CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commi 00082318		2 Total pages filed: 35	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USI	ONLY
OFFICEHOLDER NAME	The Honorable	Carl			Date Received	
INAME					ELECTRONICALL	V EII ED
		•••••			.1	1 FILED
	NICKNAME	LAST		SUFFIX	01/14/2025	
		Sherman		Sr.		
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date	e Postmarked
OFFICEHOLDER MAILING	1215 Forestbrook Dr.					
ADDRESS					Receipt # A	mount
Change of Address	DeSoto, TX 75115					
Ш '	Decoto, 17, 10110				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	Ms.	Evalynn		IVII		
NAME	IVIS.	EvalyIIII				
	NICKNAME	LAST		SUFFIX		
		Williams				
				_,		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO) BOX PLEASE);	AP	Γ / SUITE #; CITY;	STATE;	ZIP CODE
ADDRESS	1104 Shadow Wood Dr.					
(Residence or Business)						
	DeSoto, TX 75115					
7 CAMPAIGN	AREA CODE PHO	NE NILIMBED - E	VTENCION			
TREASURER		NE NUMBER E	EXTENSION			
PHONE	(972) 880-8904					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after campai	gn treasurer
		<u> </u>		<u></u>	appointment (officeho	lder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C	C/OH-FR)
				Teporting infine		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 109 Dallas			,	
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 35

13 C / OH NAME	Sherman Sr., Carl (T	ne Honorable)	14 Filer ID 00082318	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made v I officeholders are required to report this info	vithout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	AME	
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 9,479.93
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 8,976.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			penalty of perjury, that the accludes all information required t	
		The	Honorable Carl Sherman	Sr.
		Signa	ature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of offi	ice.	
Signature of office	eer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVER SHEET	3 of 35			
18 FILER NAME19 Filer ID(Ethics Commission 00082318Sherman Sr., Carl (The Honorable)00082318								
I	HEDULI ME OF :		SUBTOTAL A	MOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,500.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE E: LOANS		\$				
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	9,479.93			
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 IT 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: 4/35
2	FILER NAME Sherman Sr., Carl (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082318
4	Date 10/24/2024 5 Full name of contributor out-of-state PAC (ID#: MONKRES, JAMES 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$1,000
	DESOTO, TX 75115	
8	Principal occupation / Job title (See Instructions) BANKER 9 Employer (See Instructions) BANK OF DESOTO	
	Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$1,500
	Contributor address; City; State; Zip Code	
	COLLEYVILLE, TX 76034 Principal occupation / Job title (See Instructions) DEVELOPER Employer (See Instructions) Prime45 Developm	

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/31 Rpt: 5/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	09/06/2024	ACE PARKING
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	901 MAIN STREET
		DALLAS, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking
		μακτής
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/06/2024	ACE PARKING
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	901 MAIN STREET
		DALLAS, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking
		parking
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/29/2024	AMERICAN TROPHY
L	Amount (\$)	
	\$34.00	Payee address; City; State; Zip Code 221 N. HAMPTON
	Φ34.00	ZZI N. HAMPTON
		DE0070 TV 7744
L		DESOTO, TX 75115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		plaque
		Pinquo
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction Gu	Sal		es/Contract Labo		OTHER (enter	a category not listed a	above)
Ļ		-			uide explains now	to comp	iete tilis ioili			(=	
1	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 2/31 Rpt: 6/35		Sherman Sr	., Carl (The Ho	norable)				00082318	}	
4	Date	5	Payee name								
	11/19/2024		ART DESIG	NS							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	in Code					
ľ	\$500.00	ı	1105 S Mair		State, Zi	p Couc					
	φ300.00		1105 5 Mail	131							
			DUNCANVI	LLE, TX 75137							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule) (b) Descriptio	n			
	OF		Event Exper						ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE						Check if	Austin, TX,	, officeholder livi	ng expense	
							donation				
9	Complete ONLY if direct	C	Candidate/Offic	ceholder name	Offic	e sough	t		Office I	held	
	expenditure to benefit C/OI	Н									
-	Data										
	Date	ı	Payee name								
	07/31/2024		BANK OF D	ESOTO							
	Amount (\$)		Payee address	ss; City;	State; Zi	p Code					
	\$0.50		2011 N. HA	MPTON							
			DESOTO, T	X 75115							
	DUDDOGE	├				10.	.				
	PURPOSE OF			e Categories listed at t	he top of this schedule	9) (0) Descriptio		: d 4 T O-	lete Celeville T	
	EXPENDITURE		Fees				=		ide of Texas. Co , officeholder livi	mplete Schedule T.	
							BANK FE		, omcendaer nvi	ng expense	
							D/ ((VICTE				
_	0 1: 0 1: 0	<u> </u>			0"				0,5		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Oπi	ceholder name	Οπιο	e sough	ĺ		Office I	neid	
	Date		Payee name								
	07/31/2024		BANK OF D	ESOTO							
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Code					
	\$0.50	ı	2011 N. HA			,					
	Ψ0.00		2011 11.10	1011							
			DESOTO, T	X 75115							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule	_{e)} (b) Descriptio				
	OF EXPENDITURE		Fees				<u> </u>			mplete Schedule T.	
	LXI LINDITORL								, officeholder livi	ng expense	
							BANK FE	EES			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e sough	t		Office I	held	
	expenditure to benefit C/OI	Н									
l											

