# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00082318		2 Total pages	filed: 34
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Carl			Date Received	
						CALLY FILED
				0.15517	07/15/2025	CALLI TILLD
	NICKNAME	LAST		SUFFIX	01/13/2023	
		Sherman		Sr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING	1215 Forestbrook Dr.					
ADDRESS					Receipt #	Amount
Change of Address	DeSoto, TX 75115				Data Barrana	
					Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Evalynn		1411		
NAME	IVIS.	Lvaiyiiii				
				OUEEN/		
	NICKNAME	LAST		SUFFIX		
		Williams				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	r; S	TATE; ZIP CODE
ADDRESS	1104 Shadow Wood Dr.					
(Residence or Business)						
	DeSoto, TX 75115					
7 CAMPAIGN	AREA CODE PHON	IE NILIMBED - E	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(972) 880-8904					
8 REPORT						
TYPE	January 15	30th day before	election $\square$	Runoff	15th day after	campaign treasurer
		_ court day belore		Tanon		officeholder only)
	X July 15	8th day before 6	election	Exceeded modified	Final Report (A	Attach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20	)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		П	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	IT (if known)	
III OFFICE	State Representative Distr	rict 109		12 OFFICE SOOGE	ii (ii Kilowii)	
	State Representative Distr	101 103				
		GO T	O PAGE 2			
I						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 34

(			14 Filer ID 00082318	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditu s may have been made without equired to report this information	the candidate's or offic	ceholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	IE			
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				s, <b>\$</b>	0.00
		CAL CONTRIBUTIO PLEDGES, LOANS,	<b>NS</b> OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00
	4. TOTAL POLITICAL EXPENDITURES					5,705.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	3,244.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			The Hono	rable Carl Sherman	ı Sr.	
				Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
			my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of offic	er administeri	ng oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				J V L I (	3 of 34
18 FILI	Commission Filers)				
20 SCI NAI	HEDULI ME OF :	SU	BTOTAL AMOUNT		
1.	X	\$	0.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	0.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	5,705.01
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.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				
10.	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	\$	

	LOANS					SCHEDU	LE <b>E</b>		
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/1 Rpt: 4/34				
	FILER NAME Sherman Sr., Ca	arl (The Honorable)			3 Filer ID 000823	(Ethics Commission	Filers)		
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00		
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)			
	Is lender a financial institution?	8 Lender address; C	ity; State;	Zip Code		10 Interest Rate			
						11 Maturity Date			
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	s)	•			
14	Description of Coll  None	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)	ı		
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	eed (\$)		
	not applicable	<b>18</b> Guarantor address; C	ity; State;	Zip Code					
20	Principal occupation	on		21 Employer (See Instruction	s)	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	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: 1/30 Rpt: 5/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	02/18/2025	ALONDA BARBARA KUIMSO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 804
		Cedar Hill, TX 75116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sampain Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	04/30/2025	BANK OF DESOTO
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.50	2011 N. HAMPTON
		DESOTO, TX 75115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		bank fees
		Saint 1888
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date 04/30/2025	Payee name BANK OF DESOTO
		2.3.0.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
	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
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditary(Officeboldor/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

	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: 2/30 Rpt: 6/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	04/30/2025	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Pavee name
	04/30/2025	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.
	EXPENDITORE	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	Davisa nama
	04/30/2025	Payee name BANK OF DESOTO
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.50	2011 N. HAMPTON
	Ψ0.30	201114.11/4011 1014
		DESOTO, TX 75115
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		bank fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	exponential to benefit 6/01	•

#### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/30 Rpt: 7/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
_	04/30/2025	BANK OF DESOTO
ь	Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 2011 N. HAMPTON
	ψ0.50	201111.1741111111111111111111111111111111
		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
		Dank ices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2025	BANK OF DESOTO
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.50	2011 N. HAMPTON
		DESOTO, TX 75115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		bank fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/30/2025	Payee name BANK OF DESOTO
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON
	40.00	
		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
		Dank ices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

