FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082061 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Mitchell W. NAME Date Received **ELECTRONICALLY FILED** 07/12/2024 NICKNAME LAST **SUFFIX** Mitch Templeton CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Roy P. NAME NICKNAME LAST **SUFFIX** West Jr. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 350-9317 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 172 Jefferson

Forms provided by Texas Ethics Commission

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Templeton, Mitchell V	V. (The Honoral	ole)	14 Filer ID (00082061	Ethics Comr	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder.	the candidate's or office	eholder's kno	wledge or			
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL	COMMITTEE AD	DDECC				
	SPECIFIC	COMMITTEE AD	DRESS				
	Si Edillid						
		COMMITTEE CA	MPAIGN TREASURER NAME				
		COMMITTEE CA	MPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS			CONTRIBUTIONS(OTHER THAN R CONTRIBUTIONS MADE ELEC		\$	0.00	
		ICAL CONTRIB	UTIONS S, OR GUARANTEES OF LOAN:	2)	\$	0.00	
EXPENDITURE TOTALS	`	IZED POLITICAL E		3)	\$	0.00	
	4. TOTAL POLIT	ICAL EXPENDIT	TURES		\$	12,753.85	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ONS MAINTAINED AS OF THE L	AST DAY OF THE	\$	39,470.23	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT							
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
			The Honorab	le Mitchell W. Temp	leton		
				Candidate or Officehol			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
				, this the		_ day	
of	, 20, to co	ertify which, witnes	s my hand and seal of office.				
Signature of office	er administering oath	Printed name	e of officer administering oath	Title of officer	r administerir	ng oath	
Signature of office	Zaotornig oddi	. milod nam	2. Singer administrating oddi	That of officer		.5 5001	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 19					
I	18 FILER NAME19 Filer ID(Ethics Commission Filers)Templeton, Mitchell W. (The Honorable)00082061								
I	HEDULI ME OF		SUBTOTAL AMOUNT						
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 12,553.85					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 200.00					
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$ 573.01					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp - Gift/Awards/Memorials Expense Printing Ex	oense ages/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 F1:	2 FILER NAME	1	3 Filer ID (Ethics Commission Filers)
_	Sch: 1/13 Rpt: 4/19	Templeton, Mitchell W. (The Honorable)		00082061
4	Date	5 Payee name		
	02/23/2024	100 Plus BWC of Beaumont		
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Coo 6010 Chandler Dr Beaumont, TX 77705	le	
8	PURPOSE OF EXPENDITURE		Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense in Banquet program.
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	01/03/2024	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$88.73	HT4OT Seattle, WA 98101		
	PURPOSE		(h) Description	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Tablet and projector tripods	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ojector and tablets for presentations.
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	ht	Office held
	Date 06/03/2024	Payee name Antioch Global Missions		
	Amount (\$) \$200.00	Payee address; City; State; Zip Coo 3920 W. Cardinal Dr. Beaumont, TX 77705	le	
	PURPOSE		(b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense ONSOrShip
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soug	ht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		Expens Wages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAME						Filer ID (Ethics Commiss	ion Filers)
L	Sch: 2/13 Rpt: 5/19	Templeton,	Mitchell W. (The Hon	orable)				00082061	
4	Date	5 Payee name							
	05/16/2024	Badge and	Wallet						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$245.72	PO Box 78	3						
		Armonk, N	7 10504						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE	Advertising		,		=		de of Texas. Complete Schedule T.	
	_/					—		officeholder living expense	
						Judicial badg	C		
_	Complete ONLY if direct	CandidatalOff	icoholdor nama	Office so	lah+			Office held	
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office SOI	ugrit			Office field	
	Date	Payee name							
	03/27/2024	Beaumont A	Amateur Radio Club						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$100.00	PO Box 70	73						
		Beaumont,	TX 77706						
	PURPOSE	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE	Contribution	ns/Donations Made By					de of Texas. Complete Schedule T.	
	LA LIBITORE	Candidate/	Officeholder/Political C	ommittee		_		officeholder living expense	
						Donation/con	uıD	นแปท	
L	Complete ONLY if direct	Candidata/O#	iceholder name	Office so	labt			Office held	
	expenditure to benefit C/O		CENUIUEI HAIHE	Office SO	uyııl			Onice Helu	
\vdash	Data								
	Date	Payee name		,					
	04/19/2024		Chamber of Commerce						
	Amount (\$)	Payee addre	•	State; Zip C	ode				
	\$500.00	1110 Park	St.						
		Beaumont,	TX 77701						
	PURPOSE		ee Categories listed at the top of t	hie echodulo)	(b)	Description			
	OF		ns/Donations Made By		(2)		outsio	de of Texas. Complete Schedule T.	
	EXPENDITURE		Officeholder/Political C					officeholder living expense	
						Fundraising o	ont	ribution.	
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office so	ught			Office held	
	onponditure to belieff 6/01	•							

