# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to	complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed:	21
CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Thomas		мі L.	OFFICEUS	-
NAME ·	NICKNAME Tom	Selman		suffix <b>Jr.</b>	Date Received NONS A	OMINISTRA OR
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 4 Red Oak	APT / SUITE #; Lane Lufk	city; sta tin Texas	TE; ZIP CODE 75904-5348	COMMIT	SA
Change of Address			EVI	CINCION	Date Hand delivered of	
OFFICEHOLDER PHONE	(936 )	465-0326	EXT	ENSION	Or consent of	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Thomas		мі <b>L.</b>	Date Pagessed 7 20	24 MVK
NAME	NICKNAME Tom	Selman		SUFFIX  Jr.	Date Imaged	14 / TV
7 CAMPAIGN TREASURER ADDRESS	street address (No. 4 Red Oak	D PO BOX PLEASE); APT Lane		сіту; ufkin	Texas 7	ZIP CODE 5904-5348
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	( 936 )	PHONE NUMBER 465-0326	EX	TENSION		
9 REPORT TYPE	January 15	30th day before	1	Runoff  Exceeded Modified	15th day after treasurer appo (Officeholder C	intment
	July 15	8th day befor	re election	Reporting Limit	Fillal Report (A	macir 0/011-1119
10 PERIOD COVERED	Month 7	Day Year / 16 / 23	THROUG	Month 12	Day Year / 23	
11 ELECTION	ELECTION DAT	E	200	ELECTION TYP	E	
	Month Day	Year Prin	nary Runoff neral Specia	Other Description	V.	
	3 / 3 /	2-1				
12 OFFICE	OFFICE HELD (if any)  Sheriff			Sheriff	wn)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUT EHOLDER. THESE EXPENDI AND OFFICEHOLDERS ARE F	TIONS ACCEPTED OR PO TURES MAY HAVE BEEN REQUIRED TO REPORT TH	LITICAL EXPENDITURES  MADE WITHOUT THE CA HIS INFORMATION ONLY I	MADE BY POLITICAL COMM NDIDATE'S OR OFFICEHOLD F THEY RECEIVE NOTICE OF	IITTEES TO SUPPOR ER'S KNOWLEDGE O SUCH EXPENDITURES
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
£		COMMITTEE CAMPAIG	N TREASURER ADDR	RESS		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	MAN, Thomas L., Jr.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		AL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR CTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOAN:	\$ 7,660.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 4,645.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	ITIONS MAINTAINED AS OF THE L	s 1,414.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE \$
NOTARY STAMP/SE.	HEILA SWAN Notary Public state of Texas # 13025032-4 n. Expires 06-04-2027 AL d before me by fy which, witness my hand and seal of office.	this to the state of the state	
(2) Unsworn Declara			
My name is		, and my date of bird	h is
			,,
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of (m	nonth) , 20
		Signature of Ca	andidate/Officeholder (Declarant)

#### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	SELMAN, Thomas L., Jr.	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,060.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,600.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,645.2
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 937.7
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 380.0
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	\$

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	SELMAN, Thomas L., Jr.	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)  9 Employer (S	see Instructions)
Date 0/18/2023	Full name of contributor  Rodney and Shanda Moore  Contributor address;  City;  State;  Zip C	50.00
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)
Date 10/16/2023	Full name of contributor out-of-state PAC (ID#:	100.00
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
Date 10/18/2023	Full name of contributor  Allen Loggins, Jr.  Contributor address;  City;  State; Zip City;  7617 East SH 103, Lufkin, Texas 75901	400.00
Principal occu	pation / Job title (See Instructions) Employer (	See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHE	