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

	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: 3/31 Rpt: 7/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	07/31/2024	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	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEES
		DANK FLLS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	07/31/2024	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 outside 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/OI	
┡		
	Date	Payee name
	07/31/2024	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 outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEES
		DAINN FEES
\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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/31 Rpt: 8/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	07/31/2024	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	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEES
		DAINN FEES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialitate to benefit 6/61	'
	Date	Payee name
	08/30/2024	BANK OF DESOTO
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.50	2011 N. HAMPTON
	,	
		DESOTO TV 75115
L		DESOTO, TX 75115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside 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/OI	· · · · · · · · · · · · · · · · · · ·
⊨		
	Date	Payee name
	08/30/2024	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 outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
Ī		BANK FEES
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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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

g Expense Travel
gs Expense Travel
es/Wages/Contract Labor OTHE

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Legal Services The Instruction Guide explains how to complete this follow	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/31 Rpt: 9/35	Sherman Sr., Carl (The Honorable)	00082318
4	Date	5 Payee name	
	08/30/2024	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) Descript	ion
	OF EXPENDITURE	1000	if travel outside of Texas. Complete Schedule T.
		l	if Austin, TX, officeholder living expense
		BANK F	-EE3
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to benefit 6/01		
	Date	Payee name	
	08/30/2024	BANK OF DESOTO	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.50	2011 N. HAMPTON	
	, , , ,		
		DECOTO TV 75115	
		DESOTO, TX 75115	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	EXPENDITURE	1003	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		BANK F	
		J	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	·		
	Date	Payee name	
	08/30/2024	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) Descript	ion
	OF		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		if Austin, TX, officeholder living expense
		BANK F	EES
	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)
pense Event Expense Loan Repayment/Reimbu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)
ᆫ	·	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 6/31 Rpt: 10/35	Sherman Sr., Carl (The Honorable)		00082318	
4	Date	5 Payee name			
	08/30/2024	BANK OF DESOTO			
<u>_</u>	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	• •				
	\$0.50	2011 N. HAMPTON			
		DESOTO, TX 75115			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	, ,	el outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Aus	tin, TX,	officeholder living	expense
		BANK FEES	S		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
F	Date	Payee name			
	09/30/2024	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		el outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Aus	tin, TX,	officeholder living	expense
		BANK FEES	S		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
Г	Date	Payee name			
	09/30/2024	BANK OF DESOTO			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
	φυ.50	ZUII N. HAWF TON			
		DESOTO, TX 75115			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		el outsio	le of Texas. Com	plete Schedule T.
	LAFENDITORE			officeholder living	expense
		BANK FEES	S		
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
Г					
I					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	•	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 7/31 Rpt: 11/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	09/30/2024	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	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		BANK FEES
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- parameter solient of of	
	Date	Payee name