ı	Credit Cara r ayment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 4/30 Rpt: 8/34	2 FILER NAME Sherman Sr., Carl (The Honorable)		3 Filer ID (Ethics Commission Filers) 00082318
┝	Date	·		
4	05/30/2025	5 Payee name BANK OF DESOTO		
6	Amount (\$) \$0.50	<b>7</b> Payee address; City; State; Zip Co 2011 N. HAMPTON	de	
		DESOTO, TX 75115		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense bank fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
Г	Date	Payee name		
	05/30/2025	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Co 2011 N. HAMPTON	de	
		DESOTO, TX 75115		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense bank fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	ght	Office held
Г	Date	Payee name		
	05/30/2025	BANK OF DESOTO		
	Amount (\$) \$0.50	Payee address; City; State; Zip Co 2011 N. HAMPTON	de	
		DESOTO, TX 75115		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  bank fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ght	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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
Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/30 Rpt: 9/34	2 FILER NAME Sherman Sr., Carl (The Honorable) 3 Filer ID (Ethics Commission Filers 00082318	)
4	Date 05/30/2025	5 Payee name BANK OF DESOTO	
6	Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 2011 N. HAMPTON	
8	PURPOSE OF EXPENDITURE	DESOTO, TX 75115  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 06/30/2025	Payee name BANK OF DESOTO	
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON	
	PURPOSE OF EXPENDITURE	DESOTO, TX 75115  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 06/30/2025	Payee name BANK OF DESOTO	
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON	
		DESOTO, TX 75115	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense bank fees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/30 Rpt: 10/34	2 FILER NAME Sherman Sr., Carl (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082318
4	Date 06/30/2025	5 Payee name BANK OF DESOTO
6	Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 2011 N. HAMPTON
8	PURPOSE OF EXPENDITURE	DESOTO, TX 75115  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/30/2025	Payee name BANK OF DESOTO
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON  DESOTO, TX 75115
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense bank fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/30/2025	Payee name BANK OF DESOTO
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 2011 N. HAMPTON
		DESOTO, TX 75115
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense bank fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### 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

	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: 7/30 Rpt: 11/34	Sherman Sr., Carl (The Honorable) 00082318	
4	Date	5 Payee name	_
	06/30/2025	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	
		bank ices	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	01/31/2025	BANK OF DESOTO	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$0.50	2011 N. HAMPTON	
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		DESOTO, TX 75115	
L	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		bank fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Grot		
	Date	Payee name	
L	01/31/2025	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	
l		bank fees	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
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#### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide explai		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
_	Total manage Calcadula F1.	2 FILED NAME				10 1	_	Files ID	(Ethics Commission F	iloro)
1	Total pages Schedule F1: Sch: 8/30 Rpt: 12/34		r., Carl (The Honorable)				3	Filer ID 00082318	(Ethics Commission F	ilers)
4	Date	5 Payee name								
•	01/31/2025	BANK OF I								
6	Amount (\$)	<b>7</b> Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$0.50	2011 N. HA	•	,						
	40.00									
		DESOTO,	TX 75115							
8	PURPOSE	(a) Category (S	see Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Fees				_		de of Texas. Com		
						_	, TX,	officeholder living	expense	
						bank fees				
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	ld	
_	Date	Payee name								
	01/31/2025	BANK OF I								
				-ta: 7:a Ca	مام					
	Amount (\$)	Payee addre		ate; Zip Co	ue					
	\$0.50	2011 N. HA	AMPION							
		DESOTO,	TX 75115							
	PURPOSE	(a) Category (S	iee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Fees		,		Check if travel	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITORE					_	, TX,	officeholder living	expense	
						bank fees				
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	ld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	01/31/2025	BANK OF I	DESOTO							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$0.50	2011 N. HA	AMPTON							
		DESOTO,	TX 75115							
	PURPOSE				(h)	Description				
	OF		see Categories listed at the top of this	schedule)	(1)	Description  Check if travel of	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Fees				브		officeholder living		
						bank fees				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	ld	
	expenditure to benefit C/O				J			200.110		
$\vdash$										