#### SCHEDULE A1

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

The	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	SELMAN, Thomas L., Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2023	5 Full name of contributor out-of-state PAC (ID#:) Vince Treadwell 6 Contributor address; City; State; Zip Code 321 South First St., Lufkin, Texas 75901		7 Amount of contribution (\$)  100.00
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 10/18/2023	Full name of contributor out-of-state PAC  Craig Wood  Contributor address; City;  2610 Brentwood Drive, Lufkin,	State; Zip Code  Texas 75901	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/18/2023	Ronnie King	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 10/18/2023	Full name of contributor out-of-state PAC  Robert Samford  Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occu	401 Brentwood Drive, Lufkin, T	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The I	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 8
PILER NAME	SELMAN, Thomas L., Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2023	5 Full name of contributor out-of-state PAC (I John Sloan 6 Contributor address; City; 812 South Meadows Drive, Diboll, Tex	State; Zip Code	7 Amount of contribution (\$)  100.00
8 Principal occup	pation / Job title (See Instructions)		ons)
Date 10/19/2023	Christopher Moss	State; Zip Code	Amount of contribution (\$)  100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/18/2023	Ed Jones  Contributor address; City;  1516 Robinhood Lane, Lufkin, T	State; Zip Code	Amount of contribution (\$)  100.00
Principal occu	oation / Job title (See Instructions)	Employer (Gee monder	
Date 10/18/2023	Full name of contributor out-of-state PAC  Terry Morgan  Contributor address; City;  3708 South Medford Drive, Lufkin, To	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

contributor is out-of-state PAC, please see Instruction guide for additional reporting i

SCHEDULE A1

The I	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 4 of 8
FILER NAME	SELMAN, Thomas L., Jr.		3 Filer ID (Ethics Commission Filers)
1 Date	<ul> <li>5 Full name of contributor out-of-state PAC (IEMr. Richard Warner</li> <li>6 Contributor address; City;</li> <li>P.O. Box 151337, Lufkin, Texas</li> </ul>	State; Zip Code 75915-1337	7 Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)
Date 10/19/2023	Full name of contributor out-of-state PAC (I George Hall Henderson IV  Contributor address; City;  108 Riviera Drive, Lufkin, Texa	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/18/2023	Full name of contributor out-of-state PAC ( Bill and Sharon Brown  Contributor address; City;  1037 FM 304, Diboll, Texas 759	W 200	Amount of contribution (\$)  100.00
Fillopal cood			
Date 10/18/2023	Full name of contributor  Earl Vicknair  Contributor address;  City;  352 Amber Wood Drive, Lufkin,	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	IEEDED

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8
FILER NAME	SELMAN, Thomas L., Jr.	3 Filer ID (Ethics Commission Filers)
Date 0/23/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li></ul>	7 Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	nstructions)
Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:	
Principal occup	ation / Job title (See Instructions) Employer (See I	nstructions)
Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:	100.00
Principal occu	pation / Job title (See Instructions) Employer (See	misu ucuonsy
Date 09/03/2023	Full name of contributor  Bob Brown  Contributor address;  City;  State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	F AS NEEDED

SCHEDULE A1

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

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8
FILER NAME	SELMAN, Thomas L., Jr.	3 Filer ID (Ethics Commission Filers)
10/18/2023	5 Full name of contributor out-of-state PAC (ID#:	100.00
Principal occup	pation / Job title (See Instructions)  9 Employer (Se	e Instructions)
Date 10/18/2023	Steve Milligan  Contributor address; City; State; Zip Co 200 East Forest View Road, Lufkin, Texas 75904	60.00
Principal occup	ation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:	200.00
Principal occup	Deation / Job title (See Instructions)  Employer (See Instructions)	ee Instructions)
Date 09/03/2023	Full name of contributor  John Kennedy  Contributor address;  City;  State; Zip Co.  1101 South Chestnut Drive, Lufkin, Texas 75904	200.00
Principal occu		see Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEE	OULF AS NEEDED

Texas Ethics Commission www.ethics.state.tx.us

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8
FILER NAME	SELMAN, Thomas L., Jr.	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	zip Code 250.00
Principal occup	ation / Job title (See Instructions)  9 Em	ployer (See Instructions)
Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:	250.00
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions)
Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:	050.00
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)
Date 11/01/2023	Full name of contributor  R. Ben Moore  Contributor address; City; State PAC (ID#:	250.00
Principal occu		mployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED

