CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

1 Filer ID 2 Total pages filed:					
	Guide explains how to compl		(Ethics Commi 00082318		39
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Carl			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024
	NICRNAME	Sherman		Sr.	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1215 Forestbrook Dr.				Receipt # Amount
Change of Address	DeSoto, TX 75115				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Ms.	Evalynn			
	NICKNAME	LAST		SUFFIX	
		Williams		00111/	
		· · · · · · · · · · · · · · · · · · ·			
6 CAMPAIGN	STREET ADDRESS (NO PO		۸D.	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER	1104 Shadow Wood Dr.	BOX PLEASE),	AP	TTSUITE#, CITT,	STATE, ZIP CODE
ADDRESS	1104 Shauow Woou DI.				
(Residence or Business)					
	DeSoto, TX 75115				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION		
TREASURER	(972) 880-8904				
PHONE	(372) 000-0304				
8 REPORT					
TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasurer
		-			appointment (officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year
COVERED	01/01/2024	11	HROUGH	06/30/2024	4
10 ELECTION	ELECTION DATE				
	Month Day Year		Primary	Runoff	Other
			General	Special	
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)
	State Representative Dist	rict 109 Dallas			
	1			1	
GO TO PAGE 2					
		GO	I O FAGE Z		
Forms provided by Te	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Sherman Sr., Carl (The Honorable)

13 C / OH NAME

FORM C/OH **COVER SHEET PG 2** 2 of 39

(Ethics Commission Filers)

14 Filer ID

			00082318		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN F ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		6 0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	:	\$ 4,750.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$	\$ 0.00	
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	1 0,528.78	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	T DAY OF THE	\$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	THE LAST DAY	6 0.00	
17 AFFIDAVIT					
	I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
		The Honorab	le Carl Sherman Sr.		
	Signature of Candidate or Officeholder				
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	_, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of offic	Signature of officer administering Printed name of officer administering Title of officer administering oath				
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	Ver	sion V4.1.0.d378aba0	

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 3 of 39	
18 FILER NAME Sherman Sr., Carl (The Honorable)	(Ethics Commission Filers)	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,750.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 10,528.78
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. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/39	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Sherman Sr.	, Carl (The Honorable)			00082318	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/11/2024	ATMOS ENERGY CORP PAC			(1)	\$2,000.00
	0 .,, _0	6 Contributor address; City; State; Zip Code				+_,000.00
		o Contributor address, City, State, Zip Code				
		Dallas, TX 75240				
8	Principal occu		9 Employer (See Instructions	<u>ເ</u>		
				,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/17/2024	—)		Amount of Contribution (\$)	\$750.00
	04/1//2024	McCall, Wil				Φ120.00
		Contributor address; City; State; Zip Code				
		Desoto, TX 75115				
⊢	Drinoinal acou	pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation 7 Job title (See instructions)	Retired	>)		
⊨				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/17/2024					\$2,000.00
		Contributor address; City; State; Zip Code				
⊢	<u> </u>	Colleyville, TX 76034		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Developer		Prime45 Development			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 1/35 Rpt: 5/39	Sherman Sr., Carl (The Honorable)	00082318		
4	Date	Payee name			
	06/05/2024	ACAPULCO MEXICAN RESTAURANT'			
6	Amount (\$) \$66.67	Payee address; City; State; Zip Code 225 E. BELT LINE DESOTO, TX 75115			
8	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Constituents		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/02/2024	ACE PARKING			
	Amount (\$) \$10.99	Payee address; City; State; Zip Code 901 MAIN STREET			
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/24/2024	AMERICAN TROPHY			
	Amount (\$) \$34.00	Payee address; City; State; Zip Code 221 N. HAMPTON			
		DESOTO, TX 75115			
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbu Fees Office Overhead/Rental E Food//Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	ursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 2/35 Rpt: 6/39	Sherman Sr., Carl (The Honorable)	00082318	
4	Date	Payee name		
	01/12/2024	BANK OF DESOTO		
6	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.50	2011 N. HAMPTON		
		DESOTO, TX 75115		
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descri	iption	
	OF EXPENDITURE	G ((((((((((eck if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE		eck if Austin, TX, officeholder living expense	
		BANK	<pre>< FEES</pre>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	01/12/2024	BANK OF DESOTO		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.50	2011 N. HAMPTON		
		DESOTO, TX 75115		
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descri	iption	
	OF EXPENDITURE	Fees Che	eck if travel outside of Texas. Complete Schedule T.	
