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 16 CANDIDATE / MS / MRS / MR FIRST MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Mitchell W. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Mitch Templeton CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 3550 Brentwood Dr MAILING Receipt # Amount **ADDRESS** Change of Address Beaumont, TX 77706 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** 2045 Coffey **ADDRESS** (Residence or Business) Beaumont, TX 77706 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 350-9317 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 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 District Judge District 172 Jefferson

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Templeton, Mitchell V	V. (The Honorab	ole)	14 Filer ID 00082061	(Ethics Comn	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditues may have been made without to required to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
Ш	GENERAL					
		COMMITTEE AD	DRESS			
	SPECIFIC					
		COMMITTEE CA	MPAIGN TREASURER NAME			
		COMMITTEE CA	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL (CONTRIBUTIONS(OTHER THAN	N PLEDGES, LOANS,		
TOTALS	OR GUARANTE		R CONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBI		6)	\$	0.00
EXPENDITURE TOTALS	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					0.00
	4. TOTAL POLIT	ICAL EXPENDIT	TURES		\$	12,507.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	26,957.80
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	ıle Mitchell W. Tem _l	oleton	
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		_ day
			s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of office	er administerin	g oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 16					
	18 FILER NAME 19 Filer ID (Ethics Commission Filers) Templeton, Mitchell W. (The Honorable) 00082061							
20 SCHEDUL NAME 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	S	\$ 12,507.43					
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	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica 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: 1/12 Rpt: 4/16	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	10/31/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$161.29	HT4OT
		Seattle, WA 98101
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. Check if Austin, TX, officeholder living expense
		HF radio, solar, battery back up
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	07/12/2024	Badge and Wallet
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.98	PO Box 783
		Armonk, NY 10504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Court badge holder.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	12/27/2024	Beaumont Amateur Radio Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 7073
		Beaumont, TX 77706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to BARC
	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 Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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:		3)
	Sch: 2/12 Rpt: 5/16	Templeton, Mitchell W. (The Honorable) 00082061	·
4	Date	5 Payee name	
	08/13/2024	Best Buy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$194.84	5885 Eastex Fwy	
		Beaumont, TX 77706	
8	PURPOSE		
ľ	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Annual computer maint. contract.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
	Date	Payee name	_
	10/17/2024	Cotton Cargo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,488.44		
	, ,		
		Beaumont, TX 77703	
	DUDDO05		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Hats.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
H	Date	Payee name	_
	10/17/2024	Delta Omicron Uplift Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1001 Pearl st.	
	φ100.00	10011 6411 51.	
		Decimant TV 77701	
		Beaumont, TX 77701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Hole sponsorship for charity golf Tournament.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services							ed above)		
	Credit Card Payment		The Instruction	Guide explains ho	w to com	olete thi	s form.				
1	Total pages Schedule F1:	2 FILER N	IAME					3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 3/12 Rpt: 6/16	Temple	ton, Mitchell W. (The Honorable)					00082061		
4	Date	5 Payee n	ame								
	07/01/2024		on First								
6	Amount (\$)	7 Payee a	ddress; City;	State; 2	Zip Code						
	\$15.00		astex Freeway		•						
			-								
		Beaum	ont, TX 77706-65:	15							
8	PURPOSE				10) Door	rintion				
١	OF		(See Categories listed ting/Banking	at the top of this schedu	ıle)	Desc Dc	•	outsio	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE	Accoun	ung/banking						officeholder livir		
						Cha	rge for co	pie	s of accou	nt statement	S.
9	Complete ONLY if direct		e/Officeholder name	Offi	ce sough	ıt			Office h	neld	
	expenditure to benefit C/O	1									
	Date	Payee n	ame								
	08/31/2024	Flagshi	p Mailroom								
	Amount (\$)	Payee a	ddress; City;	State; 2	Zip Code	,					
	\$199.74	148 So	uth Dowlen Road	PMB 222 222 2	22						
		Beaum	ont, TX 77707								
	PURPOSE	(a) Categor	y (See Categories listed	at the ten of this sehedu	, (a)) Desc	rintion				
	OF		Overhead/Rental E		ne)			outsio	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			1					officeholder livir		
						Priv	ate Camp	aig	ın Mail box		
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Offi	ce sough	ıt			Office h	neld	
	experientare to benefit 6/61										
	Date	Payee n	ame								
	08/18/2024	Go4 the	e bell								
	Amount (\$)	Payee a	ddress; City;	State; 2	Zip Code	;					
	\$200.00	7039 3	2nd Street								
		Groves	, TX 77619								
	PURPOSE	(a) Categor	y (See Categories listed	at the top of this schedu	ıle) (i) Desc	ription				
	OF EXPENDITURE		Expense							mplete Schedule T.	
						_			officeholder livir	ng expense	
						⊏vei	nt sponso	มร์โ	ıιþ		
_	Complete ONLY if direct	Condidat	/Officeholder nema	C#:	00.0000	·+			Office h	aold	
	Complete ONLY if direct expenditure to benefit C/OH		e/Officeholder name	Omi	ce sough	IL			Office r	leiu	
	·										

