# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed.		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	FIRST Thomas		MI J	OFFICE USE ONLY		
19/30/12	NICKNAME Tom	Selleck		SUFFIX	Dale Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 205 E Bronc	c. APT / SUITE #, so Bend, Angleton,	CITY; STAT Texas 7751		NTYCLER BRAZORIA CO., TEX.		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTE	ENSION			
OFFICEHOLDER PHONE	(979 )	864-1230			Data Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN TREASURER	Ms / MRS / MR	FIRST Debbie		MI	Recelpt # Amount \$  Date Processed		
NAME	NICKNAME	LAST		SUFFIX	Date Processed		
		Selleck			Date Imaged		
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE), APT / S		ITY;	STATE; ZIP CODE		
ADDRESS	205 E Bronc	o Bend, Angleton,	lexas //51	5			
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTE	NSION			
TREASURER PHONE	(979 ) 849-3621						
	(9/9)	—					
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	000011	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year		Month	Day Year		
COVERED	7 /	/ 1 // 23	THROUGH	12	/ 31 / 23		
11 ELECTION	ELECTION DA	TE.		ELECTION TYPE			
	Month Day	Year Primary	Runeff	Other Description			
	11 / 8	✓ 22 General	Special				
12 OFFICE	OFFICE HELD (if any)			CE SOUGHT (if known)	)		
	Brazona Cou	inty District Attorne	еу				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MAD	DE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS	"				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME				
		COMMITTEE CAMPAIGN TR.	EASURER ADDRESS	i			
		GO ТО	PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Thomas "Tom" J Selle	eck	1	6 Filer I	D (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE	\$	0.00

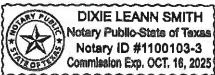
18 SIGNATURE

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

Signature of Candidate or Officeholder

# Please complete either option below:

(1) Affidavit



Control of the contro	ommission Exp. OCT, 16,						
NOTARY STAMP/SEAL					بلح	k i	
Sworn to and subscribed before	me by $10m 6$	elleck		th	is the	day_of	anucing
	vitness my hand and seal		<u>LONN</u>		Nh	Title of office	administerios oath
		OR	. 12	V		Trace	
(2) Unsworn Declaration							
My name is			, and my	date of I	oirth is		
My address is							
	(street)		(ci	ty)	(state)	(zip code)	(country)
Executed in	County, State of	, on	the	day of _	(month)	, 20 (year)	
			Sign	ature of	 Candidate/Offi	ceholder (Decl	arant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Co	mmission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
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 CONTRIBUTIONS	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

	The Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
FILER NA	AME		· · · · · ·	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)
	6 Contributor address;		State; Zip Code	
Principal	occupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAI	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal o	ccupation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal o	 		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#)	Amount of contribution (\$)
	Contributor address;	City	State; Zip Code	
Principal o	occupation / Job title (See Instructions)	-0.*	Employer (See Instruc	tions)
				-
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS N	JEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this for	1 Total page	1 Total pages Schedule A2:		
2 FILER NAME	3 Filer ID (	Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	UTIONS \$			
5 Date 6 Full name of contributor	Contribut			
7 Contributor address; City; State;	Zip Code	 		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON	I-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:	Contribu			
Contributor address; City; State;	Zip Code	ravel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON	I-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL CODIES OF				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Revised 8/17/2020

# PLEDGED CONTRIBUTIONS

### SCHEDULE B

				4. T-1-1	1.4-2
Th	e Instruction Guide explains how t	o complete this	form.	1 Total pages Sche	dule B:
2 FILER NAM	E			3 Filer ID (Ethics	Commission Filers)
TOTAL O	F UNITEMIZED PLEDGES			\$	
Date		of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; C		e; Zip Code		
				Check if travel out	i. side of Texas. Complete Schedule 1
Principal occ	cupation / Job title (See Instructions)		11 Employer (See	Instructions)	
Date		of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
	Pledgor address; C		e; Zip Code		
				Check if travel out	side of Texas. Complete Schedule T
Principal occ	upation / Job title (See Instructions)		Employer (See	Instructions)	
Date	Full name of pledgor out-	of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
			e; Zip Code		
				Check if travel out	l. side of Texas, Complete Schedule T
Principal occ	cupation / Job title (See Instructions)		Employer (See	Instructions)	
Date	Full name of pledgor 🔲 out-	of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; C	ity; State;	Zip Code		[   
				Check if travel out	I. side of Texas, Complete Schedule T
Principal occi	upation / Job title (See Instructions)		Employer (See	Instructions)	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### LOANS SCHEDULE E

ir the requeste	d information is not applicable, DO No		eport.
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME	3 Filer ID (Ethics Commission Filers		
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan	7 Name of lender  ut-of-state	∋ PAC (ID#:)	9 Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
Y			
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Col	lateral	Check if personal fur account (See instruc	ids were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; Clty;	State; Zip Code	
Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	ateral	Check if personal fur account (See Instruc	ids were deposited into political
Description of Col none GUARANTOR INFORMATION	ateral  Name of guarantor		
none GUARANTOR		account (See Instruc	tions)
none  GUARANTOR INFORMATION  not applicable	Name of guarantor  Guarantor address; City;	account (See Instruc	tions)

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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
Glif/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		xpense Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
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)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITORE	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	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/Ol	Candidate / Officeholder name H	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/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

### UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

Solicitation/Fundraising Expense Travel Out Of District Other (enter a category not listed above)

Transportation Equipment & Related Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form, 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code 9 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE QF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

	1 Total pages Schedule F3:
The Instruction Guide explains how to complete this form,	Total pages Schedule FS.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased	
6 Address of person from whom investment is purchased; City	y: State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchased	
Address of person from whom investment is purchased; City	; State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

#### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date Zip Code State: 7 Amount (\$) 8 Payee address; City; TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH Pavee name Date State: Zip Code City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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 Grift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Orosis out of a fillion	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethlos 0	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	Gity;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check  f Austin	ı, TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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 Austin	, TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	