			eck if Austin, TX, officeholder living expense	
		BANK	<pre>< FEES</pre>	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OF		Once new	
	Date	Payee name		
	01/12/2024	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON		
	φ0.50			
		DESOTO, TX 75115		
	PURPOSE			
	OF	Category (See Categories listed at the top of this schedule) (b) Description Chees	puon eck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		eck if Austin, TX, officeholder living expense	
		BANK	<pre>K FEES</pre>	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OF			

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense	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	3 Filer ID (Ethics Commission Filers)	
	Sch: 3/35 Rpt: 7/39	Sherman Sr., Carl (The Honorable)	00082318	
4	Date 01/12/2024	Payee name BANK OF DESOTO		
6	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON DESOTO, TX 75115		
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	01/12/2024	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	02/15/2024	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON		
		DESOTO, TX 75115		
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense	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	3 Filer ID (Ethics Commission Filers)	
	Sch: 4/35 Rpt: 8/39	Sherman Sr., Carl (The Honorable)	00082318	
4	Date 02/15/2024	Payee name BANK OF DESOTO		
6	Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 2011 N. HAMPTON DESOTO, TX 75115		
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	02/15/2024	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	02/15/2024	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON		
		DESOTO, TX 75115		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)	
	Sch: 5/35 Rpt: 9/39	Sherman Sr., Carl (The Honorable)	00082318	
4	Date 02/15/2024	5 Payee name BANK OF DESOTO		
6	Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 2011 N. HAMPTON DESOTO, TX 75115		
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	03/15/2024	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	03/15/2024	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON		
		DESOTO, TX 75115		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)		
	Sch: 6/35 Rpt: 10/39	Sherman Sr., Carl (The Honorable)	00082318		
4	Date	5 Payee name			
	03/15/2024	BANK OF DESOTO			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
		DESOTO, TX 75115			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
			utside of Texas. Complete Schedule T.		
	EXPENDITURE		TX, officeholder living expense		
		BANK FEES			
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
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	Date	Payee name			
	03/15/2024	BANK OF DESOTO			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
		DESOTO, TX 75115			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel ou	utside of Texas. Complete Schedule T.		
			TX, officeholder living expense		
		BANK FEES			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OF				
-	Date	Payee name			
	03/15/2024	BANK OF DESOTO			
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	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Check if travel ou	utside of Texas. Complete Schedule T.		
	EXPENDITURE		TX, officeholder living expense		
		BANK FEES			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OF				

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)		
	Sch: 7/35 Rpt: 11/39	Sherman Sr., Carl (The Honorable)	00082318		
4	Date	5 Payee name			
	04/15/2024	BANK OF DESOTO			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
		DESOTO, TX 75115			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		utside of Texas. Complete Schedule T.		
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		BANK FEES			
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
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	Date	Payee name			
	04/15/2024	BANK OF DESOTO			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
		DESOTO, TX 75115			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE		utside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense BANK FEES				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OF	l i			
	Date	Payee name			
	04/15/2024	BANK OF DESOTO			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
		DESOTO, TX 75115			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		utside of Texas. Complete Schedule T.		
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
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	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)			
	Sch: 8/35 Rpt: 12/39	Sherman Sr., Carl (The Honorable)	00082318			
4	Date	Payee name				
	04/15/2024	BANK OF DESOTO				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
		DESOTO, TX 75115				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		utside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin,	TX, officeholder living expense			
		BANK FEES				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/15/2024	BANK OF DESOTO				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
		DESOTO, TX 75115				
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
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	05/15/2024	BANK OF DESOTO				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
		DESOTO, TX 75115				
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
		BANK FEES				
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	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)			
	Sch: 9/35 Rpt: 13/39	Sherman Sr., Carl (The Honorable)	00082318			
4	Date	5 Payee name				
	05/15/2024	BANK OF DESOTO				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
		DESOTO, TX 75115				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		utside of Texas. Complete Schedule T.			