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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/Officenoider/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: 9/30 Rpt: 13/34	Sherman Sr., Carl (The Honorable) 00082318				
4	Date	5 Payee name				
	01/31/2025	BANK OF DESOTO				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
		DESOTO, TX 75115				
8	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				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	02/28/2025	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.				
	LXI LINDITORE	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				
	02/28/2025	BANK OF DESOTO				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
	40.00					
	DESOTO, TX 75115					
	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
	bank fees					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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
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: 10/30 Rpt: 14/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	02/28/2025	BANK OF DESOTO
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$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
		Dalik lees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	02/28/2025	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	Condidate Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	02/28/2025	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
$\vdash$	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 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

l	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: 11/30 Rpt: 15/34	Sherman Sr., Carl (The Honorable) 00082318				
4	Date	5 Payee name				
	02/28/2025	BANK OF DESOTO				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
l	\$0.50	2011 N. HAMPTON				
l						
		DESOTO, TX 75115				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch				
		Check if Austin, TX, officeholder living expense				
		bulk iccs				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
⊨	Date	Payee name				
l	03/31/2025	BANK OF DESOTO				
⊢	Amount (\$)	Payee address; City; State; Zip Code				
l	\$0.50					
	Ψ0.00					
		DESOTO, TX 75115				
┝	PURPOSE					
l	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Sch	edule T.			
l	EXPENDITURE	Check if Austin, TX, officeholder living expense				
	bank fees					
L						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  OH				
┡						
l	Date	Payee name				
L	03/31/2025	BANK OF DESOTO				
l	Amount (\$)	Payee address; City; State; Zip Code				
l	\$0.50	2011 N. HAMPTON				
l						
L		DESOTO, TX 75115				
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Sch	odulo T			
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch				
l		bank fees				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	OH.				

#### 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

	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: 12/30 Rpt: 16/34	Sherman Sr., Carl (The Honorable) 00082318				
4	Date	5 Payee name				
	03/31/2025	BANK OF DESOTO				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.50	2011 N. HAMPTON				
		DESOTO, TX 75115				
8	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				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	03/31/2025	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.				
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense  bank fees				
		Dalik lees				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI					
	Date	Payee name				
	03/31/2025	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	Fees Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE Check if Austin, TX, officeholder living expense						
	bank fees					
	Commission ONU Wife allows	Condidate Office helder name				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	,					

#### SCHEDULE F1

Solicitation/Fundraising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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: 13/30 Rpt: 17/34 Sherman Sr., Carl (The Honorable) 00082318 4 Date Payee name 03/31/2025 **BANK OF DESOTO** 6 Amount (\$) Payee address; 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 Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense bank fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 BANK OF DESOTO Amount (\$) Payee address; State; Zip Code City; \$0.50 2011 N. HAMPTON **DESOTO, TX 75115 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense bank fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 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 Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense bank fees Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### 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: 14/30 Rpt: 18/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
L	03/31/2025	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
		bully rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	03/31/2025	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
L	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	03/31/2025	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 CAIL V if allows	Condidate/Officeholder name
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 15/30 Rpt: 19/34	2 FILER NAME Sherman Sr., Carl (The Honorable) 3 Filer ID (Ethics Commission Filers 00082318	s)				
<u> </u>							
4	Date 06/30/2025	5 Payee name BANK OF DESOTO					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$0.32	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					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
_	Date	Payee name					
	01/10/2025	BOMBSHELLS AUSTIN PFLUGERVILLE TX C#9945					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$117.55	15119-C North I-35 Service					
		AUSTIN, TX 76880					
	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					
		Iniocuring					
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held H					
	Date	Payee name					
	03/27/2025	BYRON SANDERS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	P.O. BOX 2951					
	Dallas, TX 75137						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV, officeholder Indian evenese.					
		Candidate/Officeholder/Political Committee					
	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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Magnet/Contract Labor,

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/30 Rpt: 20/34	Sherman Sr., Carl (The Honorable)	00082318
4	Date	5 Payee name	
	03/04/2025	CANDY MADRIGAL	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	P.O. Box 201	
		Wilmer, TX 75172	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions Made By	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Campain Compain Com	
		Campan C	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/05/2025	CAROL STRAIN-BURKE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 98	
	Ψ230.00	1 .O. Box 30	
		Lancaster, TX 75146	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	el outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Campain Compain Com	tin, TX, officeholder living expense
		Campairici	ontribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office field
	Date	Payee name	
	01/14/2025	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 EXPENDITURE	Office Overficad/Nertial Expense   L	el outside of Texas. Complete Schedule T.
		l —	tin, TX, officeholder living expense
		software su	bscription
	Complete ONII V if direct	Condidate/Officeholder name	Office hold
	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 Co