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	- G I Committee L	ood/Beverage Expense bift/Awards/Memorials Expense egal Services The Instruction Guide explains		pense ages/Contract Labor	Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 4/12 Rpt: 7/16	Templeton, N	Mitchell W. (The Honorab	ile)		00082061	
4	Date	5 Payee name	- e				
	10/07/2024	Hinchee Hou					
6	Amount (\$)	7 Payee address	•	; Zip Coo	le		
	\$53.00	148 South Do	owlen Road PMB 761				
		Beaumont, T	X 77707				
8	PURPOSE		Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE	Food/Bevera	ge Expense			outside of Texas. Con , TX, officeholder living	
					Hinchee Hou		5
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office soug	ht	Office h	eld
_	Date	Payee name					
	10/17/2024	Hinchie Hous	se				
_	Amount (\$)	Payee address		: Zip Coo	le		
	\$443.95		owlen Road PMB 761	, _,p =000			
	, - 10		-				
		Beaumont, T					
	PURPOSE OF		Categories listed at the top of this sch	nedule)	(b) Description	outside of Toyon Com	anlota Schadula T
	EXPENDITURE	Event Expens	se		=	outside of Texas. Con , TX, officeholder living	
					Hinchee Hou	se Event spon	sorship/table
L							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name (Office souç	ht	Office h	eld
	Date	Payee name					
	10/21/2024	Judith Nuger	nt				
	Amount (\$)	Payee address	s; City; State	; Zip Coo	le		
	\$500.00	3115 Falling	Brook Dr.				
		Kingwood, T	X 77345				
	PURPOSE	(a) Category (See	Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE	Event Expens	se			outside of Texas. Con , TX, officeholder livin	·
						eunion sponso	
							•
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name (Office souç	ht	Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (return a cotton part listed above)

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 5/12 Rpt: 8/16	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	08/11/2024	Nehemias Vision
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	350 Pine Street Ste. 1405
		Beaumont, TX 77701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Table sponsorship annual banquet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/15/2024	Neil-Troy Advertising
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,131.58	3670 Seminole Dr.
	, ,	
		Beaumont, TX 77707
	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 Ad design and purchase(s)
		Au design and parenase(s)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7
	Date	Payee name
	09/16/2024	Neil-Troy Advertising
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,919.08	3670 Seminole Dr.
		Beaumont, TX 77707
	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
		Ad purchases and design.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	U
<u> </u>		