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

e Travel in Distri Travel Out of E Contract Labor OTHER (enter

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 3/13 Rpt: 6/19	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	05/16/2024	Canvas Easy Art
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$158.01	1942 Broadway
		Ste. 314C
		Boulder, CO 80302
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Judicial portrait
		Statistat portrait
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	03/22/2024	Cavendars
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.30	6185 Eastex
		Beaumont, TX 77706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Court logo shirts
		Courtings simils
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	04/03/2024	Cavendars
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.93	6185 Eastex
		Beaumont, TX 77706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		court shirts
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 4/13 Rpt: 7/19	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	03/07/2024	ECP Computers and More
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.31	3940 Eastex Fwy.
		Beaumont, TX 77703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense HDI cable for court room.
		TIBI edule for court room.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Dougo nama
		Payee name Education First
	01/06/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	7025 Eastex Freeway
		Beaumont, TX 77706-6515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Copies of statements for reporting.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	04/12/2024	Flagship Mailroom
	Amount (\$)	Payee address; City; State; Zip Code
	\$199.74	148 South Dowlen Road PMB 222 222 222
		Beaumont, TX 77707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense campaign mailbox
		campaign mailbox
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	se Printir Salari	-	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/13 Rpt: 8/19	Templeton	Mitchell W. (The Ho	onorable)				00082061	
4	Date	5 Payee name							
	03/25/2024	Ford Park							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	\$415.09	5115 10							
		Beaumont,	TX 77705						
8	PURPOSE	(a) Category (s	see Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		rage Expense					le of Texas. Comp	
	EXI ENDITORE					ш		officeholder living	expense
						Rodeo Suite	cate	ering.	
Ļ				=				٠	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office s	sought			Office he	ld
	Date	Payee name							
	02/06/2024	Hamshire-I	annett Education Fo	undation					
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$1,030.18	P.O. Box 4	4						
		Hamshire,	TX 77622						
_	PURPOSE				(h)	Description			
	OF		iee Categories listed at the top ns/Donations Made E		(6)		outsic	le of Texas. Comp	lete Schedule T.
	EXPENDITURE		Officeholder/Political					officeholder living	
								tte HS schol	arship fund, benefit,
						table purchas	se.		
	Complete ONLY if direct		iceholder name	Office s	sought			Office he	ld
	expenditure to benefit C/O								
	Date	Payee name	!			<u> </u>			
	04/21/2024	Hamshire-I	annett Education Fo	undation					
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$623.23	P.O. Box 4	4						
		Hamshire,	TX 77622						
	PURPOSE	(a) Category (s	see Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Contributio	ns/Donations Made E	Ву				le of Texas. Comp	
	EXI ENDITORE	Candidate/	Officeholder/Political	Committee		_		officeholder living	expense
						contribution/c	ıona	auon	
_	Operation Children	0 11 - 15		077				6.00	1.1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office s	sought			Office hel	Ia