	EXPENDITORE		TX, officeholder living expense			
		BANK FEES				
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/15/2024	BANK OF DESOTO				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
		DESOTO, TX 75115				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
		BANK FEES				
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	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
		DESOTO, TX 75115				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		utside of Texas. Complete Schedule T.			
	EXPENDITORE		TX, officeholder living expense			
		BANK FEES				
	Complete ONU V if direct	Condidate/Officebalder.page	Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee Legal Service	ge Expense Iemorials Expense	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 10/35 Rpt: 14/39	Sherman Sr., Carl (T	he Honorable)			00082318	
4	Date	Payee name					
	05/15/2024	BANK OF DESOTO					
6	Amount (\$)	Payee address; Cit	y; State;	Zip Code			
	\$0.50	2011 N. HAMPTON					
		DESOTO, TX 75115					
8	PURPOSE	Category (See Categories	listed at the top of this sche	edule) (b)	Description		
	OF EXPENDITURE	Fees	·	,	Check if travel	outside of Texas. Com	plete Schedule T.
	EXPENDITORE					, TX, officeholder living	expense
					BANK FEES		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame O	ffice sought		Office he	ld
	Date	Payee name					
	05/15/2024	BANK OF DESOTO					
_	Amount (\$)	Payee address; Cit	v: State:	Zip Code			
	\$0.50	2011 N. HAMPTON	y, State,				
	Φ0.50	2011 N. HAMPTON					
		DESOTO, TX 75115					
	PURPOSE OF EXPENDITURE	Category (See Categories Fees	listed at the top of this sche	_{dule)} (b)		outside of Texas. Com , TX, officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame O	ffice sought		Office he	ld
	Date	Payee name					
	06/14/2024	BANK OF DESOTO					
	Amount (\$)	Payee address; Cit	y; State;	Zip Code			
	\$0.50	2011 N. HAMPTON					
		DESOTO, TX 75115					
	PURPOSE OF	Category (See Categories	listed at the top of this sche	edule) (b)	Description		
	EXPENDITURE	Fees				outside of Texas. Com	
						, TX, officeholder living	expense
					DAINK FEES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame O	ffice sought		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /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			3	Filer ID (Ethics Commission Filers)
	Sch: 11/35 Rpt: 15/39		Sherman Sr., Carl (The Honorable)				00082318
4	Date	5	Payee name				
	06/14/2024		BANK OF DESOTO				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$0.50		2011 N. HAMPTON				
			DESOTO, TX 75115				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF		Fees	iouulo)	·	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					, тх	, officeholder living expense
					BANK FEES		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	06/14/2024		BANK OF DESOTO				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$0.50		2011 N. HAMPTON				
			DESOTO, TX 75115				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
						, IX,	, officeholder living expense
					DAINTEES		
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held
	expenditure to benefit C/OI	Η					
	Date		Payee name				
	06/14/2024		BANK OF DESOTO				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$0.50		2011 N. HAMPTON				
			DESOTO, TX 75115				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Fees	,	Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE					, TX,	, officeholder living expense
					BANK FEES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
		-					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)			
	Sch: 12/35 Rpt: 16/39	Sherman Sr., Carl (The Honorable)	00082318			
4	Date 06/14/2024	5 Payee name BANK OF DESOTO				
6	Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 2011 N. HAMPTON DESOTO, TX 75115				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/14/2024	BANK OF DESOTO				
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON				
	PURPOSE	DESOTO, TX 75115				
	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/28/2024	BANK OF DESOTO				
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON				
		DESOTO, TX 75115				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 13/35 Rpt: 17/39	Sherman Sr., Carl (The Honorable)	00082318		
4	Date	Payee name			
	06/28/2024	BANK OF DESOTO			
6	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON DESOTO, TX 75115			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/28/2024	BANK OF DESOTO			
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/28/2024	BANK OF DESOTO			
	Amount (\$) \$0.50	Payee address;City;State;Zip Code2011 N. HAMPTON			
		DESOTO, TX 75115			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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 F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 14/35 Rpt: 18/39	Sherman Sr., Carl (The Honorable)	00082318		
4	Date 06/28/2024	Payee name BANK OF DESOTO			
6	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON DESOTO, TX 75115			
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/28/2024	BANK OF DESOTO			
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON			
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/12/2024	BIGTHOUGHT			
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1409 S. Lamar			
		DALLAS, TX 75216			