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

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 Card Payment	The Instruction Guide explains how to complete this form.	(conc. a conegary normalist and con
1	Total pages Schedule F1:	2 FILER NAME 3 Filer I	D (Ethics Commission Filers)
	Sch: 6/12 Rpt: 9/16		2061
4	Date	5 Payee name	
	10/15/2024	Neil-Troy Advertising	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,499.46	3670 Seminole Dr.	
	!		
		Beaumont, TX 77707	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	·
		Check if Austin, TX, officeho	
	!	Ad purchase and crea	mon.
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
9	Complete ONLY if direct expenditure to benefit C/OH		Office held
	Date	Payee name	
	12/03/2024	Pen Chalet	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$156.00	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 Austin, TX, officeho	ider living expense
	!	Office peris.	
H	Camplete ONLV if direct	Candidate/Officeholder name Office sought C	Office held
	Complete ONLY if direct expenditure to benefit C/OH		mice neiu
	,	-	
	Date	Payee name	
	08/12/2024	Riverside Grille	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.90	290 Crockett St.	
	!		
		Beaumont, TX 77701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Te	
		Check if Austin, TX, officeho	
	!	Diffiler with podcaster	r, influencer Shilo Platts
	Complete ONLY if direct expenditure to benefit C/OH		Office held
	experialitate to beliefit 6/61	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER	NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 7/12 Rpt: 10/16	Temp	eton, Mitchell W. (The	Honorable	e)				00082061	
4	Date	5 Payee	name	<u></u>			<u> </u>		<u></u>	
	07/05/2024	Saltgr	ass Steakhouse Beum	ont						
6	Amount (\$)	7 Payee	address; City;	State;	Zip Co	de				
	\$66.79	325 I-	10							
		Beaur	nont, TX 77707							
8	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Food/	Beverage Expense				=		de of Texas. Comp	
							ш		officeholder living	^{expense} epublican candidate Ke
							Chambers	₄ՒԻ	orter and Ne	pasilean candidate Ne
9	Complete ONLY if direct	Candida	te/Officeholder name	Ot	ffice sou	nght			Office he	eld
Ĺ	expenditure to benefit C/O		to o mocnoluer name		300	gnt			Onice ne	······································
	Date	Payee	name							
	11/10/2024	Saltgr	ass Steakhouse Beum	ont						
	Amount (\$)	Payee	address; City;	State;	Zip Co	de				
	\$160.18	325 I-	10							
		Beaur	nont, TX 77707							
	PURPOSE	(a) Catego	OFY (See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Beverage Expense				ш		de of Texas. Com	
							Lunch meetin		officeholder living	
							Lunch meetii	ıy v	viiii cairipaly	μι σαμμοιτείο.
_	Complete ONLY if direct	Candida	te/Officeholder name	Ωt	ffice sou	l ight			Office he	eld
	expenditure to benefit C/O			0.		J				
H	Date	Payee	name							
	10/16/2024		Assoc. of District Judg	jes						
	Amount (\$)	Payee	address; City;	State;	Zip Co	de				
	\$551.06		aroline	·	-					
		Houst	on, TX 77019							
	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Contri	butions/Donations Mad	le By			ш		de of Texas. Comp	
		Candi	date/Officeholder/Politi	cal Commi	ttee		Contribution t		officeholder living	expense
							COMMINUMENT	iU I	YD3	
_	Complete ONLY if direct	Candida	te/Officeholder name	Of	ffice sou	aht			Office he	ald.
	expenditure to benefit C/Ol		to, Onicendiael Haine	O	11106 20U	grit			Office He	iu.

