

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

| | | | |
|--|--|------------------------|--|
| 1 Filer ID (Ethics Commission Filers) 00089156 | 2 Total pages filed: 7 | OFFICE USE ONLY | |
| 3 FILER NAME Ervin, Tommy | Date Received ELECTRONICALLY FILED 02/04/2025 | | Date Hand-delivered or Date Postmarked |
| | 4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution report <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____ | | Receipt # Amount |
| 5 ORIGINAL PERIOD COVERED | Month Day Year 02/20/2024 | THROUGH | Month Day Year 02/24/2024 |
| Date Processed | | | |
| Date Imaged | | | |

6 EXPLANATION OF CORRECTION
 One entry was not deleted Additional F1 entry

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Campaign Treasurer

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

| | | | | |
|--|---|---|---|---|
| The DCE Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00089156 | 2 Total pages filed: 7 | |
| 3 FILER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 02/04/2025 <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged |
| | | Tommy | | |
| | NICKNAME | LAST | SUFFIX | |
| | | Ervin | | |
| 4 FILER ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | 900 N. Grant Odessa, TX 79763 | | | |
| <input type="checkbox"/> Change of Address | | | | |
| 5 FILER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (432) | 684-9421 | | |
| 6 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | | |
| | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | | |
| | | <input type="checkbox"/> Runoff | | |
| | | | | |
| 7 PERIOD COVERED | Month Day Year | THROUGH | Month Day Year | |
| | 02/20/2024 | | 02/24/2024 | |
| 8 ELECTION | 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 | |
| 9 FILER ACTIVITY (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 Landgraf 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.) | | | |
| | | | | |
| GO TO PAGE 2 | | | | |

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 2**

| | | |
|--------------------------------------|---|---|
| 10 FILER NAME Ervin, Tommy | | 11 Filer ID (Ethics Commission Filers) 00089156 |
| 12 EXPENDITURE TOTALS | 1. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 2. TOTAL POLITICAL EXPENDITURES | \$ 2,580.00 |

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 4 of 7

| | | |
|---|---|---|
| 10 FILER NAME Ervin, Tommy | | 11 Filer ID (Ethics Commission Filers) 00089156 |
| 12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported Commissioner Don Stringer County Commissioner |
| | | 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) | |
| | | |
| 12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported Judge Carlos Chavez Justice of the Peace |
| | | 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) | |
| | | |
| 12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported Commissioner Linda Anglley County Commissioner |
| | | 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) | |
| | | |

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
5 of 7

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

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.

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|---|---|--|--|
| 1 Total pages Schedule F4: Sch: 1/2 Rpt: 6/7 | 2 FILER NAME Ervin, Tommy | | 3 Filer ID (Ethics Commission Filers) 00089156 |
| 4 CREDIT CARD ISSUER | Name of financial institution Citibank | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$2,580.00 | (b) Date of Charge 02/20/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Odessa American | (b) Payee address; City, State, Zip Code 720 N. Grant odessa, TX 79761 | |
| 8 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 election on March Primary March 5, 2024 to benefit Republican candidates |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | |
| 9 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 |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name (see previous) | (b) Payee address; City, State, Zip Code | |
| 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. | | |
| 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 |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name (see previous) | (b) Payee address; City, State, Zip Code | |
| 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. | | |
| 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 |

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 - 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.

| | | | |
|---|---|---|--|
| 1 Total pages Schedule F4: Sch: 2/2 Rpt: 7/7 | 2 FILER NAME Ervin, Tommy | | 3 Filer ID (Ethics Commission Filers) 00089156 |
| 4 CREDIT CARD ISSUER | Name of financial institution | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name (see previous) | | (b) Payee address; City, State, Zip Code |
| 8 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. | | |
| 9 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 |