JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comp	lete this form.	Filer ID (Ethics Commission Filer 00062765	s)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	Ms.	Erin E.				
NAME					Date Received	
					ELECTRONICA	LLY FILED
					. 07/14/2023	
	NICKNAME	LAST		SUFFIX	01114/2020	
		Lunceford				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE # CITY		ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	3607 Merrick St.					
MAILING	3007 Merrick St.				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77025					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER					IVII	
NAME	Mr.	Frank				
	NICKNAME	LAST			SUFFIX	
					JUFFIX	
		Harmon				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	APT / SUIT	E #; CITY;	STA	TE; ZIP CODE
TREASURER	3607 Merrick St.	20/11/22/10/201		, 0,	0	
ADDRESS	3007 Merrick St.					
(Residence or Business)						
(Residence of Business)	Houston, TX 77025					
7 CAMPAIGN	AREA CODE PHON	E NUMBER EX	TENSION			
TREASURER		E NOWIDER EX	ENSION			
PHONE	(713) 752-8608					
8 REPORT						
TYPE	January 15	30th day before ele	ection Runoff		15th day after can	
		_			appointment (offic	eholder only)
	X July 15	8th day before elec		ed modified	Final Report (Atta	ch C/OH-FR)
		-	reporting	g limit 💆	-	
9 PERIOD	Month Day Year		Ν	Month Day	Year	
COVERED			DUGH			
00121125	01/01/2023	IAR	JUGH	06/30/202	3	
10 ELECTION	ELECTION DATE		ELE	CTION TYPE		
	Month Day Year	Prim	arv 🗖 F	Runoff	Other	
	11/08/2022					
		X Gene	eral S	special		
		<u> </u>	10.00		(if known)	
11 OFFICE	OFFICE HELD (if any)			FICE SOUGHT		
	District Judge District 61 H	arris	Di	strict Judge Di	strict 189th	
	1					
	1					
		GO TO	PAGE 2			
Forms provided by Te	exas Ethics Commission	www.ethic	s.state.tx.us		Versio	on V3.5.1.a18ea2c

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 25

L

13 C / OH NAME	Lunceford, Erin E. (N	S.)	14 Filer ID 00062765	(Ethics Commission	Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	ceholder's knowledge	or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		I. IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$	0.00
		ICAL CONTRIBUTIONS		\$ 46,5	550.00
EXPENDITURE	· ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	NS)		
TOTALS	3. TOTAL ONTEN	IZED FOLITICAL EXPENDITORES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 65,8	827.62
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	208.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.			
		Ms.	Erin E. Lunceford		
		Signature of	of Candidate or Officeho	older	
AFFIX NC)TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of off	cer administering oath	Printed name of officer administering oath	Title of offic	er administering oath	
-	-	, i i i i i i i i i i i i i i i i i i i		-	
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.a1	.8ea2ca

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 3 of 25 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00062765 Lunceford, Erin E. (Ms.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) 1. \$ 46,550.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 0.00 З. 4. X SCHEDULE E(J): LOANS (JUDICIAL) \$ 0.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 65,827.62 \$ X 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0.00 \$ 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 0.00 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 0.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/25
2 FILER NAME Lunceford, E	rin E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00062765
4 Date 01/19/2023			7 Amount of Contribution (\$)\$2,000.00
	Houston, TX 77007		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Retired		Retired	
10 Contributor's e None	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor Dut-of-state PAC (ID#	:)	Amount of Contribution (\$)
01/14/2023	Coffey, Kristina		\$500.00
	Contributor address; City; State; Zip Code		
	Bellaire, TX 77401		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Retired		Retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
Retired			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
01/09/2023	DeZevallos, Shelly Ann		\$2,500.00
	Contributor address; City; State; Zip Code		
Contributoria	Houston, TX 77094-8789	Contributor's Job Title	
Retail	Principal Occupation	Owner	
	employer/law firm	Law firm of contributor's sp	pouse (if any)
Self-employe			
If contributor is	s a child, law firm of parent(s) (if any)		
Eorms provided	by Texas Ethics Commission www.ethi	cs state ty us	Version V3 5 1 a18ea2ca