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: 17/30 Rpt: 21/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	02/14/2025	CHECKEEPER.COM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.99	101 N. Main Street, Ste 314
		Greenville, SC 29601
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
		software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/14/2025	Payee name 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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/14/2025	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
_	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

	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: 18/30 Rpt: 22/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	05/14/2025	CHECKEEPER.COM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.99	101 N. Main Street, Ste 314
		Greenville, SC 29601
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
		software subscription
		Contract Cascon passing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	06/16/2025	CHECKEEPER.COM
H	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
		Soliware Subscription
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
⊨	5.	_
	Date	Payee name
	04/28/2025	CONNECT DALLAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1400 Botham Jean Blvd
		Dallas, TX 75215
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Charity
$\vdash$	0 1, 2, 2, 2, 2, 2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: 2 F1		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.			
4 Date 03/17/2025 5 Payee name CRACKER Barrell CRACKER Barrell 1301 League Line 2011 Location (S) \$28.45  8 PURPOSE OF EXPENDITURE  (a) Category (See Comprise listed at the top of this schedule) Food/Beverage Expense  (b) Description	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
CRACKER Barrell   S28.45   Table   Table   S28.45   Tab		Sch: 19/30 Rpt: 23/34	Sherman Sr., Carl (The Honorable) 00082318			
7 Payee address; City; State; Zip Code  S28.45	4	Date	5 Payee name			
S28.45   1301 League Line   Conroe, TX 75301		03/17/2025	CRACKER Barrell			
Control   Cont	6	Amount (\$)	7 Payee address; City; State; Zip Code			
Complete CNLLY if direct expenditure to benefit C/OH		\$28.45	1301 League Line			
Complete CNLLY if direct expenditure to benefit C/OH						
Complete CNLY if direct expenditure to benefit C/OH						
PURPOSE Complete ONLY if direct expenditure to benefit C/OH  Payee name O3/17/2025	8					
Purpose of Expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Office Overhead/Rental Expense  Office sought  Office held  Office overhead/Rental Expense			1 ood/Develage Expense			
9 Complete ONLX if direct expenditure to benefit C/OH  Date 03/17/2025						
Date 03/17/2025  Payee name CRACKER Barrell  Amount (\$)  \$16.36  Payee address; City; State; Zip Code 2350 IH 35 N  round rock, TX 78664  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Complete QNLY if direct expenditure to benefit C/OH  Date 01/02/2025  Date 01/02/2025  City of Lancaster  Amount (\$)  Payee address; City; State; Zip Code 2. Candidate/Officeholder name  Date 01/02/2025  City of Lancaster  Amount (\$)  Payee address; City; State; Zip Code P.O. BOX 940  Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, Tx, officeholder living expense 1 mo rent  Complete QNLY if direct Candidate/Officeholder name Office Sought Office held			······································			
Date 03/17/2025  CRACKER Barrell  Amount (\$) Payee address; City; State; Zip Code  \$16.36  \$2350 IH 35 N  round rock, TX 78664   PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting  Complete QNLY if direct expenditure to benefit C/OH  Date 01/02/2025 City of Lancaster  Amount (\$) Payee name City of Lancaster  Amount (\$) Payee address; City; State; Zip Code  P.O. BOX 940  Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Institute Office of Texas. Complete Schedule T. Check if Institute	9					
O3/17/2025 CRACKER Barrell  Amount (\$) Payee address; City; State; Zip Code  \$16.36 2350 IH 35 N  round rock, TX 78664  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description	L					
Amount (\$) Payee address; City; State; Zip Code  \$16.36						
\$16.36		03/17/2025	CRACKER Barrell			
round rock, TX 78664  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting  Complete ONLY if direct expenditure to benefit C/OH  Date O1/02/2025  Amount (\$) Payee name City of Lancaster  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description   Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name O1/02/2025 City of Lancaster  Amount (\$) Payee address; City; State; Zip Code   P.O. BOX 940		\$16.36	2350 IH 35 N			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description   Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name O1/02/2025 City of Lancaster  Amount (\$) Payee address; City; State; Zip Code   P.O. BOX 940						
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EXPENDITURE  FOOd/Beverage Expense  Condition of the content of th						
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 01/02/2025 City of Lancaster  Amount (\$) Payee address; City; State; Zip Code \$500.00 P.O. BOX 940  Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name  Office Sought  Office Sought  Office held			1 bod/beverage Expense			
Complete ONLY if direct expenditure to benefit C/OH  Date						
Date 01/02/2025 City of Lancaster  Amount (\$) Payee address; City; State; Zip Code P.O. BOX 940  Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 1 mo rent  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			······································			
Date 01/02/2025 City of Lancaster  Amount (\$) Payee address; City; State; Zip Code P.O. BOX 940  Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 1 mo rent  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
O1/02/2025  City of Lancaster  Amount (\$)  Payee address; City; State; Zip Code  P.O. BOX 940  Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 1 mo rent  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			•			
O1/02/2025  City of Lancaster  Amount (\$)  Payee address; City; State; Zip Code  P.O. BOX 940  Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 1 mo rent  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	⊨	Data	Davies same			
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\$500.00 P.O. BOX 940  Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 1 mo rent  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			-			
Lancaster, TX 75146  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 1 mo rent  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held						
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 1 mo rent  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		\$500.00	P.O. BOX 940			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 1 mo rent  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held						
OF EXPENDITURE  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  1 mo rent  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Lancaster, TX 75146					
OF EXPENDITURE Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  1 mo rent  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description			
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Complete ONLY if direct Candidate/Officeholder name Office sought Office held		2/11/2/10/12				
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#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 20/30 Rpt: 24/34	2 FILER NAME Sherman Sr., Carl (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082318
4	Date	5 Payee name
†	01/27/2025	DALLAS MORNING NEWS
6	Amount (\$) \$14.03	7 Payee address; City; State; Zip Code 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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	DALLAS MORNING NEWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	1954 Commerce st
		DALLAS, TX 75201
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	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
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		πονισμοί
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_	Date	Davido namo
	03/27/2025	Payee name DALLAS MORNING NEWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	1954 Commerce st
		DALLAS, TX 75201
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	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		newspaper
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