#### 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:
FILER NAME	SELMAN, Thomas L., Jr.	3 Filer ID (Ethics Commission Filers)
Date 0/18/2023	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date 0/18/2023	Full name of contributor  out-of-state PAC (ID#:	Amount of contribution (\$)  2,000.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	uctions)
Date 10/19/2023	Full name of contributor  Jon Clingaman  Contributor address; City; State; Zip Code  121 Rustic Pines Drive, Lufkin, Texas 75904	Amount of contribution (\$)  50.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	_) Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Inst	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

SELMAN, Thomas L., Jr.  4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  5 Date  6 Full name of contributor out-of-state PAC (ID#:		1.			
SELMAN, Thomas L., Jr.  4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  5 Date  6 Full name of contributor	Th	e Instruction Guide explains how to complete this form	l•	1 Total pages Sched	ule A2: 1
State   Contributor   Contri	2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
George Hall Henderson, III  To Contributor address; City: State; Zip Code 203 South First Street, Lufkin, Texas 75901  To Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  To Contributor's principal occupation (FOR JUDICIAL)  To Contributor's employer/law firm (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  To It is a child, law firm of contribution (also instructions)  To It is a child, law firm of contribution (also instructions)  To It is a child, law firm of contribution (also instructions)  To It is a child, law firm of contribution (also instructions)  To It is a child, law firm of contribution (also instructions)  To It is a child, law firm of contribution (also instructions)  To Contributor's principal occupation (FOR JUDICIAL)  To Contributor's principal occupation (FOR JUDICIAL)  To Contributor's employer/law firm (FOR JUDICIAL)	4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
203 South First Street, Lufkin, Texas 75901  Check if travel outside of Texas. Complete Schedule  10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  11 Employer (FOR NON-JUDICIAL) (See Instructions)  12 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  17 Date  18 Full name of contributor out-of-state PAC (ID#: Amount of Contribution Seeription Food  19 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  11 Employer (FOR NON-JUDICIAL) (See Instructions)  12 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  14 Contributor's principal occupation (FOR JUDICIAL)  15 Law firm of contributor's principal occupation (FOR JUDICIAL)  16 If contributor's principal occupation (FOR JUDICIAL)  17 Employer (FOR NON-JUDICIAL) (See Instructions)  18 Employer (FOR NON-JUDICIAL) (See Instructions)  19 Contributor's principal occupation (FOR JUDICIAL)  19 Employer (FOR NON-JUDICIAL) (See Instructions)  10 Contributor's principal occupation (FOR JUDICIAL)  10 Contributor's principal occupation (FOR JUDICIAL)  11 Employer (FOR NON-JUDICIAL) (See Instructions)  12 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's principal occupation (FOR JUDICIAL)  14 Contributor's principal occupation (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  16 If contributor's principal occupation (FOR JUDICIAL)  17 Employer (FOR NON-JUDICIAL) (See Instructions)  18 Employer (FOR NON-JUDICIAL) (See Instructions)  19 Contributor's principal occupation (FOR JUDICIAL)  19 Contributor's principal occupation (FOR JUDICIAL)  10 Contributor's principal occupation (FOR JUDICIAL)		George Hall Henderson, III		Contribution \$	l description Food and
12 Contributor's principal occupation (FOR JUDICIAL)  13 Contributor's job title (FOR JUDICIAL) (See Instructions)  14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  17 Date    Pull name of contributor	10/10/2023	/ Contributor address,	901		l side of Texas. Complete Schedule T.
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    Date	10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	100000 125.37 (10000) 10000		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    Date	12 Contributor's	s principal occupation (FOR JUDICIAL)	22340		
Date   Full name of contributor   out-of-state PAC (ID#:	14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fire	m of contributor's spo	use (if any) (FOR JUDICIAL)
Rocky and Terri Thigpen  Contributor address; City; State; Zip Code 2 Parkway Plaza, Lufkin, Texas 75904  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Contributor address; City; State; Zip Code  2 Parkway Plaza, Lufkin, Texas 75904  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Date			Contribution \$	description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Employer (FOR NON-JUDICIAL) (See Instructions)  Contributor's job title (FOR JUDICIAL) (See Instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)	10/18/2023	Contributor address,	Zip Code		 
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIA	Principal oc		Employ	yer (FOR NON-JUDIC	CIAL)(See Instructions)
Contributor's employernam in ( C.	Contributor	's principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR .	JUDICIAL) (See Instructions)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Contributor	's employer/law firm (FOR JUDICIAL)	Law fi	rm of contributor's spo	ouse (if any) (FOR JUDICIAL)
	If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME SELMAN, Thomas L., Jr. 5 Payee name 4 Date Texas Special Children's Project 11/02/2023 State: Zip Code City; 7 Payee address; 6 Amount (\$) 107 West Lufkin Avenue, Suite #416, Lufkin, Texas 75904 35.00(a) Category (See Categories listed at the top of this schedule) (b) Description 8 Donation to Charitable Event Contributions/Donations made by **PURPOSE** OF Candidate/Officeholder EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Angelina County Republican Party 11/14/2023 Zip Code State: City; Payee address; Amount (\$) 106 Rosedale Drive, Lufkin, Texas 75901 750.00 Description Category (See Categories listed at the top of this schedule) Filing Fee to the County Party Fees **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/05/2023 William George Company Zip Code State: Payee address: City; Amount (\$) 1002 Mize Street, Lufkin, Texas 75904 77.00 Description Category (See Categories listed at the top of this schedule) Meeting with constituents Food/Beverage Expense PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 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