The Instrue	truction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/25
2 FILER NAME Lunceford, E	rin E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00062765
4 Date 02/25/2023			7 Amount of Contribution (\$) \$2,500.00
	Houston, TX 77094-8789		
8 Contributor's F Retail	Principal Occupation	9 Contributor's Job Title Owner	
10 Contributor's e Self-employe		11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 01/25/2023	Full name of contributor out-of-state PAC (ID#:_ Elliott, Douglas Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5,000.00
	Houston, TX 77005		
Contributor's F Attorney	Principal Occupation	Contributor's Job Title Owner	
Elliott Law P		Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 02/23/2023	Full name of contributor out-of-state PAC (ID#:_ Granberry, Lauren Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
Contributor's F	Houston, TX 77025 Principal Occupation	Contributor's Job Title	
Homemaker		Homemaker	
Contributor's e None	employer/law firm	Law firm of contributor's sp None	oouse (if any)
	s a child, law firm of parent(s) (if any)		
	hy Texas Ethics Commission www.ethic	s state ty us	Version \/3 5 1 a18ea2ca

The Instruc	tion Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/25
2 FILER NAME Lunceford, Er	in E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00062765
4 Date 03/07/2023	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$5,000.00
	Bellaire, TX 77401		
	rincipal Occupation	9 Contributor's Job Title	
Real Estate		Owner, Fidelis Realty P	
10 Contributor's er None	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 02/07/2023	Full name of contributor out-of-state PAC (ID#: Hughes, Patrick Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,000.00
Contributor's P	Bellaire, TX 77401 rincipal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's er Retired	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	1	
Date 01/11/2023	Full name of contributor out-of-state PAC (ID#: Lunn, Patricia Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
	Bellaire, TX 77402		
Contributor's P Retired	rincipal Occupation	Contributor's Job Title Retired	I
Contributor's er	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Retired			
If contributor is	a child, law firm of parent(s) (if any)		
	www.ethics	ss state ty us	Version V/3 5 1 a18ea2ca

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/25
2 FILER NAME Lunceford, E	Erin E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00062765
4 Date 02/21/2023			7 Amount of Contribution (\$) \$1,000.00
	Bellaire, TX 77402		
	Principal Occupation	9 Contributor's Job Title	
Retired		Retired	
10 Contributor's Retired	employer/law firm	11 Law firm of contributor's sp Retired	bouse (if any)
	s a child, law firm of parent(s) (if any)	Relieu	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/19/2023	Munisteri, Stephen)	\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Contributor's	I Principal Occupation	Contributor's Job Title	
Political		Adviser to Governor	
Contributor's	employer/law firm	Law firm of contributor's sp	bouse (if any)
State of Tex	as		
lf contributor i	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/01/2023	Munisteri, Stephen	/	\$1,000.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78701		
Contributor's	Principal Occupation	Contributor's Job Title	1
Political		Advisor to Governor	
Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
State of Tex	as		
If contributor i	s a child, law firm of parent(s) (if any)		
l Forme provided	hy Texas Ethics Commission www.ethic	s state ty us	Version V3 5 1 a18ea2ca

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lunceford, E	Erin E. (Ms.)		00062765
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/02/2023	Paul Bettencourt Campaign Fund		\$5,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77046		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	Siegel, Cynthia		\$2,500.00
	Contributor address; City; State; Zip Code		
	Bellaire, TX 77401		
Contributor's	Principal Occupation	Contributor's Job Title	
СРА		Owner	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Self-employ	ed		
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/27/2023	Siegel, Cynthia		\$2,500.00
	Contributor address; City; State; Zip Code		
	Bellaire, TX 77401		
Contributor's	Principal Occupation	Contributor's Job Title	
СРА		Owner	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Self-employ	ed		
If contributor i	s a child, law firm of parent(s) (if any)	•	