andidate/Officeholder/Politica							OTHER (enter a	category not listed above)
The Instruction Guide explains how to complete this form.								
pages Schedule F1:	le F1: 2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
21/30 Rpt: 25/34	Sherman Sr.,	Carl (The Honorable	e)				00082318	
	5 Payee name							
8/2025		RNING NEWS						
 unt (\$)	7 Pavee address	: Citv:	State: Zip Co	de				
\$14.03	1954 Comme	rce st	. ,					
	DALLAS, TX	75201						
URPOSE				(b)	Description			
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					newspaper			
plete ONLY if direct		holder name	Office sou	ght			Office he	eld
nulture to beliefit C/Or	· · · · · · · · · · · · · · · · · · ·							
	Payee name							
7/2025	DALLAS MOI	RNING NEWS						
unt (\$)	Payee address	; City;	State; Zip Co	de				
\$14.03	1954 Comme	rce st						
	DALLAS, TX	75201						
URPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
		ead/Rental Expense			<b>=</b>	outside of Texas. Complete Schedule T.		
					<b>—</b>	, TX,	officeholder living	g expense
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plete ONLY if direct	Candidate/Office	holder name	Office sou	aht			Office he	eld
nditure to benefit C/OI		noider name	000 000	9			000	
	Dayoo nama							
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DALLAS TV 75201								
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PENDITURE	Office Overne	au/Rentai Expense			<u> </u>			
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naiture to benefit C/OI	1			_		_		
	andidate/Officeholder/Political it Card Payment  pages Schedule F1: 21/30 Rpt: 25/34  8/2025  unt (\$) \$14.03  PURPOSE OF PENDITURE  Plete ONLY if direct nditure to benefit C/OH  7/2025  unt (\$) \$14.03  URPOSE OF PENDITURE  Plete ONLY if direct nditure to benefit C/OH  7/2025  unt (\$) \$14.03	andidate/Officeholder/Political Committee it Card Payment  pages Schedule F1: 2 FILER NAME Sherman Sr., 5 Payee name DALLAS MOFE DENDITURE  15 Payee address 1954 Comme DALLAS, TX  (a) Category (See Office Overher DALLAS MOFE DENDITURE  (a) Category (See Office Overher DALLAS, TX  (b) Payee address 1954 Comme DALLAS MOFE DENDITURE  (c) Candidate/Office DALLAS MOFE DENDITURE  (a) Category (See Office Overher DALLAS, TX  (b) Payee address 1954 Comme DALLAS, TX  (c) Category (See Office Overher DALLAS, TX  (d) Category (See Office Overher DALLAS MOFE DENDITURE  (d) Category (See Office Overher DALLAS MOFE DALLAS, TX  (d) Category (See Office Overher DALLAS, TX	pages Schedule F1: 21/30 Rpt: 25/34  Pages Schedule F1: 21/30 Rpt: 25/34  Sherman Sr., Carl (The Honorable Sherman Sr., Carl (The Ho	Legal Services   SalaneisW   The Instruction Guide explains how to co pages Schedule F1:   2 FILER NAME   21/30 Rpt: 25/34   Sherman Sr., Carl (The Honorable)   5 Payee name   DALLAS MORNING NEWS   1954 Commerce st   DALLAS, TX 75201	Legal Services   Salarieis-Wages   Total Committee   Total Card Payment   Total Card Payment   Total Card Payment   Total Struction Guide explains how to complet	Legal Services   Salaries Wages/Contract Labor   The Instruction Guide explains how to complete this form.	Lagal Services   Salaries/Wages/Contract Labor   The Instruction Guide explains how to complete this form.   The Instruction Guide explains how to complete this form.   Pages Schedule F1: 2   FILER NAME   Sherman Sr., Carl (The Honorable)	The instruction Guide explains how to complete this form.  The instruction Guide explains how to complete this form.  The instruction Guide explains how to complete this form.  Sherman Sr., Carl (The Honorable)  Payee name DALLAS MORNING NEWS  The State; Zip Code  S14.03  DALLAS, TX 75201  URPOSE OF DENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Payee name DALLAS MORNING NEWS  TO State; Zip Code  S14.03  DALLAS MORNING NEWS  To State; Zip Code  The condition of the schedule of Texas. Correct Inditure to benefit C/OH  Payee name DALLAS MORNING NEWS  TO State; Zip Code  S14.03  DALLAS MORNING NEWS  TO State; Zip Code  S14.03  DALLAS, TX 75201  URPOSE OF DENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  DALLAS, TX 75201  URPOSE OF DENDITURE  (b) Description Office Overhead/Rental Expense  (c) Description Office Overhead/Rental Expense  DALLAS MORNING NEWS  The instruction Guide at the top of this schedule) Office Overhead/Rental Expense  DALLAS MORNING NEWS  The schedule form of this schedule)  DALLAS MORNING NEWS  TO DESCRIPTION  TO DESCRIP