	09/30/2024	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 outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		BANK FEES
	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/30/2024	BANK OF DESOTO
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.50	2011 N. HAMPTON
L		DESOTO, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEES
		DAIN FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 8/31 Rpt: 12/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	09/30/2024	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	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEES
		D) WWY LES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
L	12/31/2024	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 outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		BANK FEES
L	Commiste ONLY if dispet	Condidate/Officeholder name Office appets
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	•	
	Date	Payee name
	12/31/2024	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 outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		BANK FEES
\vdash	Complete CNII V if allowed	Condidate/Officeholder name
1	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Laborates		Travel Out of Dis OTHER (enter a	strict category not listed above)
ᆫ	·	The Instruction Guide explains how to complete this form	ո.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 9/31 Rpt: 13/35	Sherman Sr., Carl (The Honorable)		00082318	
4	Date	5 Payee name			
	12/31/2024	BANK OF DESOTO			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
	, , , , ,				
		DECOTO TV 75115			
L		DESOTO, TX 75115			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio			
	EXPENDITURE	1 000		side of Texas. Com (, officeholder living	
		BANK FE		t, officeriolaer living	у схрепас
		5/111(1)			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
ľ	expenditure to benefit C/OI			Office fit	au
	·				
	Date	Payee name			
	12/31/2024	BANK OF DESOTO			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
		DESOTO, TX 75115			
H	PURPOSE	(6) 0	n		
	OF	,		side of Texas. Com	plete Schedule T.
	EXPENDITURE	1 663		K, officeholder living	
		BANK FE	EES		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
F	Date	Payee name			
	12/31/2024	BANK OF DESOTO			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.50	2011 N. HAMPTON			
	Ψ0.00	2022 111 111111 1 1 1 1 1 1 1 1 1 1 1 1			
		DECOTO TV 75445			
		DESOTO, TX 75115			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio			
	EXPENDITURE	1 003		side of Texas. Com (, officeholder living	•
		BANK FE		k, officeriolder living	у ехрепое
		D/WKTE			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald
	expenditure to benefit C/OI			Office III	Jiu
\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

	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: 10/31 Rpt: 14/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	12/31/2024	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	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEES
		DAINKTEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/08/2024	BREAD WINNERS
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.34	3301 McKinney Ave Ste 100
		DALLAS, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food
		Food
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	07/15/2024	CHECKEEPER.COM
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.99	101 N. Main Street, Ste 314
		Greenville, SC 29601
	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 software subscription
		Software Subscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lister	d above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		nission Filers)
	Sch: 11/31 Rpt: 15/35	Sherman Sr., Carl (The Honorable) 00082318	
4	Date	5 Payee name	
	08/14/2024	CHECKEEPER.COM	
Ļ	Α (Φ)	7 Paragraphican Otto Otto Otto	
١٥	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.99	101 N. Main Street, Ste 314	
		Greenville, SC 29601	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		software subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH Control of the con	
H	Date	Daving rame	
		Payee name	
	09/16/2024	CHECKEEPER.COM	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.99	101 N. Main Street, Ste 314	
		0	
L		Greenville, SC 29601	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		software subscription	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨			
	Date	Payee name	
	10/15/2024	CHECKEEPER.COM	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.99	101 N. Main Street, Ste 314	
		Greenville, SC 29601	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
1		software subscription	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Trave Trave

