CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Tommy	МІ Ј	OFFICE	USE ONLY JUL 9 2022 AMI):
NAME	NICKNAME	Usery	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 4006 Blair La	APT / SUITE #; Onne, San Angelo, T	city; state; zip code exas 76904		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	340-0075	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Patricia	мі А	Receipt #	Jana 12022 AM 10:
NAME	NICKNAME	Usery	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4006 Blair Lane, San Angelo, Texas				
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(325)	PHONE NUMBER 234-0686	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff		ofter campaign appointment er Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 30 / 22	THROUGH 6	Day Yea / 30 / 22	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary 22 General	Runoff Other Description Special	· · ·	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Tom Green County Judge				
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUF THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				LDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
GENERAL COMMITTEE ADDRE		COMMITTEE ADDRESS			
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
-50.00		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Tomm J. Usery		16 Fil	ler ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUT PLEDGES, LOANS, OR GUARANTEES OF LO CONTRIBUTIONS MADE ELECTRONICALLY)	·	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITUR	RE.	\$	
	4. TOTAL POLITICAL EXPENDITURES		\$	50.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAI OF REPORTING PERIOD	NED AS OF THE LAST DAY	\$	1,809.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAN LAST DAY OF THE REPORTING PERIOD	IDING LOANS AS OF THE	\$ 4	1,839.12
	wear, or affirm, under penalty of perjury, that the accomp	panying report is true and	correct and in	cludes all information
		71/		_
		1 X/1/1_		
		Signature of Candidate	e or Officehol	lder
		- V		
	Please complete either	option below:		
(1) Affidavit				
NOTABY STAMP (SEA				
NOTARY STAMP/SEA				
Sworn to and subscribed	before me by	this the	day of	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ering oath Printed name of officer administerin	g oath	Title of office	cer administering oath
	OR			
(2) Unsworn Declarati				
My name is Tommy	. Usery, and	d my date of birth is $\frac{12/2}{1}$	23/1954	
My address is 4006 BI	air Lane San <i>i</i>	Angelo TX	76905	USA
	(street)	(city) (state)	(zip code)	(country)
Executed in Tom Gree	en County, State of Texas, on the 8th	day of July	, ₂₀ 22	 ·
		(mornth)	(year)
		Signature of Candidate/O	fficeholder (De	eclarant)
				•

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

l .	19 FILER NAME Tommy J. Usery 20 Filer ID (Ethics Cor			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 50.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above	•)
1 Total pages Schedule F1:	2 FILER NAME Tommy J. Usery		3 Filer ID (Ethics Commission Fil	lers)
4 Date	5 Payee name		<u> </u>	
07/08/2022	Texas Bank			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
50.00	San Angelo			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Service Fee o	n Account	
OF EXPENDITURE	-			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	<u>.,</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
LAI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	<u></u>
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	◆ Complete only if "Report Type" on page 1 is marked "Final Report" ◆					
	C/OH N		2 Filer ID (Ethics Commission Filers)			
T	omm	y J. Usery				
3	SIGNA	TURE				
	designa	expect any further political contributions or political expenditures in connection with ning a report as a final report terminates my campaign treasurer appointment. I also can contributions or make any campaign expenditures without a campaign treasurer appointment.	understand that I may not accept any			
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS				
	Check	only one:				
		I do not have unexpended contributions or unexpended interest or income earned fr	rom political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B. ASSETS					
	Check only one:					
	o de constante de la constante	I do not retain assets purchased with political contributions or interest or other income from political contributions.				
	•	I do retain assets purchased with political contributions or interest or other income fithat I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to			
5	_	EHOLDER plete this section <i>only</i> if you are an officeholder ••				
	20	I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions i an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	f, after filing the last required report as			
		· · · · · · · · · · · · · · · · · · ·	Signature of Officeholder			