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_						
1	Total pages Schedule F1: Sch: 22/30 Rpt: 26/34	2 FILER NAME Sherman Sr., Carl (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082318				
4	Date 02/06/2025	5 Payee name EDIBLE ARRANGEMENTS				
6	Amount (\$) \$73.58	7 Payee address; City; State; Zip Code 617 Uptown Boulevard  Cedar Hill, TX 75104				
8	PURPOSE	(a) Cotogony (b) Deceription				
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gift				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/19/2025	FIELD FRESH FLORIST				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.62	531 Atlantic Av				
		Brooklyn, TX 11217				
	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				
		breavement				
		Siouvonion.				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	05/20/2025	FIELD FRESH FLORIST				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$98.00	531 Atlantic Av				
	Ψ30.00	331 Additio 7 W				
		Brooklyn, TX 11217				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  breavement				
		Dicavenient				
	Complete ONLY if direct	Candidate/Officeholder name Office county				
	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 Committe 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	
1	Total pages Cabadula F1:	
_	Total pages Schedule F1: Sch: 23/30 Rpt: 27/34	Sherman Sr., Carl (The Honorable)  Carl (The Honorable)  Carl (The Honorable)
4	Date	5 Payee name
	03/12/2025	GEORGE LEVERETT
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P.O. BOX 197  Wilmer, TX 75172
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense Campain Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	01/27/2025	ITS GOING TO BE OK INC
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4232 S Westmorland Rd
		Dallas, TX 75233
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Carididate/Onicerioide//Political Committee Charity
		Chang
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2025	JASON ROBERSON
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 103
	Ψ230.00	F.O. BOX 103
		Forney, TX 75126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campain Contribution
	Complete ONLY if alice of	Candidate/Officeholder name Office equals
	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 Cor 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		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
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1	Total pages Schedule F1:	2 FILER NAM	ИE				3	Filer ID	(Ethics Commission Filers	s)
	Sch: 24/30 Rpt: 28/34	Sherman	Sr., Carl (The Hon	orable)				00082318		
4	Date	<b>5</b> Payee nam	ne				_			
	03/12/2025	LAZ PAR								
6	Amount (\$)	<b>7</b> Payee add	ress; City;	State; Zip Co	ode					
ľ	\$10.00	1200 Mai		Otato, 2.p 0	54.5					
	7_0.00		•							
		Dolloo T	/ 7E202							
		Dallas, T								
8	PURPOSE OF		(See Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE	Travel In	District			=		de of Texas. Com officeholder living	•	
						parking	, ,,,,		Compense	
9	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	ıaht			Office he	eld	
	expenditure to benefit C/OI									
$\vdash$	Date	Payee nam	10							
	02/05/2025	_	S FLORIST LANC	ASTER TX C#0	<i>1</i> 21					
				State: Zip Co						
	Amount (\$) \$67.12	Payee add	ress; City; Pleasant Run Rd	State, Zip Ct	Jue					
	\$07.12	ott mesi	Pleasant Run Ru							
		Lancaste	r, TX 75136							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Gift/Awar	ds/Memorials Expe	ense				de of Texas. Com		
						breavement	, IX,	officeholder living	expense	
						breavement				
	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	ıaht			Office he	7l4	
	expenditure to benefit C/OI		meenolder name	Office 300	agric			Onice no	ord .	
	Data									
	Date	Payee nam		CN						
	03/21/2025		DHNSON CAMPAI							
	Amount (\$)	Payee add		State; Zip Co	ode					
	\$250.00	PO Box 3	98188							
		Dallas, T	< 75339							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		ons/Donations Mad					de of Texas. Com	•	
		Candidate	e/Officeholder/Polit	ical Committee		Campain Cor		officeholder living	expense	
						Campain Cui	rti Ik	Julion		
_	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	ıabt			Office he	ald	
	expenditure to benefit C/OI		micerioluer Hattle	Office Soc	agrit			Office He	สน	