Forme provided	by Texas Ethics Commission www.ethic	e etato ty ue	Version V2 5 1 a18ea2ca

The live to		£0.000	1 Total pages Schedule A(J)1:
i ne instru	ction Guide explains how to complete this	iorm.	Sch: 6/7 Rpt: 9/25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lunceford, E	rin E. (Ms.)		00062765
4 Date	5 Full name of contributor out-of-state PAC (ID#	ŧ:)	7 Amount of Contribution (\$)
01/02/2023	Siegel, Robert		\$250.00
	6 Contributor address; City; State; Zip Code		
	Bellaire, TX 77401		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Retired		Retired	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
None			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor 🛛 out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
03/05/2023	Sonja Aston Campaign		\$2,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77018	-	
Contributor's F	Principal Occupation	Contributor's Job Title	
O antributaria	and the set of the set	l finns a fara a tributa ala an	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (il any)		
Data			Amount of Contribution (f)
Date 02/22/2023	Full name of contributor Out-of-state PAC (ID# Swanson Law Firm PLLC	ť:)	Amount of Contribution (\$) \$200.00
02/22/2023			
	Contributor address; City; State; Zip Code		
	Houston, TX 77008		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor of			
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instru	ation Guida avalains how to complete this f	orm	1 Total pages Schedule A(J)1:
	ction Guide explains how to complete this f	01111.	Sch: 7/7 Rpt: 10/25
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lunceford, E	Erin E. (Ms.)		00062765
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/12/2023	Tom Ramsey Campaign		\$5,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77234		
8 Contributor's	I Principal Occupation	9 Contributor's Job Title	
10 Contributor's	emplover/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor i	is a child, law firm of parent(s) (if any)		
Data			Amount of Contribution (ft)
Date 02/03/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$5,000.00
02/03/2023			\$5,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77055		
	Principal Occupation	Contributor's Job Title	
Home Builde	er	Owner	
Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
Weekly Horr	nes		
If contributor i	is a child, law firm of parent(s) (if any)		

PLEDGED CONTRIBUTIONS (JUDICIAL)

		1 Total pages Schedule B(J):		
The Instruction Guide explains how to comp	piete this form.	Sch: 1/1 Rpt: 11	/25	
2 FILER NAME			cs Commission Filers)
Lunceford, Erin E. (Ms.)		00062765		
⁴ TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (I	D#:)	8 Amount of pledge (\$)	9 In-kind descrip (If applicable	otion
		pieuge (\$)	(ii applicable	-)
7 Pledgor Address; City; State; 2	Zip Code			
		Check if travel outs	ide of Texas. Comple	te Schedule T.
10 Pledgor's principal occupation	11 Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgor's	spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)				

LOANS (J	IUDICIAL)			SCHEDULE E	(J)
The Instruction Guide explains how to complete this form. 1 Total pages Schedule E(J): Sch: 1/1 Rpt: 12/25					
2 FILER NAME Lunceford, Erin	E. (Ms.)		3 Filer ID 000627	(Ethics Commission F 765	ilers)
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 (\$)	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
				11 Maturity Date	
12 Lender's Principal	Occupation	13 Lender's Job Title			
14 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)		
16 If lender is child, la	aw firm of parent(s) (if any)				
17 Description of Col	lateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)	
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guarantee	d (\$)
not applicable	21 Guarantor address; City; State;	Zip Code			
23 Guarantor's Princi	pal Occupation	24 Guarantor's Job Title			
25 Guarantor's Empl	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27 If guarantor is chil	d, law firm of parent(s) (if any)				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXPENDITU	IRE CATEGOR	RIES FOR	BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction C	als Expense	Office Over Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	e /Contract Labor		Solicitation/Fundi Transportation Ei Travel in District Travel Out of Dis OTHER (enter a	quipment	& Related Expense
1	Total pages Schedule F1:	12 F	-ILER NAME						3	Filer ID	(Ethics	Commission Filers)
-	Sch: 1/13 Rpt: 13/25	Ľ	_unceford, E	rin E. (Ms.)						00062765		
4	Date 01/05/2023		Payee name Andy Taylor	& Associates,	, PC							