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide (Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 15/35 Rpt: 19/39		erman Sr., Carl (The Honora	ıble)				00082318	
4	Date	5 Pa	vee name				1		
	05/06/2024		C-EE'S #35						
6	Amount (\$) \$8.37	41	ree address; City; 55 N General Bruce Dr	State;	Zip Cod	9			
		IE	MPLE, TX 76501						
8	PURPOSE OF EXPENDITURE		egory (See Categories listed at the top od/Beverage Expense	o of this sche	edule) (de of Texas. Comp officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	0	Office soug	nt		Office he	ld
	Date	Pay	vee name						
	05/06/2024	CA	PITOL GIFTSHOP						
	Amount (\$)	Pay	vee address; City;	State;	Zip Cod	9			
	\$9.00		00 Congress Ave STIN, TX 78701						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the top t/Awards/Memorials Expense		edule) (de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	0	Office soug	nt		Office he	ld
	Date	Pay	vee name						
	01/16/2024	CH	ECKEEPER.COM						
	Amount (\$) \$14.99		ree address; City; L N. Main Street, Ste 314	State;	Zip Cod	<u>è</u>			
		Gre	eenville, SC 29601						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the top ice Overhead/Rental Expens		edule) (ı, ТХ,	de of Texas. Comp officeholder living ption	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	0	Office soug	nt		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Supense Gift/Awards/Memorials 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 F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 16/35 Rpt: 20/39	Sherman Sr., Carl (The Honorable)	00082318			
4	Date 02/14/2024	Payee name CHECKEEPER.COM				
6	Amount (\$) \$14.99	Payee address; City; State; Zip Code 101 N. Main Street, Ste 314 Greenville, SC 29601				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Scription			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/14/2024	CHECKEEPER.COM				
	Amount (\$) \$14.99	Payee address; City; State; Zip Code 101 N. Main Street, Ste 314 Greenville, SC 29601				
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) b) Description c) Check if travel of Check	outside of Texas. Complete Schedule T. . TX, officeholder living expense Scription			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/15/2024	CHECKEEPER.COM				
	Amount (\$) \$14.99	Payee address; City; State; Zip Code 101 N. Main Street, Ste 314				
		Greenville, SC 29601				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Scription			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense mmittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 17/35 Rpt: 21/39	Sherman Sr., Carl (The Honorable)	00082318		
4	Date 05/14/2024	Payee name CHECKEEPER.COM			
6	Amount (\$) \$14.99	Payee address; City; State; Zip Code 101 N. Main Street, Ste 314 Greenville, SC 29601			
8	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Ibscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/14/2024	CHECKEEPER.COM			
	Amount (\$) \$14.99	Payee address; City; State; Zip Code 101 N. Main Street, Ste 314 Greenville, SC 29601			
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Ibscription		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/09/2024	CHILI'S			
	Amount (\$) \$28.95	Payee address; City; State; Zip Code 2711 S Interstate 35			
		Round Rock, TX 78664			
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
ļ	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)		
	Sch: 18/35 Rpt: 22/39	Sherman Sr., Carl (The Honorable)	00082318		
4	Date 04/05/2024	5 Payee name City of Lancaster			
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. BOX 940 Lancaster, TX 75146			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Qrtly rent		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/28/2024	City of Lancaster			
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. BOX 940			
		Lancaster, TX 75146			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Qrtly rent		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/15/2024	DALLAS MORNING N 800-925-1500 TX 90631188 500372			
	Amount (\$) \$32.51	Payee address;City;State;Zip Code1954 Commerce st			
		DALLAS, TX 75201			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 19/35 Rpt: 23/39	Sherman Sr., Carl (The Honorable)	00082318		
4	Date	Payee name			
	05/13/2024	DALLAS MORNING NEWS			
6	Amount (\$) \$32.59	Payee address; City; State; Zip Code 1954 Commerce st DALLAS, TX 75201			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/13/2024 DALLAS MORNING NEWS				
	Amount (\$)	Payee address; City; State; Zip Code			
	\$32.51	1954 Commerce st DALLAS, TX 75201			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/16/2024	DALLAS MORNING News			
	Amount (\$) \$32.51	Payee address;City;State; Zip Code1954 Commerce st			
		DALLAS, TX 75201			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials nittee Legal Services The Instruction Gu	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:	ILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 20/35 Rpt: 24/39	Sherman Sr., Carl (The Honorable) 00082318								
4	Date	Payee name			•					
	02/13/2024	DALLAS MORNING News								
6	Amount (\$)	Payee address; City;	State; Zip Co	ode						
	\$32.51	1954 Commerce st								
		DALLAS, TX 75201								
8	PURPOSE	Category (See Categories listed at th	a top of this schodulo)	(b) Description						
-	OF	Office Overhead/Rental Exp			outside of Texas. Complete Schedule T.					