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services		g Exper	es/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē				3	Filer ID	(Ethics Commission File	ers)
	Sch: 12/31 Rpt: 16/35		Sherman Sr	., Carl (The Hor	orable)				00082318		
4	Date	5	Payee name								
	11/14/2024		CHECKEEF	PER.COM							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$14.99		101 N. Main	Street, Ste 314							
			Greenville, S	SC 29601							
8	PURPOSE	(a)				(h) Description				
ľ	OF	(۳)		ee Categories listed at th		("	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overi	nead/Nemai Exp	Clisc		=		officeholder living		
							software sub	scri	iption		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	ough	t		Office h	eld	
	expenditure to benefit C/O	Н									
	Date		Payee name								
	12/16/2024		CHECKEEF	PER.COM							
	Amount (\$)	Г	Payee addres	ss; City;	State; Zip	Code					
	\$14.99		101 N. Main	Street, Ste 314							
			Greenville, S	SC 29601							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedule)	(b) Description				
	OF EXPENDITURE		Office Overl	head/Rental Exp	ense		<u> </u>			plete Schedule T.	
							software sub		officeholder living	g expense	
							Sollware Sub.	301	риоп		
_	Complete ONLY if direct	<u> </u>		ceholder name	Office s	conap			Office h	ald.	
	expenditure to benefit C/O		Janaiaate, Oni	ceriolaer riame	Onice	ougii	•		Office II	ciu	
_	Data	_	Davis a name								
	Date 11/07/2024		Payee name	TAL TOURING	SOLLITION						
						0					
	Amount (\$)		Payee addres	•	State; Zip	Code					
	\$1,000.00		1801 N Han	прил ки							
			DESOTO, T	X 75115							
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this schedule)	(b) Description				
	EXPENDITURE		Event Exper	nse			ш		de of Texas. Com , officeholder living	plete Schedule T.	
							Tour Bus - ed			у одропос	
								-	-		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	ough	t		Office h	eld	
	expenditure to benefit C/O					J					
I											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/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: 13/31 Rpt: 17/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	10/29/2024	CURIO KITCHE SQ *CURIO KITCHE LANCASTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$246.81	129 Historic Town Square
		Lancaster, TX 75146
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense
		Staff meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Paragraphic Paragr
	07/29/2024	Payee name CVS SQ *CVE ALLEN TX C#0421
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1540 E. MAIN STREET
	Ψ10.00	1040 E. W. W. CTNEET
		ALLEN, TX 75002
	PURPOSE	
	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
		office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	City of Lancaster
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. BOX 940
		Languages TV 75146
		Lancaster, TX 75146
	PURPOSE 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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPERIGITATE TO DETICITE C/OI	·
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/31 Rpt: 18/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
L	09/27/2024	DALLAS MORNING NEWS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.03	1954 Commerce st
		DALLAS, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Newspaper
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
L	10/28/2024	DALLAS MORNING NEWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	1954 Commerce st
		DALLAS, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Newspaper
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name DALLAS MORNING NEWS
	11/27/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	1954 Commerce st
		DALLAS, TX 75201
	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 Newspaper
		ινεννομαμεί
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula Ed.	
1	Total pages Schedule F1: Sch: 15/31 Rpt: 19/35	2 FILER NAME Sherman Sr., Carl (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082318
4	Date	5 Payee name
	12/27/2024	DALLAS MORNING NEWS
6	Amount (\$) \$14.03	7 Payee address; City; State; Zip Code 1954 Commerce st DALLAS, TX 75201
-	DUDDOCE	
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 Newspaper
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/29/2024	EDIBLE.COM
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.98	617 Uptown Blvd Suite
		105
		CEDAR HILL, TX 75104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gift
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/08/2024	FAMILY DOLLAR
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	3163 N DALLAS AVE
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 16/31 Rpt: 20/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	08/01/2024	FERN IN THE WILD ENNIS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.26	211 W. KNOX ST
		ENNIS, TX 75119
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Staff meeting
_	Opening ONLY & Street	Occadidate (Office healds)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2024	FRANK CROWLEY
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	133 N. RIVERFRONT
		DALLAS, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking
		parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	09/03/2024	Payee name FRANK CROWLEY
	Amount (\$) \$6.00	Payee address; City; State; Zip Code 133 N. RIVERFRONT
	φ0.00	133 N. RIVERFRONT
		DALLAC TV 75202
		DALLAS, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/31 Rpt: 21/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	07/17/2024	FRONTIER EXPRESS MAIL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.00	1670 N.HAMPTON
		DESOTO, TX 75115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mail box
		Widii BOX
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	11/04/2024	H-E-B #107 ENNIS
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.89	800 N Hwy 77
		Waxahachie, TX 75165
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
		Cinico cuppilico
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	10/08/2024	HILTON ANATOLE HOTEL
_	Amount (\$)	Payee address; City; State; Zip Code
	\$32.25	2201 N Stemmons Fwy
	Ψ32.23	2201 N Otominons I wy
		DALLAC TV 75207
		DALLAS, TX 75207
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/31 Rpt: 22/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	07/19/2024	HOBBYLOBBY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.26	1201B N. US HWY 77
		Waxahachie, TX 75165
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		resolution
		Toodialon.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		Г
	Date	Payee name
	07/23/2024	JACK S AIRPORT CAF
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.30	950 Ferris Rd.
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff meeting
		Stail Heeting
_	Camplete ONLV if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	·	
	Date	Payee name
	08/06/2024	JACK S AIRPORT CAF
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.44	950 Ferris Rd.
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