#### 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 25/30 Rpt: 29/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	04/18/2025	MAYOR CARRIE GORDON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	13503 ALEXANDER ROAD
		BACH SPRINGS, TX 75181
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/30/2025	MICHAEL EVANS CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 1832 Mansfield
	Ψ200.00	1 .o. Box 1992 Mansheld
		Mansfield, TX 76063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Campan Continuation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/02/2025	MITCHELL CHEATHAM CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	Box 234
	7=00.00	
		Lancaster, TX 75116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Campain Contribution
	Opening the ONLY if allowed	Our distance (Office health as marries and Office health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 26/30 Rpt: 30/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	04/11/2025	PAPPASITO S
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$94.48	6513 I-35 N.
		Austin, TX 78661
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	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	03/13/2025	PETE SCAFE-HUTCHIN HUTCHINS TX C#0421
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$7.44	101 N I-45, Ste 1
	*****	
		HUTCHINS, TX 75141
	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
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	01/21/2025	PLAT PARKING
H	Amount (\$)	Payee address; City; State; Zip Code
	\$15.90	1200 ELM ST
	¥20.00	
		Dallas, TX 75201
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		parking
$\vdash$	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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Se	rus/Memoriais rvices	Expense	Salaries/V		se s/Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Ins	struction Gu	ide explair	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 27/30 Rpt: 31/34		Sherman Sr	., Carl	(The Hor	orable)					00082318	}	
4	Date	5	Payee name							<u> </u>			
	01/27/2025		PLAT PARK	ING									
_		_			Cit "	Cto	ite; Zip Co	240					
6	Amount (\$) \$10.00	7	Payee addres		City;	Sia	ile, Zip Cc	Jue					
	\$10.00		1200 ELIVI 3	) [									
			Dallas, TX 7	5201				_					
8	PURPOSE	(a)	Category (Se	e Catego	ories listed at th	e top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis	strict					므			mplete Schedule T.	
									parking	1, TX,	officeholder livi	ng expense	
									parking				
Ļ	Operation ONLY if allowed	L					0#:				04:	L - I - I	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	cenoiae	er name		Office sou	ignt			Office	neia	
	<u> </u>	_											
	Date		Payee name										
	01/21/2025		PLAT PARK	ING									
	Amount (\$)		Payee addres	ss;	City;	Sta	ite; Zip Co	ode					
	\$20.00		1200 ELM S	T									
			Dallas, TX 7	5201									
	PURPOSE	(a)	Category (Se					(b)	Description				
	OF	(-,	Travel In Dis		mes listed at th	ie top oi triis :	scriedule)	(-,	_ `	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		mavor in Die	30.100					Check if Austin	ı, TX,	officeholder livi	ng expense	
									parking				
	Complete ONLY if direct		Candidate/Offic	ceholde	er name		Office sou	ıght			Office	held	
	expenditure to benefit C/O	Н											
	Date		Payee name										
	06/02/2025		RACHEL PF	ROCT	OR DESC	ТО							
	Amount (\$)		Payee addres	SS;	City;	Sta	ite; Zip Co	ode					
	\$250.00		2020 HAMP	TON I	ROAD								
			DESOTO, T	X 751	15								
	PURPOSE	(2)						(h)	Description				
	OF	<sup>(a)</sup>	Category (Se Contribution				schedule)	(5)	Description Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Candidate/C				nmittee				officeholder livi		
									Campain Co	ntril	oution		
	Complete ONLY if direct		Candidate/Offic	ceholde	er name		Office sou	ight			Office	held	
	expenditure to benefit C/OI	Н											