SCHEDULE F1

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

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/13 Rpt: 9/19	Templeton, Mitchell W. (The Honorable)
4	Date	5 Payee name
	02/14/2024	Huber, Ernie (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2440 Long Ave.
	!	
		Beaumont, TX 77702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Candidate/Onicenoider/Political Committee Eagle Scout Sponsorship
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/O	
H	Date	Payee name
	03/11/2024	Make Ends Meet
L		
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 3415 Laurel
	ΦΖΟυ.υυ	3415 Laurei
	!	Beaumont, TX 77707
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations indue By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	!	Annual fund raiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	н
	Date	Payee name
	03/21/2024	Pen Chalet
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.99	1946 N Higley Rd.
	!	
		Mesa, AZ 85205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense Writing pens
	!	Witting porto
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Polling Ex ense Printing E	pense xpens			Travel in Distri	
Great Gard F dyment			The Instruction Guide	explains how to co	mple	ete this form.			
1	Total pages Schedule F1:			Jonorabla)			3	Filer ID 00082061	(Ethics Commission Filers)
	Sch: 7/13 Rpt: 10/19	·	ton, Mitchell W. (The I	iorable)				00062001	•
4	Date 05/21/2024	5 Payee n Press C	^{ame} Club of Southeast Texa	S					
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip Co	ode				
	\$1,250.00	2830 I-	10 Frontage Rd	· ·					
			ont, TX 77703						
8	PURPOSE OF EXPENDITURE	Contrib	/ (See Categories listed at the to utions/Donations Made ate/Officeholder/Politica	: Ву	(b)	=	ı, TX	de of Texas. Co , officeholder livi	omplete Schedule T. ng expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		e/Officeholder name	Office sou	ight			Office	held
	Date	Payee n	ame						
	01/31/2024	Rotary	Club						
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode				
	\$170.00	2355 IF	l-10 South						
		Suite 2:	13						
		Beaum	ont, TX 77705						
	PURPOSE OF	(a) Categor	/ (See Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE		utions/Donations Made ate/Officeholder/Politica			Check if Austin	ı, TX	officeholder livi	mplete Schedule T. ng expense
						Contribution/	וטט	nauon	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		:/Officeholder name	Office sou	ight			Office	held
	Date	Payee n	ame						
	03/04/2024	Rotary	Club						
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode				
	\$500.00		I-10 South						
		Suite 2:	13						
		Beaum	ont, TX 77705						
	PURPOSE OF		(See Categories listed at the to		(b)	Description	otoi	de of Toyon Co	mulata Cabadula T
	EXPENDITURE		utions/Donations Made ate/Officeholder/Politica			ш		officeholder livi	omplete Schedule T. ng expense
						Contribution			
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office sou	l ight			Office	held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor				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	5)
	Sch: 8/13 Rpt: 11/19		Templeton,	Mitchell W. (The Honorab	ıle)				00082061		
4	Date	5	Payee name						•			
	04/17/2024		Rotary Club)								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	nde					
ľ	\$470.00	ľ	2355 IH-10		Oldic	,, <u>zip</u> oc	Juc					
	Ψ-10.00		Suite 213	Couui								
				TV 77705								
		L	Beaumont,	1X ///05								
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE			s/Donations I							mplete Schedule T.	
			Candidate/C	Officeholder/P	olitical Comn	nittee		contribution/d		officeholder livin	ig expense	
								CONTINUUION	1011	alion		
_							<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(Office sou	ıght			Office h	ield	
	Date		Payee name									
	05/01/2024		Rotary Club)								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$170.00		2355 IH-10	South								
			Suite 213									
			Beaumont,	TX 77705								
_	DUDDOGE	(-)					4->					
	PURPOSE OF	(a)		ee Categories listed		hedule)	(D)	Description Chack if traval	outci	do of Toyas Cor	nplete Schedule T.	
	EXPENDITURE			ns/Donations I Officeholder/P	,	nittee				officeholder livin		
			Odirialadic/C	Sinceriolacifi	ondoar corrin	intec		conttribution/				
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	Н					_					
-	Date	Π	Doves nome									
	06/04/2024		Payee name	lowoln/								
			SP Ambriz									
	Amount (\$)		Payee addres		State	e; Zip Co	ode					
	\$305.82		807 W. Maii	n								
			Fredricksbu	rg, TX 78624								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising		•	,		Check if travel	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE			-						officeholder livin	ig expense	
								Court seal co	nch	10.		
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	H										
ı												

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District 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)
	Sch: 9/13 Rpt: 12/19	Templeton, Mitchell W. (The Honorable)	00082061
4	Date	5 Payee name	
	02/29/2024	Save our Children	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	5475 Landry Ln	
		Beaumont, TX 77708	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Banquet Ad	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	7	
	Date	Payee name	
	05/08/2024	Symphony League of Beaumont	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	4465 Thomas Rd	
		Beaumont, TX 77706	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	l —	outside of Texas. Complete Schedule T.
	EXPENDITORE	Garrandato, Ginedificaci, Tentidat Germinate	TX, officeholder living expense
		table purchas	e symphony fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/22/2024	UHAUL	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.90	3885 Milam	
		Beaumont, TX 77701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Nertial Expense \Box	outside of Texas. Complete Schedule T.
		l —	TX, officeholder living expense
		campaign sto	ıaye
	Complete ONII V if direct	Candidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	•		