	EXPENDITURE			Check if Austin	n, TX, officeholder living expense					
				New paper						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name	Office sou	ght	Office held					
	Date	Payee name								
03/13/2024 DALLAS MORNING News										
	Amount (\$)	Payee address; City;	State, Zip Ct	Jue						
	\$32.51	1954 Commerce st								
		DALLAS, TX 75201								
	PURPOSE	Category (See Categories listed at th	ne top of this schedule)	(b) Description						
	OF EXPENDITURE	Office Overhead/Rental Exp	bense		outside of Texas. Complete Schedule T.					
					n, TX, officeholder living expense					
				New paper						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ght	Office held					
_	Data									
	Date	Payee name								
	05/23/2024	DAVIS, TRAVION								
	Amount (\$)	Payee address; City;	State; Zip Co	ode						
	\$500.00	5520 LANGDON ROAD								
		DALLAS, TX 75241								
	PURPOSE	Category (See Categories listed at th	ne top of this schedule)	(b) Description						
		Gift/Awards/Memorials Exp		Check if travel	outside of Texas. Complete Schedule T.					
	EXPENDITURE				n, TX, officeholder living expense					
				Scholarship						
	Complete ONLY if direct	andidate/Officeholder name	Office sou	ight	Office held					
	expenditure to benefit C/OI									
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 21/35 Rpt: 25/39	Sherman Sr., Carl (The Honorable) 00082318							
4	Date 04/26/2024	5 Payee name FERN IN THE WILD							
_									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$43.02 211 W. KNOX ST								
		ENNIS, TX 75119							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/06/2024	GEORGE ALLEN GARAGE							
	Amount (\$) Payee address; City; State; Zip Code \$3.00 600 COMMERCE ST								
		DALLAS, TX 75202							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/23/2024	HALL, ROBERT							
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 5520 LANGDON ROAD							
		DALLAS, TX 75241							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	ie						
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)						
Sch: 22/35 Rpt: 26/39 Sherman Sr., Carl (The Honorable) 00082318							
4 Date 5 Payee name							
04/03/2024 HICKORY HOUSE BBQ							
6 Amount (\$) 7 Payee address; City; State; Zip Code							
\$20.00 906 N DALLAS AVE							
LANCASTER, TX 75146							
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description							
OF Food/Beverage Expense							
Check if Austin, 1X, officenoider living expense							
food							
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
Dete -							
04/29/2024 HILTON ANATOLE P DALLAS TX 87164570 659672							
Amount (\$) Payee address; City; State; Zip Code							
\$46.00 2201 N. STEMMONS FWY							
DALLAS, TX 75207							
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Description Description							
EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
food							
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH							
Date Payee name							
01/09/2024 HOBBYLOBBY							
Amount (\$) Payee address; City; State; Zip Code							
\$83.34 1201 N Highway 77							
Waxahachie, TX 75165							
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description							
OF Gift/Awards/Memorials Expense							
Check if Austin, 1X, officenoider living expense							
Frame for EBJ resolution							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 23/35 Rpt: 27/39									
4	Date 02/22/2024	5 Payee name HOBBYLOBBY								
6	6 Amount (\$) \$23.05 7 Payee address; City; State; Zip Code 1201 N Highway 77 Waxahachie, TX 75165									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for celebration										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
04/04/2024 HUG BBQ LLC LANCASTER TX 77827301 409418371122										
	Amount (\$)Payee address;City;State;Zip Code\$13.55133 Historic Town Sq									
		Lancaster, TX 75146								
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense eeting with constituent							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/15/2024	HUG BBQ LLC LANCASTER TX 77827301 4103162	84172							
	Amount (\$) \$78.94	Payee address;City;State;ZipCode133 Historic Town Sq								
		Lancaster, TX 75146								
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense caff luncheon							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Polling Expense Travel in District Travel out of District Travel Out of District					quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 24/35 Rpt: 28/39		Sherman Sr., Carl (The Honorable)					00082318	
4	Date	5	Payee name				I		
	06/17/2024		JACK'S AIRPORT CAF						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$28.76		950 Ferris Rd.						