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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME SELMAN, Thomas L., Jr. 5 Payee name 4 Date 12/05/2023 Texas Custom Catering Zip Code State; City: 7 Payee address; 6 Amount (\$) 691 East Texas Road, Lufkin, Texas 75901 1,800.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Meeting with Constituents Food/Beverage Expense **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date SELMAN, Thomas L., Jr. 12/01/2023 Zip Code City: State: Payee address; Amount (\$) 4 Red Oak Lane, Lufkin, Texas 75904 665.49 Description Category (See Categories listed at the top of this schedule) Reimbursement of Expenditures of Personal Funds Reimbursement **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/31/2023 SELMAN, Thomas L., Jr. Zip Code State; City; Pavee address; Amount (\$) 4 Red Oak Lane, Lufkin, Texas 75904 1,317.74 Category (See Categories listed at the top of this schedule) Description Reimbursement of Expenditures from Reimbursement **PURPOSE** Credit Cards and Personal Funds OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

2011	EXPENDITURE CATEGORI	ES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loa Fees Offi Food/Beverage Expense Poll y Gift/Awards/Memorials Expense Prir al Committee Legal Services Sala	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/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 ho	w to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME SELMAN, Thomas L.,	Jr.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$
5 Date	6 Payee name		
12/29/2023	Sam's Club		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
18.94	408 North Brentwood Drive, Lufki	n, Texas 75904	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schede Food/Beverage Expense	(b) Description  Meeting with	n Constituents
LXI LIVEITORI	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if	Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	A Maria de la Companya de la Company	
12/29/2023	HEB Lufkin		
Amount (\$)	Payee address;	City;	State; Zip Code
26.44	111 North Timberland Drive, Luf	kin, Texas 75901	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schood/Beverage Expense	Description Meeting with	th Constituents
EXI ENDITORE	Check if travel outside of Texas. Complete Scho	edule T. Check is	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
		THE CONTENT OF ACT	NEEDED
	ATTACH ADDITIONAL COPIES OF	I HIS SCHEDULE AS	NEEDED