6 Amount (\$) 7 Payee address; City; State; Zip Code \$5,000.00 2628 Hwy. 36 South #288 Brenham, TX 77833												
8	PURPOSE OF EXPENDITURE		Category _{(See} _egal Servic	e Categories listed at CS	t the top of this sch	nedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal fees for Election Challenge					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Indidate/Offic	eholder name	(Office sou	jht			Office he	eld	
	Date	F	Payee name									
	01/10/2023	A	Andy Taylor	& Associates,	, PC							
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$5,000.00	#	2628 Hwy. 3 ‡288 3renham, T>									
	PURPOSE OF EXPENDITURE		Category _{(See} ∟egal Servic	e Categories listed at CS	t the top of this sch	nedule)			, TX,	de of Texas. Comp officeholder living ntest		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		indidate/Offic	eholder name		Office souç	yht			Office he	eld	
	Date	F	Payee name									
	01/27/2023	A I	Andy Taylor	& Associates,	, PC							
	Amount (\$) \$15,000.00	2	Payee address 2628 Hwy. 3 ≇288 3renham, T≻	6 South	State;	e; Zip Coo	de					
	PURPOSE OF EXPENDITURE		Category _{(See} _egal Servic	e Categories listed at CS	t the top of this sch	nedule)			, TX,	de of Texas. Comp officeholder living test		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Indidate/Offic	eholder name	(Office sou	yht			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials nmittee Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Lal	ense bor		Travel in District Travel Out of Dist	quipment & Related Expense
-	Total names Cabadula E1.								Filer ID	(Ethico Commission Filoro)
L.	Total pages Schedule F1: Sch: 2/13 Rpt: 14/25		Lunceford, Erin E. (Ms.)				ľ		Filer ID 00062765	(Ethics Commission Filers)
4	Date	5	Payee name							
	02/08/2023		Andy Taylor & Associates, I							
6	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$10,000.00		2628 Hwy. 36 South							
			#288							
Brenham, TX 77833										
8	PURPOSE	(a)	Category (See Categories listed at th	he ten of this och	odulo)	(b) Descripti	ion			
-	OF		Legal Services	ne top of this sch	edule)	·		utsic	de of Texas. Comp	blete Schedule T.
	EXPENDITURE		Logar Corridoo			Check i	if Austin,	TX,	officeholder living	expense
						Election	n Conte	est		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght			Office he	ld
	Date		Payee name							
	03/06/2023		Andy Taylor & Associates, I	PC						
	Amount (\$)		Payee address; City;		Zip Co	10				
	\$10,000.00		2628 Hwy. 36 South	State,	, zip co					
	\$10,000.00		-							
			#288							
			Brenham, TX 77833							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Legal Services	he top of this sch	edule)	dule) (b) Description Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense Election Contest				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght			Office he	ld
	Date		Payee name							
	06/09/2023		Andy Taylor & Associates, I	PC						
	Amount (\$)		Payee address; City;		Zip Co	10				
	\$4,000.00		2628 Hwy. 36 South	otato,	, 210 000					
	\$4,000.00									
			#288							
			Brenham, TX 77833							
	PURPOSE	(a)	Category (See Categories listed at th	he top of this sch	edule)	(b) Descripti				
	OF EXPENDITURE		Legal Services						de of Texas. Comp	
	-								officeholder living	expense
						Election	CONE	251		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jht			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F O nmittee L	vent Expense ees ood/Beverage Exp ift/Awards/Memoria egal Services	ense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	tymer rhead pense pense ages/	nt/Reimbursement I/Rental Expense e /Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/13 Rpt: 15/25		Lunceford, E	rin E. (Ms.)						00062765			
4	Date 01/23/2023		Payee name Cloudcannor	1									
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	de						
-	\$10.00		981 Mission San Francisc	St.		, I							
_	BUBBOOF	<u> </u>					<u> </u>						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense								(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name										
	02/22/2023		Cloudcannor	1									
	Amount (\$)		Payee address	s; City;	State	; Zip Co	de						
	\$10.00		981 Mission San Francisc		3								
	PURPOSE OF EXPENDITURE		Category _{(See} Advertising E		at the top of this sch	edule)				de of Texas. Com officeholder living	plete Schedule T. g expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name										
	03/22/2023		Cloudcannor	1									
	Amount (\$) \$10.00		Payee address 981 Mission		State	; Zip Co	de						