			Lancaster, TX 75146						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descri	ption			
	OF EXPENDITURE		Food/Beverage Expense	,	Che	ck if travel		de of Texas. Com	
	EXPENDITORE						, TX,	officeholder living	expense
					Staff I	unch			
_									
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office he	ald
	Date		Payee name						
	05/13/2024		KTN						
Amount (\$) Payee address; City; State; Zip Code									
	\$701.70		P.O. BOX 59975	Zip 00	uc				
	\$701.70		F.O. BOX 39973						
			DALLAS, TX 75229						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descri	ption			
	OF EXPENDITURE		Advertising Expense					de of Texas. Com	
							, TX,	officeholder living	expense
					adver	tising			
								0.000	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt			Office he	910
-	Date		Payee name						
	05/08/2024		LA 57						
	Amount (\$)			Zip Co	do				
	\$49.82		207 S.KAUFMAN ST	Zip 00	uc				
	φ - 0.02								
			Ennis, TX 75119						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descri	ption			
	OF EXPENDITURE		Food/Beverage Expense	,	Che	ck if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE		- .					officeholder living	expense
					lunch	meeting	g		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office he	eld
	superioration to benchit 0/01	•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transg Food/Beverage Expense Polling Expense Travel by - Git/Awards/Memorials Expense Printing Expense Travel						Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 25/35 Rpt: 29/39	S	herman Sr., Carl (The Honora	able)				00082318		
4	Date	5 P	avee name				<u> </u>			
	02/28/2024	5 Payee name LA CALLE DOCE								
6	Amount (\$) \$66.98 7 Payee address; City; State; Zip Code 161 HISTORIC TOWN SQ Lancaster, TX 75146									
8	PURPOSE	(a) C				(b) Description				
J	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Iunch meeting with constituents 							expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date	Р	ayee name							
	03/25/2024	L	LA CALLE DOCE							
	Amount (\$)	Р	ayee address; City;	State;	Zip Co	le				
	\$50.92		61 HISTORIC TOWN SQ ancaster, TX 75146							
	PURPOSE OF EXPENDITURE		 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project meeting 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office sou	ht		Office he	ld	
	Date	Р	ayee name							
	04/05/2024	L	A CALLE DOCE							
	Amount (\$) \$40.11		ayee address; City; 61 HISTORIC TOWN SQ	State;	Zip Coo	le				
		L	ancaster, TX 75146		i					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top bod/Beverage Expense	p of this sche	edule)		ı, ТХ,	ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Polling Expense Legal Services 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 F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 26/35 Rpt: 30/39	Sherman Sr., Carl (The Honorable)	00082318					
4	Date	Payee name						
	04/19/2024	LA CALLE DOCE						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$61.00 161 HISTORIC TOWN SQ Lancaster, TX 75146							
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Staff luncheon							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/15/2024 LA CALLE DOCE							
	Amount (\$) Payee address; City; State; Zip Code \$74.23 161 HISTORIC TOWN SQ							
		Lancaster, TX 75146						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense N					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/03/2024	LA CALLE DOCE						
	Amount (\$) \$45.50	Payee address; City; State; Zip Code 161 HISTORIC TOWN SQ						
		Lancaster, TX 75146						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense N					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T e By - Gift/Awards/Memorials Expense Printing Expense T						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				3	Filer ID ((Ethics Commission Filers)	
	Sch: 27/35 Rpt: 31/39		Sherman Sr., Carl (The Hono	rable)				00082318		
4	Date	5	Payee name				I			
	06/10/2024	I	LA CALLE DOCE							
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	le				
	\$51.47		161 HISTORIC TOWN SQ							
			Lancaster, TX 75146							
8	PURPOSE		Category (See Categories listed at the	on of this och	adula)	b) Description				
	OF		Food/Beverage Expense	op of this sch	iedule)		outsi	ide of Texas. Comple	ete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·					, officeholder living ex	xpense	