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

4 TOTAL OF UNITEMIZE  5 Date 6 11/21/2023 Sa 7 Amount (\$) 8 71.08  9 TYPE OF EXPENDITURE  10 (a) PURPOSE OF EXPENDITURE  (c) 11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$) 4.98  TYPE OF EXPENDITURE	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expense SELMAN, Tho ED EXPENDITURES CHARCE B Payee name am's Club B Payee address; 08 North Brentwood Drive Political Category (See Categories listed at the form	Salaries/Wages/Copyplains how to complete omas L., Jr.  GED TO A CREDIT  Te, Lufkin, Texas  Non-Political	Reimbursement tental Expense Solicitation Transports Travel In Intravel Outher (entite this form.  Solicitation Transports Travel In Intravel Outher (entite this form.  3 Filer ID  CARD \$	n/Fundraising Expense ation Equipment & Related Expense District to f District ter a category not listed above)  O (Ethics Commission Filers)  State; Zip Code		
Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Cor  1 Total pages Schedule F4: 2  4 TOTAL OF UNITEMIZE  5 Date 6 11/21/2023 Sa  7 Amount (\$) 8  71.08  9 TYPE OF EXPENDITURE  10  PURPOSE OF EXPENDITURE  (c)  11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$)  4.98  TYPE OF EXPENDITURE	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide es  Payee name am's Club  Political  Political  Category (See Categories listed at the forestern distributed in the food	Office Overhead/Repolling Expense Printing Expense Salaries/Wages/Control of the Complete of t	Transports Travel In I Travel Ou Other (ent  te this form.  3 Filer ID  CCARD \$	ation Equipment & Related Expense District ut Of District ter a category not listed above)  (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZE  5 Date 6 11/21/2023 Sa 7 Amount (\$) 71.08  9 TYPE OF EXPENDITURE  10 (a) PURPOSE OF EXPENDITURE  (c)  11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$) 4.98  11  TYPE OF EXPENDITURE	SELMAN, Tho SELMAN, Tho EDEXPENDITURES CHARCE B Payee name am's Club B Payee address; 08 North Brentwood Drive Political Category (See Categories listed at the for	omas L., Jr.  GED TO A CREDIT  re, Lufkin, Texas  Non-Political	3 Filer ID  CARD \$			
4 TOTAL OF UNITEMIZE  5 Date 6 11/21/2023 Sa 7 Amount (\$) 71.08  9 TYPE OF EXPENDITURE  10 (a) PURPOSE OF EXPENDITURE  (c) 11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$) 4.98  11  TYPE OF EXPENDITURE	SELMAN, Tho EDEXPENDITURES CHARG B Payee name am's Club B Payee address; 08 North Brentwood Drive Political Category (See Categories listed at the top	re, Lufkin, Texas  Non-Political	City;			
5 Date 6 11/21/2023 Sa 7 Amount (\$) 8 71.08 40 9 TYPE OF EXPENDITURE 10 (a) FOR EXPENDITURE 11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$) 4.98 1  TYPE OF EXPENDITURE	Payee name am's Club  Payee address;  North Brentwood Drive  Political  Category (See Categories listed at the to	Pop of this schedule)	City;	State; Zip Code		
11/21/2023 Sa 7 Amount (\$) 71.08 9 TYPE OF EXPENDITURE 10 (a) PURPOSE OF EXPENDITURE (c) 11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$) 4.98  TYPE OF EXPENDITURE	am's Club  B Payee address;  08 North Brentwood Drive  Political  Category (See Categories listed at the to	Non-Political	Oity,	State; Zip Code		
7 Amount (\$)  7 1.08  9 TYPE OF EXPENDITURE  10 (a) PURPOSE OF EXPENDITURE  (c)  11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$)  4.98  TYPE OF EXPENDITURE	Political  Category (See Categories listed at the form	Non-Political	Oity,	State; Zip Code		
71.08  9 TYPE OF EXPENDITURE  10 (a) FOR EXPENDITURE  11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$)  4.98  TYPE OF EXPENDITURE  PURPOSE OF	Political  Category (See Categories listed at the to	Non-Political	Oity,	State; Zip Code		
9 TYPE OF EXPENDITURE  10 (a) FOR EXPENDITURE  11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$)  4.98  TYPE OF EXPENDITURE  PURPOSE OF	Political  a) Category (See Categories listed at the to	Non-Political	5 75904			
PURPOSE OF EXPENDITURE  10  PURPOSE OF EXPENDITURE  (c)  11  Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023  Amount (\$)  4.98  TYPE OF EXPENDITURE  PURPOSE OF	a) Category (See Categories listed at the to	op of this schedule) (b)				
PURPOSE OF EXPENDITURE  11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023  Amount (\$) 4.98  TYPE OF EXPENDITURE  PURPOSE OF						
11 Complete ONLY if direct expenditure to benefit C/OH  Date 11/30/2023 H  Amount (\$) 4.98  TYPE OF EXPENDITURE  PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Meeting with Constituents			uents		
Date 11/30/2023  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Amount (\$) 4.98  TYPE OF EXPENDITURE  PURPOSE OF	Candidate / Officeholder nan Payee name	me Office s	sought	Office held		
4.98  TYPE OF EXPENDITURE  PURPOSE OF	HEB Lufkin					
PURPOSE OF	Payee address; 111 North Timberland Dr	ive, Lufkin, Texa	City; as 75901	State; Zip Code		
OF	Political	Non-Political	d			
EXPENDITORE	Category (See Categories listed at the t Food/Beverage Expense		Description leeting with Consti	ituents		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH		ame Office	sought	Office held		
	Candidate / Officeholder na					
	Candidate / Officeholder na					