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

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)

	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: 19/31 Rpt: 23/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	10/02/2024	JACK S AIRPORT CAF
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.03	950 Ferris Rd.
		Lancaster, TX 75146
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/14/2024	LA CALLE DOCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.45	161 HISTORIC TOWN SQ
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/30/2024	LA CALLE DOCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.85	161 HISTORIC TOWN SQ
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting
		incoang
-	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District
Travel Out of District
OTHER (enter a cate

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/31 Rpt: 24/35 Sherman Sr., Carl (The Honorable) 00082318 4 Date Payee name 09/10/2024 LA MANCHA COFFEE HUTCHINS TX C#9945 6 Amount (\$) Payee address; City; State; Zip Code \$24.69 101 I-45 Hutchins, TX 75141 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/23/2024 LOWE S Amount (\$) Payee address; City; State; Zip Code \$26.00 1420 N Hwy 77 Waxahachie, TX 75165 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/01/2024 MARTHAS FLORIST LANCASTER TX C#9945 Amount (\$) Payee address: City: State: Zip Code \$75.00 811 W. Pleasant Run Rd Lancaster, TX 75146 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense flowers for constiuent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Polit Credit Card Payment	Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 21/31 Rpt: 25/35	Sherman Sr., Carl (The Honorable) 00082318	
4 Date	5 Payee name	
08/28/2024	MCDONALD S	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$18.14	2719 11th St	
	HUNTSVILLE, TX 77340	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Food	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/		
Dete		_
Date	Payee name	
10/16/2024	MILES OF FREEDOM	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	2922 MLK Jr. Boulevard	
	Ste. 118	
	Dallas, TX 75215	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense	
LAI LINDITORE	Check if Austin, TX, officeholder living expense	
	donation	
2 1 2 2 2 2 2 2 2		
Complete ONLY if direct expenditure to benefit C/		
<u>'</u>		
Date		
	Payee name	
07/26/2024	Payee name OFFICE DEPOT	
07/26/2024 Amount (\$)		
	OFFICE DEPOT Payee address; City; State; Zip Code	
Amount (\$)	OFFICE DEPOT Payee address; City; State; Zip Code	
Amount (\$)	OFFICE DEPOT Payee address; City; State; Zip Code	
Amount (\$) \$51.28	OFFICE DEPOT Payee address; City; State; Zip Code 39759 LBJ FWY DALLAS, TX 75237	
Amount (\$) \$51.28 PURPOSE OF	OFFICE DEPOT Payee address; City; State; Zip Code 39759 LBJ FWY DALLAS, TX 75237	
Amount (\$) \$51.28	OFFICE DEPOT Payee address; City; State; Zip Code 39759 LBJ FWY DALLAS, TX 75237 (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	
Amount (\$) \$51.28 PURPOSE OF	OFFICE DEPOT Payee address; City; State; Zip Code 39759 LBJ FWY DALLAS, TX 75237 (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.	
Amount (\$) \$51.28 PURPOSE OF EXPENDITURE	OFFICE DEPOT Payee address; City; State; Zip Code 39759 LBJ FWY DALLAS, TX 75237 (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	
Amount (\$) \$51.28 PURPOSE OF	OFFICE DEPOT Payee address; City; State; Zip Code 39759 LBJ FWY DALLAS, TX 75237 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held	
Amount (\$) \$51.28 PURPOSE OF EXPENDITURE Complete ONLY if direct	OFFICE DEPOT Payee address; City; State; Zip Code 39759 LBJ FWY DALLAS, TX 75237 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held	
Amount (\$) \$51.28 PURPOSE OF EXPENDITURE Complete ONLY if direct	OFFICE DEPOT Payee address; City; State; Zip Code 39759 LBJ FWY DALLAS, TX 75237 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)
	Sch: 22/31 Rpt: 26/35	Sherman Sr., Carl (The Honorable)	00082318
4	Date	5 Payee name	
	09/23/2024	PAPPADEAUX SEAFOOD KIT AUSTIN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$93.23	6319 N Interstate Hwy 35	