						Staff lunched	n			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	1	
	Date		Payee name							
	06/13/2024 LA CALLE DOCE									
Amount (\$) Payee address; City; State; Zip Code										
	\$35.87		161 HISTORIC TOWN SQ							
			·							
			Lancaster, TX 75146							
	PURPOSE OF		Category (See Categories listed at the	top of this sch	nedule)	b) Description			the Carbon data T	
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Comple , officeholder living ex		
						Staff lunched		,		
	Complete ONLY if direct	C	andidate/Officeholder name	(Office soug	ht		Office held	1	
	expenditure to benefit C/OF	Н								
	Date		Payee name							
	05/16/2024		LUBY'S							
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$31.57		801 N. Beckley		,	-				
	+0101									
			Desoto, TX 75115							
	PURPOSE OF		Category (See Categories listed at the	top of this sch	nedule)	b) Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Comple		
								, officeholder living ex /ith constituen		
						iunen meetin	9 11			
-	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office held	1	
	expenditure to benefit C/OI		מותותמוביסווונבווטועבו וומוווב	(שיייר איירי	in and a second s			4	
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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 F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 28/35 Rpt: 32/39	Sherman Sr., Carl (The Honorable)	00082318					
4	Date	Payee name						
	01/08/2024	MARTHAS FLORIST						
6	Amount (\$) \$265.21 \$265.21 7 Payee address; City; State; Zip Code 811 W. Pleasant Run Rd Lancaster, TX 75146							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
01/08/2024 MARTHAS FLORIST								
Amount (\$) Payee address; City; State; Zip Code								
	\$121.83	811 W. Pleasant Run Rd Lancaster, TX 75146						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/25/2024	MARTIN LUTHER KING FOUNDATION						
	Amount (\$) \$509.70	Payee address;City;State; Zip Code2020 Wheatland						
		DALLAS, TX 75232						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 29/35 Rpt: 33/39									
4	Date 06/26/2024	5 Payee name MICHAELS STORES								
6	Amount (\$) \$100.64 7 Payee address; City; State; Zip Code 751 N. HWY 67 Cedar Hill, TX 75104									
8	 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 District supplies-frames 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/23/2024	RATTLER, AMOS								
	Amount (\$) Payee address; City; State; Zip Code \$500.00 5520 LANGDON ROAD									
	PURPOSE	DALLAS, TX 75241								
	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/22/2024	RENAISSANCE HOTEI								
	Amount (\$) \$20.57	Payee address;City;State;Zip Code2222 Stemmons Fwy								
		DALLAS, TX 75247								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	head/Re ense oense ages/Co	eimbursement ental Expense ntract Labor 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 F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)
	Sch: 30/35 Rpt: 34/39		Sherman Sr., Carl (The Honorat	ole)					00082318
4	Date 02/08/2024								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code 2900 W. WHEATLAND RD DALLAS, TX 75237								
 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 office supplies 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht			Office held
	Date		Payee name						
	05/06/2024		SOUTH DALLAS BPWC, INC						
Amount (\$) Payee address; City; State; Zip Code									
	\$700.00		PO BOX 764587 DALLAS, TX 75376						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Event Expense	of this sch	nedule)		4	TX,	de of Texas. Complete Schedule T. officeholder living expense Cheon
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht			Office held
	Date		Payee name						
	05/24/2024		STARBUCKS						
	Amount (\$) \$21.49		Payee address; City; 22119 Purple Heart Trl	State;	; Zip Coc	le			
			West, TX 76691						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	of this sch	nedule)		4		de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						Transportation Equipment & Related Expense Travel in District		
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 31/35 Rpt: 35/39	S	Sherman Sr., Carl (The Honorable) 00082318							
4	Date 06/26/2024		5 Payee name TARGET T							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$21.98 739 N. HWY 67 Cedar Hill, TX 75104									