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDITURE CATE	GORIES FO	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
4 7 1 1 0 - h - dulo F4:	2 FILER				3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F4:	ZILLIN	SELMAN, Thoma	s L., Jr.			
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	DTOACRI	EDIT CARD	\$	
5 Date	6 Payee	name				
10/04/2023	Sam's C	Club				
7 Amount (\$) 61.63	8 Payee 408 Nor	<sup>address;</sup> th Brentwood Drive,	Lufkin, Te	city; exas 75904	State; Zip Code	
9 TYPE OF EXPENDITURE		Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Meeting with Constituents  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH		ndidate / Officeholder name		ffice sought	Office held	
10/04/2023	Sam's	Club		-		
Amount (\$) 120.72		e address; orth Brentwood Drive	, Lufkin, T	city; Texas 75904	State; Zip Code	
TYPE OF EXPENDITURE	▣	Political	Non-P	olitical		
PURPOSE OF EXPENDITURE	1 33	ory (See Categories listed at the top o	f this schedule)	Description Meeting wit	h Constituents	
EXI ENDITORIA	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH		andidate / Officeholder name	C	Office sought	Office held	
	ATT	ACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS I	NEEDED	

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## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDITURE CA	ATEGORIES F	OR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Ove Polling Ex se Printing Ex Salaries/W	kpense /ages/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 e	xplains how to o	complete this form.	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	SELMAN, Thomas L., Jr.				
4 TOTAL OF UNITEM	IZED EXF	PENDITURES CHAR	GED TO A CF	REDIT CARD	\$
5 Date 12/05/2023	6 Payee Sam's 0				
7 Amount (\$) 112.83	8 Payee address; City; State; Zip Code 408 North Brentwood Drive, Lufkin, Texas 75904				
9 TYPE OF EXPENDITURE		Political	Non-P	Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Meeting with C			Constituents	
EXPERDITORL	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder nar	me	Office sought	Office held
Date 12/05/2023		<sub>e name</sub> r's Steakburgers			
Amount (\$) 100.00		e address; South Medford Driv	∕e, Lufkin, ⅂	city; Texas 75901	State; Zip Code
TYPE OF EXPENDITURE		Political	Non-	Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  Description  Meeting with Constituents			h Constituents	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate / Officeholder na	ame	Office sought	Office held
				and the second s	
	ATT	ACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS I	NEEDED