			San Francisc	o, CA 94103	}								
	PURPOSE OF EXPENDITURE		Category _{(See} Advertising E		at the top of this sch	edule)				de of Texas. Com officeholder livinç	plete Schedule T. g expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name	(Dffice sou	ght			Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 4/13 Rpt: 16/25	Lunceford, Erin E. (Ms.)	00062765							
4	Date 04/24/2023	Payee name Cloudcannon								
6 Amount (\$) \$10.00 \$10.00 7 Payee address; City; State; Zip Code 981 Mission St. San Francisco, CA 94103										
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/22/2023	Cloudcannon								
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 981 Mission St.								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date 06/22/2023	Payee name Cloudcannon								
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 981 Mission St.								
		San Francisco, CA 94103								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 5/13 Rpt: 17/25		Lunceford, Erin E. (Ms.)					00062765			
4	Date	5	Payee name								
	01/09/2023		Constant Contact								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode						
	\$31.98		1601 Trapelo Road								
	Waltham, MA 02451										
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.			
	-					Maintenance		officeholder living expense			
						maintenance	017				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	02/07/2023		Constant Contact								
	Amount (\$)		Payee address; City; State	; Zip Co	ode						
	\$31.98		1601 Trapelo Road								
			Waltham, MA 02451		I						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Advertising Expense	hedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense ntenance			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office held			
	expenditure to benefit C/OF				5						
_	Date		Payee name								
	03/07/2023		Constant Contact								
				; Zip Co	, do						
	Amount (\$)		Payee address; City; State 1601 Trapelo Road	e, zip co	Jue						
	\$31.98		1001 Mapelo Roau								
			Waltham, MA 02451								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description	outo	do of Toyac, Complete Schedule T			
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense			
						Address list r					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l Ight			Office held			
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr y - Gift/Awards/Memorials Expense Printing Expense Tr al Committee Legal Services Salaries/Wages/Contract Labor Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. Tr						Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/13 Rpt: 18/25		Lunceford, E	Frin E. (Ms.)					00062765	
4	Date	5	Payee name							
	04/07/2023		Constant Co	ntact						
6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$31.98		1601 Trapel	o Road						
Waltham, MA 02451										
8	PURPOSE OF	(a)			at the top of this sch	iedule)	(b) Description			
	EXPENDITURE		Advertising	Expense					de of Texas. Com officeholder living	
							Maintenance			expense
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Dffice sou	ht		Office he	eld
	Date		Payee name							
	05/08/2023		Constant Co	ntact						
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	le			
	\$31.98		1601 Trapel	o Road						
			Waltham, M	A 02451						
	PURPOSE OF EXPENDITURE	(a)	Category (Se Advertising		at the top of this sch	iedule)		ı, TX,	de of Texas. Com , officeholder living address list	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Dffice sou	ht		Office he	eld
	Date		Payee name							
	02/23/2023			yfield Portrai	t Account					
	Amount (\$)		Payee addres	-		; Zip Co	le			
	\$250.00		4018 Merric			•				
			Houston, TX							
	PURPOSE OF	(a)			at the top of this sch	edule)	(b) Description	outei	de of Texas. Com	nlete Schedule T
	EXPENDITURE			s/Donations I ifficeholder/P	Made By olitical Comm	nittee		ı, TX,	officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Office sou	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		 Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District 						quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/13 Rpt: 19/25		Lunceford,	Erin E. (Ms.)						00062765		
4	Date	5	Payee name	9								
	01/06/2023		Google Sto	orage Internet								
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Coo	de					
	\$2.12		1600 Ampl	nitheatre Pkwy								
			Mountain \	/iew, CA 94043								
8	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising					Check if travel	outsi	de of Texas. Com	plete Schedule T.	