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made by - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not li The Instruction Guide explains how to complete this form.)				
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1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	Filers)
	Sch: 8/12 Rpt: 11/16		Templeton,	Mitchell W. (The Honorab	le)				00082061		
4	Date	5	Payee name									
	07/09/2024		UHAUL									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	nde					
ľ	\$12.94	l ′	3885 Milam		Sidic	, Ζιρ Ου	uc					
	Ф12.94		3003 Milaili									
			Beaumont,	TX 77701								
8	PURPOSE	(a)	Category (Sc	ee Categories listed a	t the ton of this sch	nedule)	(b)	Description				
	OF			head/Rental E		.cuaic)			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livir	g expense	
								Campaign sto	ora	ge lock cha	nge, required by r	ental
								facility.				
9	Complete ONLY if direct		 Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н					•					
⊨	Data	<u> </u>										
	Date		Payee name									
	07/21/2024		UHAUL									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$140.90		3885 Milam									
			Beaumont,	TX 77701								
	DUDDOGE	(-)					(1-)					
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(a)	Description		df.T O	andata Cabadala T	
	EXPENDITURE		Office Overl	head/Rental E	xpense			<u></u>			nplete Schedule T.	
							Check if Austin, TX, officeholder living expense Campaign storage					
								oumpaign ou	J. U.	90		
_	Complete ONII V if direct	<u> </u>	Candidata/Offi	aahaldar nama		Office cou	ab+			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/Ol		Januluale/OIII	ceholder name	(Office sou	gni			Office i	leiu	
	Date		Payee name									
	07/28/2024		UHAUL									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$102.90		3885 Milam	-								
	4202.00											
			5	T) / 77704								
			Beaumont,	1X ///01								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			ш			nplete Schedule T.	
										officeholder livir	g expense	
								Campaign sto	ora	ge		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
I												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 9/12 Rpt: 12/16	Templeton, Mitchell W. (The Honorable)		00082061	
4	Date	5 Payee name			
	08/21/2024	UHAUL			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$150.90	3885 Milam			
		Beaumont, TX 77701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Co	mplete Schedule T.
	EXPENDITORE		_	TX, officeholder livi	ng expense
			Campaign sto	rage rentai	
_	Operation ONE V if dispose	Out lide to 10 ff and a lide a grant of the state of the		06:1	14
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office I	ieiu
	Date	Payee name			
	08/26/2024	UHAUL			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$107.90	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	ш	outside of Texas. Co TX, officeholder livi	
			Campaign sto		ig expense
			eapa.g etc	rago roma.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office I	neld
	expenditure to benefit C/O				
	Date	Payee name			
	09/22/2024	UHAUL			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$150.90	3885 Milam			
	¥200.00				
		Beaumont, TX 77701			
	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel o	outside of Texas. Co	mplete Schedule T.
	EXPENDITURE	Onice Overneau/Rental Expense		TX, officeholder livi	
			Campaign sto	rage rental	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office I	neld
	expenditure to benefit C/O	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 10/12 Rpt: 13/16	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	09/26/2024	UHAUL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.90	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. Check if Austin, TX, officeholder living expense
		Campaign storage rental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	10/21/2024	UHAUL
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.90	3885 Milam
		Beaumont, TX 77701
	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. Check if Austin, TX, officeholder living expense
		Campaign rental unit.
		Campaign rental and
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
F	Date	Payee name
	10/27/2024	UHAUL
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.90	3885 Milam
	Ψ107.30	3003 William
		Beaumont, TX 77701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign rental unit
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

	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: 11/12 Rpt: 14/16	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	11/22/2024	UHAUL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.90	3885 Milam
		Beaumont, TX 77701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Campaign storage unit rental.
		Campaigh storage unit rental.
_	Operation ONLY if allowed	Our stide to 100% as health as a sure
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	11/27/2024	UHAUL
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.90	3885 Milam
		Beaumont, TX 77701
	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. Check if Austin, TX, officeholder living expense
		Campaign storage unit.
		Campaign storage and
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payeo namo
	12/22/2024	Payee name UHAUL
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.90	3885 Milam
		Beaumont, TX 77701
	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.
		☐ Check if Austin, TX, officeholder living expense Campaign storage unit.
		Campaign storage unit.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/12 Rpt: 15/16	Templeton, Mitchell W. (The Honorable) 00082061
4	Date	5 Payee name
	12/27/2024	UHAUL
6	Amount (\$) \$107.90	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 unit.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/09/2024	YMBL
	Amount (\$) \$248.40	Payee address; City; State; Zip Code 7250 West Park
		Beaumont, TX 77705
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense YMBL Rodeo and State Fair student tickets.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/25/2024	YMBL
	Amount (\$) \$1,035.00	Payee address; City; State; Zip Code 7250 West Park
		Beaumont, TX 77705
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense YMBL rodeo suite reservation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 16/16
FILER NAME	3 Filer ID (Ethics Commission Filers)
Templeton, Mitchell W. (The Honorable)	00082061
Description of Asset ICOM 7300 HF Radio \$1,080.00	