

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00089156	<b>2 Total pages filed:</b> 8
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI
		Tommy	
	NICKNAME	LAST	SUFFIX
		Ervin	
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	900 N. Grant  Odessa, TX 79763		
<input type="checkbox"/> Change of Address			
<b>5 FILER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(432)	684-9421	
<b>6 REPORT TYPE</b>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	
		<input type="checkbox"/> Runoff	
<b>7 PERIOD COVERED</b>	Month Day Year	THROUGH	Month Day Year
	02/25/2024		06/30/2024
<b>8 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month Day Year		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
<b>9 FILER ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported    Rep. Brooks Langraf State Representative
			B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported
			B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
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# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Ervin, Tommy		<b>11 Filer ID</b> (Ethics Commission Filers) 00089156
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,740.00

**13 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Tommy Ervin

\_\_\_\_\_  
Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**  
ADDENDUM

Page 3 of 8

<b>10 FILER NAME</b> Ervin, Tommy		<b>11 Filer ID</b> (Ethics Commission Filers) 00089156
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Commissioner Don Stringer County Commissioner
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Judge Carlos Chavez Justice of the Peace
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Ms. Linda Angley County Commissioner
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
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<b>14 FILER NAME</b> Ervin, Tommy		<b>15 Filer ID</b> (Ethics Commission Filers) 00089156
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 5,160.00
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,580.00

# POLITICAL EXPENDITURES

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 5/8	<b>2</b> FILER NAME Ervin, Tommy	<b>3</b> Filer ID (Ethics Commission Filers) 00089156
<b>4</b> Date 04/15/2024	<b>5</b> Payee name Citibank	
<b>6</b> Amount (\$) \$5,160.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Box 6500  Sioux Falls, SD 57117	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Credit card payment for 2 ads for Republican candidates for March 5, 2024 election
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Landgraf, Brooks (Rep.)	Office sought State Representative District 81
		Office held State Representative District 81
Date	Payee name (see previous)	
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Chavez, Carlos (Judge)	Office sought Justice of the peace District 1
		Office held Justice of the Peace District 1
Date	Payee name (see previous)	
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Stringer, Don (Commissioner)	Office sought County Commissiioner District 3
		Office held County Commissioner District 3

# POLITICAL EXPENDITURES

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 6/8	<b>2</b> FILER NAME Ervin, Tommy	<b>3</b> Filer ID (Ethics Commission Filers) 00089156	
<b>4</b> Date	<b>5</b> Payee name (see previous)		
<b>6</b> Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Anglley, Linda (Ms.)	Office sought County Commissioner District 1	Office held None

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/2 Rpt: 7/8	<b>2</b> FILER NAME Ervin, Tommy	<b>3</b> Filer ID (Ethics Commission Filers) 00089156
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Citibank	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$2,580.00	(b) Date of Charge 02/28/2024
		(c) Date(s) Credit Card Issuer Paid 04/15/2024
<b>7</b> PAYEE	(a) Payee name Odessa American	(b) Payee address; City, State, Zip Code 720 N. Grant odessa, TX 79761
<b>8</b> PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad for Republican candidates for March 2024 Primary election
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Landgraf, Brooks (Rep.)	Office sought State Representative District 81
		Office held State Representative District 81
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
		(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name (see previous)	(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Chavez, Carlos (Judge)	Office sought Justice of the Peace District 1
		Office held Justice of the Peace District 1
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge
		(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name (see previous)	(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Stringer, Don (Commissioner)	Office sought County Commissioner District 3
		Office held County Commissioner District 3

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/2 Rpt: 8/8	<b>2</b> FILER NAME Ervin, Tommy		<b>3</b> Filer ID (Ethics Commission Filers) 00089156
<b>4</b> CREDIT CARD ISSUER	Name of financial institution		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name  (see previous)		(b) Payee address; City, State, Zip Code
<b>8</b> PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Anglley, Linda (Ms.)	Office sought County Commissioner District 1	Office held None