8	 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 District supplies 							officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	P	ayee name							
	05/15/2024	Т	HE GREEN AND GREEN CO	С						
	Amount (\$) Payee address; City; State; Zip Code \$300.00 \$100 SPRING VALLEY RD									
	PURPOSE OF EXPENDITURE	(a) C	ALLAS, TX 75244 ategory (See Categories listed at the to dvertising Expense	op of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	Р	ayee name							
	05/23/2024		IPPENS, LESLIE							
	Amount (\$) \$500.00		ayee address; City; 520 LANGDON ROAD	State;	Zip Co	le				
		D	ALLAS, TX 75241							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to ift/Awards/Memorials Expens		edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	ht		Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	? FII			•		•		3	Filer ID	(Ethics Corr	mission Filers)	
-	Sch: 32/35 Rpt: 36/39	erman Sr., Ca	rl (The Honora	able)					00082318				
4	Date 06/20/2024	5 Payee name TORCHYS											
6	Amount (\$)			City	Stata	Zin Co	40						
0	\$31.55	7 Payee address; City; State; Zip Code 1500 N I-35											
		RC	UND ROCK,	1X 78081									
8	PURPOSE OF EXPENDITURE	OF Ecod/Beverage Expense					г.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officehol	der name	С	Office sou	ght			Office he	eld		
	Date	Pay	/ee name										
	04/05/2024 WAL-MART												
	Amount (\$)	Pay	/ee address;	City;	State;	Zip Co	de						
	\$10.08		0 N I-35E ncaster, TX 75	146									
	PURPOSE OF EXPENDITURE							, TX,	Itside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officehol	der name	C	Dffice sou	ght			Office he	eld		
	Date	Pa	/ee name										
04/16/2024 WAL-MART													
	Amount (\$) Payee address; City; State; Zip Code \$67.78 150 N I-35E 150 N I-35E												
	Lancaster, TX 75146												
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense				edule)	 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies 				т.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officehol	der name	C	Office sou	ght			Office he	eld		

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 33/35 Rpt: 37/39	Sherman Sr., Carl (The Honorable)	00082318					
4	Date 04/30/2024	5 Payee name WAL-MART						
6	Amount (\$) \$73.26	7 Payee address; City; State; Zip Code 150 N I-35E Lancaster, TX 75146						
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
05/08/2024 WAL-MART								
	Amount (\$) \$57.42	Payee address; City; State; Zip Code 150 N I-35E						
	PURPOSE OF EXPENDITURE	Lancaster, TX 75146 (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 District meeting with mayor-supplies						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held								
	Date	Payee name						
	06/04/2024	WAL-MART						
	Amount (\$) \$175.85	Payee address; City; State; Zip Code 700 E Ennis Ave						
Ennis, TX 75119								
	PURPOSE OF EXPENDITURE		 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies 					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed abo			
	Credit Card F dyment		The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F1: 2 FILER NAM								3	Filer ID (Ethics Commission Filers)			
	Sch: 34/35 Rpt: 38/39	Sherman Sr., Carl (The Honorable)						00082318				
4	Date 06/25/2024		5 Payee name WAL-MART									
6	Amount (\$)	7 Pa	7 Payee address; City; State; Zip Code									
Ŭ	\$150.82		7 Payee address, City, State, Zip Code 700 E Ennis Ave									
		Er	nnis, TX 7512	.9								
8	PURPOSE OF	(a) Ca	ategory (See C	ategories listed at th	e top of this sch	edule)	(b) Description					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeh	older name	C	Dffice sou	Jht		Office he	ld		
	Date	Pa	iyee name									
	03/04/2024	1	WOK XPRESS									
	Amount (\$)	Pa	vee address;	City;	State:	Zip Co	de					
	\$28.11 1005 W. Pleasant Run											
		La	ancaster, TX	75146								
	PURPOSE OF EXPENDITURE								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		ndidate/Officeh	older name	C	Dffice sou	ght		Office he	eld		
	Date	Pa	ayee name									
	01/19/2024	1	al-Mart									
Amount (\$) Payee address; City; State; Zip Code												
	\$51.90	70	0 E Ennis Av	/e								
Ennis, TX 75119												
	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 office supplies					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeh	older name	С	Dffice sou	Jht		Office he	eld		