		ALICTINI TV 707F2	
L		AUSTIN, TX 78752	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 ood/Beverage Expense	tside of Texas. Complete Schedule T.
		meeting	X, officeholder living expense
		meeting	
Ļ	Complete ONE V if allows	Condidate Office holder page	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	10/22/2024	PAPPADEAUX SEAFOOD KIT AUSTIN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.69	6319 N Interstate Hwy 35	
		AUSTIN, TX 78752	
⊢	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel out	tside of Texas. Complete Schedule T.
	EXPENDITURE	1 Odd/Beverage Expense	X, officeholder living expense
		meeting	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	OH .	
F	Date	Payee name	
	07/24/2024	PARKRECEIPT	
H	Amount (\$)		
	\$32.50	Payee address; City; State; Zip Code 1920 ELM ST	
	φ32.30	1920 ELINI 31	
1			
		DALLAS, TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	tside of Texas. Complete Schedule T.
		, <u> </u>	X, officeholder living expense
1		parking	
⊢	Oranglete Other Wife E	Out like to 10ff a halden and	Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	. , ,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 23/31 Rpt: 27/35	Sherman Sr., Carl (The Honorable) 00082318					
4	Date	5 Payee name					
	08/07/2024	PARKRECEIPT					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$11.43	1920 ELM ST					
		DALLAS, TX 75202					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		parking					
		parking					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/OI						
H	Date	Payee name					
	11/08/2024	SCHLOTZSKY S 2639 AUSTIN					
L							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$18.77	8900 S Congress Ave					
		AUSTIN, TX 78745					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Food					
		Foou					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
⊨	Date	Davida marea					
	12/06/2024	Payee name SCHOLES, IRMA					
L							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$135.86	103 Dallas Ave					
		Lancaster, TX 75146					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense office supplies					
		onice supplies					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
\vdash							
L							

SCHEDULE F1

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 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 comp	ple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 24/31 Rpt: 28/35	Sherman Sr., Carl (The Honorable)		00082318		
4	Date	5 Payee name		-		
	08/05/2024	SHERMAN, CARL				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$307.80	1215 FOREST				
		DESOTO, TX 75115				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description		
	OF EXPENDITURE	Travel Out of District	ļ	Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Mileage		
				Willeage		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held		
	expenditure to benefit C/O			Cilide Held		
	Date	Payee name				
	11/06/2024	STARBUCKS STORE 68932 WACO				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$11.08	2452 W Loop 340				
	Ψ11.00	2.02 11 2000 0.10				
		WACO, TX 76711				
	PURPOSE	T	h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense) 	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	1 oou/beverage Expense	i	Check if Austin, TX, officeholder living expense		
				Food		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	experientare to benefit 6/61	'				
	Date	Payee name				
	10/28/2024	STARBUCKS STORE 77833 LANCASTER				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$20.19	1360 W Belt Line Rd				
		Lancaster, TX 76146				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.		
				Check if Austin, TX, officeholder living expense Food		
				. 552		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held		
	expenditure to benefit C/O	•	-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 25/31 Rpt: 29/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	10/15/2024	TAQUERIA PAL LANCASTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.18	1221 Masonic Dr
		LANCASTER, TX 75146
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	-
	Date	Payee name
	09/05/2024	TARGET T- 2417 N HASKE 2417 N HASKELL AVE DALLAS
	Amount (\$)	Payee address; City; State; Zip Code
l	\$38.32	2417 N HASKELL
		DALLAS, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		office Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/11/2024	THE BOTHAM JEAN FOUNDATION
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,602.45	244 Fifth Avenue
		STE F243
		NEW YORK, NY 10001
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		table sponsor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Conditions (Applied of Applied of Applied