#### 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 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: 28/30 Rpt: 32/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	02/25/2025	RAYMOND ELMORE CAMPAIGN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. BOX 051
		HUTCHINS, TX 75141
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campain Continuation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	01/27/2025	RENAISSANCE HOTELS
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	2222 STEMMONS FRWY
		DALLAS, TX 75247
	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/O	<b>y</b>
_	Data	Device same
	Date 03/03/2025	Payee name REUNION SELF PARKING
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	300 Reunion Blvd
		Dallas, TX 75207
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  parking
		paining
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

	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: 29/30 Rpt: 33/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	03/14/2025	SHERMAN, CARL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$575.40	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense mileage
		·····oago
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/21/2025	SHERMAN, CARL
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.00	1215 FOREST
		DESOTO, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		mileage
		i iiiiougo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/27/2025	SLOANES - DALLAS DALLAS TX C#0421
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.00	2001 Ross Ave, Ste 125
		DALLAS, TX 75201
	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
		I Heeung
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officenoider/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: 30/30 Rpt: 34/34	Sherman Sr., Carl (The Honorable) 00082318
4	Date	5 Payee name
	04/14/2025	STARBUCKS STORE 63553 ROUND ROCK TX C#0421
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.12	1951 N Interstate 35
	1	
		round rock, TX 78664
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/O	
_	Date	Payee name
	03/27/2025	THE CHARLOTTE
	Amount (\$) \$106.60	Payee address; City; State; Zip Code  2822 N Henderson Avenue
	φ100.00	2822 N Heriderson Avenue
		Dallas, TX 75206
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to some size	
	Date	Payee name
	01/21/2025	USPS PO 48290501 USPS PO 48290501 ENNIS TX C#9945
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.46	205 N. McKinney St
	!	
	!	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 Austin, TX, officeholder living expense
	!	postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	