									, TX,	officeholder living	expense	
Website												
_	Complete ONLY if direct		Condidate/Of	ficeholder nome		Office soug				Office he		
9	expenditure to benefit C/OF		andidate/Of	ficeholder name	Ĺ	Jince sou	ynt			Once he	210	
	Date		Payee name	9								
	02/06/2023		Google Sto	orage Internet								
Amount (\$) Payee address; City; State; Zip Code												
	\$2.12			nitheatre Pkwy								
				,								
			Mountain \	/iew, CA 94043								
	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising							de of Texas. Com		
								Check if Austin, TX, officeholder living expense				
								Website Host	ting			
	Complete ONIL V if direct		Condidate/Of	Financial der nome						Office be		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/OI	ficeholder name	C	Office soug	yni			Office he	ala	
	Data	1										
	Date 03/06/2023		Payee name	e orage Internet								
			-	-								
	Amount (\$)		Payee addre		State;	; Zip Coo	de					
	\$2.12		1600 Ampl	nitheatre Pkwy								
			Mountain \	/iew, CA 94043								
	PURPOSE OF	(a)	Category (S	See Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Advertising	l Expense						de of Texas. Com		
	-									officeholder living	expense	
								Website host	шy			
	Complete ONLY if direct	Ļ	andidate/Of	ficeholder name		Office soug	thr			Office he	ald	
	expenditure to benefit C/OF			incentituer fidilite	(שיייר אחרה אחרה	JIII			Unice fie		
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	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportal Food/Beverage Expense Polling Expense Travel in Di - Gift/Awards/Memorials Expense Printing Expense Travel Out						Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 8/13 Rpt: 20/25		Lunceford,	Erin E. (Ms.)					00062765			
4	Date	5	Payee name	•								
	04/16/2023		Google Sto	orage Internet								
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	de					
	\$2.12		1600 Ampl	nitheatre Pkwy								
			Mountain \	/iew, CA 94043		_						
8	PURPOSE	(a)	Category (S	See Categories listed at t	he top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Advertising	Expense					de of Texas. Com			
							Website host		officeholder living	expense		
							Website host	ing				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							ld			
	expenditure to benefit C/OI	Н					-					
	Date		Payee name)								
	05/08/2023		Google Sto	rage Internet								
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	de					
	\$2.12		1600 Ampl	nitheatre Pkwy								
			Mountain \	/iew, CA 94043								
	PURPOSE	(a)	Category (S	See Categories listed at t	he top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Advertising	Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							Website hosting					
								ing				
	Complete ONLY if direct		Candidate/Of	iceholder name		Office sour	aht		Office he	ld		
	expenditure to benefit C/OI	Н				·	-					
	Date		Payee name									
	06/06/2023		-	rage Internet								
	Amount (\$)		Payee addre	ess; City;	State:	; Zip Co	de					
	\$2.12			hitheatre Pkwy								
				,								
			Mountain \	/iew, CA 94043								
	PURPOSE	(a)	Category (s	See Categories listed at t	he top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Advertising			,	Check if travel	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITORE		-	-					officeholder living	expense		
							Website host	ing				
				*					077			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Of	iceholder name	C	Office sou	gnt		Office he	210		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 9/13 Rpt: 21/25		Lunceford, Erin E. (Ms.)				00062765				
4	Date	5	5 Payee name								
	02/07/2023		Harris County Republican Party								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$2,000.00		2501-A Central Pkwy A-11								
	Houston, TX 77092										
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.				
							officeholder living expense				
					LINCOIN Reag	an	Dinner Tickets				
_				o."			0///				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	gnt		Office held				
	Date		Payee name								
	05/04/2023		Houston Bar Foundation								
Amount (\$) Payee address; City; State; Zip Code											
	\$1,000.00 1111 Bagby, FLB 200										
			Houston, TX 77002								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.				