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-t-1	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 26/31 Rpt: 30/35	2 FILER NAME Sherman Sr., Carl (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082318
4	Date	5 Payee name
Ĺ	08/05/2024	THE JUNCTION ON 36 GATESVILLE
6	Amount (\$) \$60.66	7 Payee address; City; State; Zip Code 1216 TX-36 N
		GATESVILLE, TX 76528
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/08/2024	WAL-MART #0286 700 EAST ENNIS AVE ENNIS
	Amount (\$) \$97.69	Payee address; City; State; Zip Code 700 EAST ENNIS AVE
		ENNIS, TX 75119
	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
		office supplies
		onioe supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/24/2024	WAL-MART #0286 700 EAST ENNIS AVE ENNIS
	Amount (\$) \$187.11	Payee address; City; State; Zip Code 700 EAST ENNIS AVE
		ENNIS, TX 75119
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 (enter a category not listed above)

	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: 27/31 Rpt: 31/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	11/14/2024	WAL-MART #1303 620 S INTERSTATE 3 GEORGETOWN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.78	620 S. INTERSTATE 3
		GEORGETOWN, TX 78626
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	i i i i i i i i i i i i i i i i i i i
F	Date	Payee name
	09/03/2024	WAL-MART #7224 350 N BLUEGROVE RD LANCASTER TX
H	Amount (\$)	Payee address; City; State; Zip Code
	\$67.06	350 N BLUEGROVE RD
		LANCASTER, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
		Cinido dappindo
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/30/2024	WALGREENS
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$4.86	1507 W. PLEASANT RUN
		LANCASTER, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
		onice supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mac Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	oroan oara'r aymon	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/31 Rpt: 32/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	08/12/2024	WHATABURGER 435 Q26 WICHITA FALLS TX C#0421
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.28	1040 CENTRAL FWY
		WICHITA FALLS, TX 76036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food
Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	WHISKEY CAKE - ROU ROUND ROCK
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.30	600 N Interstate 35
		ROUND ROCK, TX 78681
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/10/2024	WM SUPERCENTER # WM SUPERCENTER LANCASTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.67	150 N I-35E
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to beliefft G/O	•

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 District
OTHER (enter a category not listed above)

	Contributing/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/31 Rpt: 33/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	07/26/2024	WM SUPERCENTER # WM SUPERCENTER LANCASTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.73	150 N I-35E
		Lancaster, TX 75146
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense office supplies
		onice supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	08/02/2024	WM SUPERCENTER # WM SUPERCENTER LANCASTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.06	150 N I-35E
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2024	WM SUPERCENTER # WM SUPERCENTER LANCASTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.78	150 N I-35E
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense office supplies
		onice supplies
_	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
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/31 Rpt: 34/35	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	08/29/2024	WM SUPERCENTER # WM SUPERCENTER LANCASTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.97	150 N I-35E
		Lancaster, TX 75146
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
		office supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Oh	
	Date	Payee name
	12/10/2024	WM SUPERCENTER # WM SUPERCENTER LANCASTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.29	150 N I-35E
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		office supplies
	Compulate ONII V if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	·	
	Date	Payee name
	10/28/2024	WM SUPERCENTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.37	700 E Ennis Ave
		Ennis, TX 75119
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
		onice supplies
_	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 Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Coi	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhea pense xpens /ages	se s/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: 31/31 Rpt: 35/35		Sherman Sr., Carl (The Honorable)					00082318	
4	Date	5	Payee name				<u> </u>		
	08/19/2024		ZOOM.US						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$159.80		55 Almaden Blvd						
			6th floor						
			San Jose, CA 95113						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense	,		Check if travel		ide of Texas. Complete Schedule T.	
	EXI ENDITORE					Software subs		, officeholder living expense	
						Sullware Subs	SCII	ιριιοιτ	
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office held	_
	expenditure to benefit C/OI				9				