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### EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDITURE CATE	GORIES FO	R BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER				3 Filer ID (Ethics Commission Filers)
1 Total pages defledule 1 4.	SELMAN, Thomas L., Jr.				
4 TOTAL OF UNITEM	IIZED EXP	PENDITURES CHARGED	TOACRI	EDIT CARD	\$
5 Date	6 Payee	name			
12/01/2023	Sam's C	Club			
7 Amount (\$)	8 Payee			City;	State; Zip Code
89.63	408 Nor	th Brentwood Drive, L	₋ufkin, Te	exas 75904	
9 TYPE OF EXPENDITURE		Political	Non-Po	litical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Meeting with Constituents				
	(c)	Check if travel outside of Texas. Complet	e Schedule T.	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH  Date 12/02/2023	Paye	ndidate / Officeholder name e name General Store #10644		ffice sought	Office held
				City;	State; Zip Code
34.81		e address; Southwood Drive, Lufk	in, Texas		
TYPE OF EXPENDITURE		Political	Non-P	olitical	
PURPOSE OF EXPENDITURE	1 140000 44000	pory (See Categories listed at the top of t Beverage Expense	this schedule)	Description Giveaway	Candy
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O		andidate / Officeholder name	C	Office sought	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS I	NEEDED

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

						10. 20. 10. 10.
		EXPENDITURE (	CATEGORIES	s FO	R BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		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 The Instruction Guide explains 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)		
1 Total pages Schedule F4:	2 FILER					3 Filer ID (Ethics Commission Filers)
6	<u> </u>	SELMAN, Th			DITCARD	
4 TOTAL OF UNITEM	IZED EXF	PENDITURES CHAP	RGED TOAT		CARD	\$
5 Date	6 Payee					
12/29/2023		ohn's #903				OLL TIP Code
7 Amount (\$)		address;	Lufkin Tox	/26	City; <b>75901</b>	State; Zip Code
128.01	1205 Sc	outh First Street,	Luikiii, 167	las	7 3 3 0 1	
9 TYPE OF EXPENDITURE		Political	No	n-Poli	itical	
10 PURPOSE OF EXPENDITURE		ory (See Categories listed at the Beverage Expens			(b) Description Meeting with	Constituents
EXPENDITORE	(c)	Check if travel outside of Texas	. Complete Schedule	т.	Check if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Ca	andidate / Officeholder n	ame	Of	fice sought	Office held
Date	Paye	e name				
10/10/2023	The Cr	eative Engraver				
Amount (\$)		e address;			City;	State; Zip Code
168.67	Clarks	burg, West Virgin	ia 26301			
TYPE OF EXPENDITURE		Political	N	on-Po	blitical	
PURPOSE OF EXPENDITURE		gory (See Categories listed at the wards Expense	ne top of this schedu	le)	Description Plaques for	Constituents
EXTENSITION -	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate / Officeholder	name	C	office sought	Office held
	ATT	ACH ADDITIONAL C	OPIES OF TH	IIS S	CHEDULE AS N	IEEDED
	ALI	ACT ADDITIONAL C	UI ILU UI II			

# 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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Total pages Schedule G: 1 5 Payee name 4 Date Lufkin Angelina County Chamber of Commerce 05/18/2023 State; Zip Code 7 Payee address; 6 Amount (\$) 1615 South Chestnut Drive, Lufkin, Texas 75901 180.00 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Membership Fee **PURPOSE** Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Shop with a Cop 12/01/2023 Zip Code State: Payee address; City; Amount (\$) Lufkin, Texas 200.00 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) Donation to purchase Christmas gifts for needy children **PURPOSE** Contributions/Donations made by OF Candidate/Officeholder EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

Category (See Categories listed at the top of this schedule)

PURPOSE
OF

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Candidate / Officeholder name

Complete ONLY if direct

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE

expenditure to benefit C/OH

Office held