY (1) In (1) COUNTY (2) Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	11 Maturity date
Adoporace	Self	
Description of Collateral	15 Check if personal fun- account (See Instruct	ds were deposited into political idens)
GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)
18 Guarantor address; Cit	y; State; Zip Code	
Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender Dout	t-of-state PAC (ID#:	Loan Amount (\$)
1/8/22 Ernmy J. Us	- Mg.	196.54
Is lender Lender address; Ci	ty; State; Zip Code	Interest rate
a financial Institution? Y N	me San Angelo The regay	Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	L
Actornay	Set	
Description of Collateral	Check if personal fur account (See Instruc	nds were deposited into political ctions)
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; C	State; Zip Code	
not applicable		

If the requested in	The state of the s		
The in	struction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
FILER NAME	Tommy I. Usery		3 Filer ID (Ethics Commission Filers
TOTAL OF UNI	TEMIZED LOANS		\$
Date of loan	7 Name of lender Out-of-state F		9 Loan Amount (\$) 497.78
Is lender a financial Institution?	8 Lender address: City; 4006 Blair lane	State; Zip Code	10 Interest rate Uli 11 Maturity date NA
2 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instructions	
4 Description of Collate	eral	15 Check if personal f account (See Instr	unds were deposited into political uctions)
House		1	
6 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions	
6 GUARANTOR INFORMATION not applicable	18 Guarantor address; City; on (See Instructions) Name of lender ut-of-state	21 Employer (See Instructions PAC (ID#:)	
6 GUARANTOR INFORMATION not applicable Principal Occupation	18 Guarantor address; City; on (See Instructions)	21 Employer (See Instructions PAC (ID#:)	Loan Amount (\$) 203.25 Interest rate
6 GUARANTOR INFORMATION 20 Principal Occupation Date of loan 1/14/22 Is lender a financial Institution? Y N	18 Guarantor address; City; on (See Instructions) Name of lender	21 Employer (See Instructions PAC (ID#:) State; Zip Code	Loan Amount (\$) 203.25 Interest rate 01/6 Maturity date 11/14
6 GUARANTOR INFORMATION Information Information Information Information Date of loan I//4/12 Is lender a financial Institution? Y N Principal occupation Description of Collar	Name of lender out-of-state Lender address; City; Lender address; City; HOOF Blair Lun 1 Job title (See Instructions)	21 Employer (See Instructions PAC (ID#:) State; Zip Code And Angelo Tought Employer (See Instructions Self-	Loan Amount (\$) 203.25 Interest rate ON Maturity date NH
Date of loan Institution? Y Principal occupation Principal occupation Principal occupation Attorn	Name of lender out-of-state Lender address; City; Lender address; City; HOOF Blair Lun 1 Job title (See Instructions)	21 Employer (See Instructions PAC (ID#:	Loan Amount (\$) 203.25 Interest rate ON Maturity date NH
not applicable not ap	18 Guarantor address; City; on (See Instructions) Name of lender	21 Employer (See Instructions PAC (ID#:	Loan Amount (\$) 203.25 Interest rate OM Maturity date NM funds were deposited into political ructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
		ns now to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME (OMMY I)	Serg	3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/2021	5 Payee name /			
354.24	7 Payee address; 9250 Ped Rock Rul	Rono	State; Zip Code 84506	
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description		
PURPOSE OF EXPENDITURE	Advortising	Chrds		
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh-	Candidate / Officeholder name	Corrfy Ju	Office held	
Date	Payee name			
11/14/2021	Rove Buffons			
Amount (\$) 231.38	Payee address; 4930 Chipper	vu Red Med	State; Zip Code 119 OH 44256	
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	Advertising Buttons			
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 12/4/201	Payee name Vista Print			
Amount (\$) 92659	Payee address; 9250 Ned Rock A	city;	State; Zip Code NV \$4556	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this		el Signs	
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	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				

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 4 Date Soctile 211.08 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Padvattering lard Stokes OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Zip Code ec 44 410 Terry Ave. N WA 98109 128.68 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Menlo Park CA 10.10 Description Category (See Categories listed at the top of this schedule) Electronic Page Boost **PURPOSE** Delvortising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	can Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Relatines/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Cledit Cald Faymont	The Instruction Guide explains h	now to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 6 mmy I Usery		3 Filer ID (Ethics Commission Filers)	
4 Date (2/27/21	5 Payee name			
6 Amount (\$)/ 421.86	7 Payee address; 9%0 Red Rock Rd	City; Nonv	State; Zip Code NV 89566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	(b) Description	5	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Tom Creen L	Office held only Judge	
Date	Payee name			
12/27/21	Texas Brank			
Amount (\$)	Payee address;	City;	State; Zip Code	
10.00		San Angeli	To 71904	
PURPOSE OF	Category (See Categories listed at the top of this scho	edule) Description		
EXPENDITURE	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/27/21	Super Char Sig	ns		
Amount (\$) 1462.32	Payee address; 9200 Water ford Centre #100	Blue Austri	State; Zip Code 7 × 758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho		ge Signs.	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	