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 10/13 Rpt: 13/19	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	01/28/2024	UHAUL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.90	3885 Milam Beaumont, TX 77701
_		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/13/2024	UHAUL
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.90	3885 Milam
	Ψ102.30	3003 WIIIQITI
		Beaumont, TX 77701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2024	UHAUL
	Amount (\$) \$140.90	Payee address; City; State; Zip Code 3885 Milam
		Beaumont, TX 77701
_	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
		this Commission
-01	iiiis biovided by Texas E	thics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0

SCHEDULE F1

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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 11/13 Rpt: 14/19	2 FILER NAME Templeton, Mitchell W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082061
4	Date 03/21/2024	5 Payee name UHAUL
6	Amount (\$) \$140.90	7 Payee address; City; State; Zip Code 3885 Milam Beaumont, TX 77701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/26/2024	Payee name UHAUL
	Amount (\$) \$102.90	Payee address; City; State; Zip Code 3885 Milam Beaumont, TX 77701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/21/2024	Payee name UHAUL
	Amount (\$) \$140.90	Payee address; City; State; Zip Code 3885 Milam
		Beaumont, TX 77701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Gard Layment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 12/13 Rpt: 15/19	Templeton, Mitchell W. (The Honorable)			00082061	
4	Date	5 Payee name		•		
	04/26/2024	UHAUL				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$102.90	3885 Milam				
		Beaumont, TX 77701				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside Check if Austin, TX,		
				campaign storag		САРСИЗС
					•	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	05/21/2024	UHAUL				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$140.90	3885 Milam				
		Beaumont, TX 77701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside		
				Check if Austin, TX, Campaign storage		expense
				Campaign cross	90	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	05/26/2024	UHAUL				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$102.90	3885 Milam				
		Beaumont, TX 77701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside		
	EX. ENDITORE			Check if Austin, TX, Campaign storag		expense
				Campaign storat	y c	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht		Office he	eld
	expenditure to benefit C/O		.g. 10		211100 110	·· ·
_						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (onter a extension pot listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 13/13 Rpt: 16/19	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	06/27/2024	UHAUL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.90	3885 Milam
		Beaumont, TX 77701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign storage
		Campaign storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	06/23/2024	UHAUL
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.90	3885 Milam
		Beaumont, TX 77701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Campaign storage
	Complete ONLY if direct	Constitute / Office helds no year.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	YMBL
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	7250 West Park
		Beaumont, TX 77705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rodeo Suite
		Roued Suite
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 17/19 Templeton, Mitchell W. (The Honorable) 00082061 Date Payee name 03/25/2024 Ford Park 6 Amount (\$) Payee address; City; State; Zip Code \$200.00 5115 I10 Reimbursement from political contributions intended Х Beaumont, TX 77705 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Tip for catering service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		•	ages Schedule K:	
		· · · · · · · · · · · · · · · · · · ·				'1 Rpt: 18/19	
2	FILER NAME	distribution (The Heaven H.)	3		ler ID	•	Filers)
	Templeton, I	Mitchell W. (The Honorable)		00	00820		
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	01/31/2024	Education First Federal Credit Union]		\$157.83
		6 Address of person from whom amount is received; City; State; Zip Code					
		Beaumont, TX 77706-6515					
			if politi	ical	contri	bution returned to file	•
		Dividend on Certificate of Deposit					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/29/2024	Education First Federal Credit Union					\$148.21
		Address of person from whom amount is received; City; State; Zip Code					
		Beaumont, TX 77706-6515					
		-	if polit	ical	contri	bution returned to file	•
		Dividend on certificate of deposit					
	Date	Name of person from whom amount is received				Amount (\$)	
	03/31/2024	Education First Federal Credit Union					\$159.01
		Address of person from whom amount is received; City; State; Zip Code					
		Beaumont, TX 77706-6515					
			if politi	ical	contri	bution returned to filer	•
		Dividend on certificate of deposit					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/18/2024	Education First Federal Credit Union					\$87.54
		Address of person from whom amount is received; City; State; Zip Code					
		Beaumont, TX 77706-6515					
			if politi	ical	contri	bution returned to file	•
		Dividend on Certificate of Deposit					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/22/2024	Education First Federal Credit Union					\$20.42
		Address of person from whom amount is received; City; State; Zip Code					
		Beaumont, TX 77706-6515					
			if polit	ical	contri	bution returned to filer	
		Dividend on certificate of deposit					

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 19/19
	FILER NAME Templeton, Mitchell W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082061
4	Description of Asset	
	ICOM 7300 HF Radio \$1,634.41	