					Harvest Cele		, officeholder living expense				
					That vest Cele	DIG					
	Complete ONLY if direct		Candidate/Officeholder name		abt		Office held				
	expenditure to benefit C/OI			Office sou	Jur		Office field				
_	_	_									
	Date		Payee name								
	01/19/2023		Raise the Money, Inc.								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$98.25		P.O. Box 26466								
			Little Rock, AR 72221								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					Credit Card f	ees	5				
_											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award Inmittee Legal Serv	erage Expense s/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 10/13 Rpt: 22/25		Lunceford, Erin E.	(Ms.)				00062765		
4	Date	5	Payee name							
	01/19/2023		Raise the Money, I	nc.						
6	Amount (\$)	7	Payee address; 0	City; State;	Zip Co	le				
	\$49.25		P.O. Box 26466							
Little Rock, AR 72221										
8	PURPOSE OF	(a)		es listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Solicitation/Fundra	sing Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
						Credit card fe				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholde	name C)ffice souç	ht		Office held		
	Date		Payee name							
	01/20/2023		Raise the Money, I	nc.						
	Amount (\$)		Payee address; (City; State;	Zip Co	le				
	\$122.75		P.O. Box 26466							
			Little Rock, AR 722	21						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categor} Solicitation/Fundra	es listed at the top of this sche sing Expense	edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense :essing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name C	Office soug	ht		Office held		
	Date		Payee name							
	01/25/2023		Raise the Money, I	nc.						
	Amount (\$)		_		Zip Co	le				
	\$245.25		P.O. Box 26466		·					
			Little Rock, AR 722	221						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categor} Solicitation/Fundra	es listed at the top of this sche sing Expense	edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense PNSE		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name C)ffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 11/13 Rpt: 23/25		Lunceford, Erin E. (Ms.)					00062765		
4	Date 02/07/2023		Payee name Raise the Money, Inc.							
6 Amount (\$) \$98.25 P.O. Box 26466 Little Rock, AR 72221										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ht		Office held		
	Date		Payee name							
	02/21/2023		Raise the Money, Inc.							
	Amount (\$) \$49.25		Payee address; City; P.O. Box 26466	State;	Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)	Little Rock, AR 72221 Category _{(See Categories lister} Solicitation/Fundraising		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense cessing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ht		Office held		
	Date		Payee name							
	02/27/2023		Raise the Money, Inc.							
	Amount (\$) \$122.75		Payee address; City; P.O. Box 26466	State;	Zip Co	le				
			Little Rock, AR 72221							
	PURPOSE OF EXPENDITURE		Category _{(See Categories lister} Solicitation/Fundraising		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense cessing		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ht		Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 12/13 Rpt: 24/25	Lunceford, Erin E. (Ms.)	00062765		
4	Date 03/01/2023	Payee name Raise the Money, Inc.			
6	Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221 Little Rock, AR 72221			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/27/2023	Sonja L. Aston Law			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,500.00	1151 Curtin St. Houston, TX 77018			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense EST		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/08/2023	Sonja L. Aston Law			
	Amount (\$) \$2,500.00	Payee address;City;State;Zip Code1151 Curtin St.			
		Houston, TX 77018			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense EST		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Food/Beverage Expense gift/Awards/Memorials Expense	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)
1 Total pages Sabadula E1	· · ·		3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 13/13 Rpt: 25/25	Lunceford, Erin E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00062765
4 Date	5 Payee name		
03/07/2023	Sonja L. Aston Law		
6 Amount (\$) \$7,500.00	 7 Payee address; City; State; 1151 Curtin St. Houston, TX 77018 	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Legal Services	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense est
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fice sought	Office held
Date	Payee name		
06/15/2023	Wells Fargo Bank		
Amount (\$) \$10.00	5311 Weslayan Houston, TX 77005	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Fees	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fice sought	Office held