CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Comm 00058435		2 Total pages filed: 21
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	John			
IVAIVIE					Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023
		Lujan		III	
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 14479				Receipt # Amount
Change of Address	Can Antonia TV 70214	0.470			
Change of Address	San Antonio, TX 78214	-0479			Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>
TREASURER NAME	Mrs.	Carolynn			
INAIVIL					
	NICKNAME	LAST		SUFFIX	
		Waldie			
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP COD
TREASURER	2984 South Loop 1604			, - ,	,
ADDRESS	'				
(Residence or Business)	San Antonio, TX 78264				
	San Antonio, 1X 70204				
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION		
TREASURER PHONE	(210) 771-3839				
FIIONE					
8 REPORT					
TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before	election \square	Exceeded modified	Final Report (Attach C/OH-FR)
	X July 15	our day before	election	reporting limit	Tina report (Attach Cron-riv)
9 PERIOD	Month Day Yea	ar		Month Day	Year
COVERED	01/01/2023		HROUGH	06/30/202	
					-
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Yea		rimary	Runoff	Other
	03/05/2024				—
			Seneral	Special	
				T	
11 OFFICE	OFFICE HELD (if any)	interior 110		12 OFFICE SOUGHT	
	State Representative D	ISTRICT 118		State Represent	ative District 118
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Lujan III, John (The I	Honorable)	14 Filer ID 00058435	(Ethics Commission	Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without of d officeholders are required to report this information	the candidate's or offic	eholder's knowledge	or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	JOHNWITTEE / NO BINESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	39		
		COMMITTEE COMMITTEE COMERCIAL TRANSPORTER			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA EES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 10,0	00.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 7	782.52
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 29,7	706.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 21,4	460.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 20,0	00.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hor	norable John Lujan I	п	
			Candidate or Officeho		_
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of	, 20, to o	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath	_
Signature or offic	cer auministening	Finited name of officer administering	Tide of office	aummistening valn	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 21
18 FILER Lujan	NAME III, John (The Honorable)	19 Filer ID 00058435	(Ethics Commission Filers)	
	DULE SUBTOTALS OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CO	DNTRIBUTIONS		\$ 10,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	5		\$
4.	SCHEDULE E: LOANS			\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES	S FROM POLITICAL CONTRIBUTION	S	\$ 26,706.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIG	SATIONS		\$ 3,000.00
7.	SCHEDULE F3: PURCHASE OF INVESTME	NTS FROM POLITICAL CONTRIBUTI	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY	CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES	S FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL	L CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITUI	RES FROM POLITICAL CONTRIBUTI	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS TO FILER	S, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A	1
The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/21		
FILER NAME Lujan III, Joh			3 Filer ID (Ethics Commission Filer 00058435	s)
Date 06/30/2023	 Full name of contributor	:)	7 Amount of Contribution (\$) \$10,00	0.00
	Austin , TX 78701			
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	The Instru FILER NAME Lujan III, Jol Date 06/30/2023	The Instruction Guide explains how to complete this FILER NAME Lujan III, John (The Honorable) Date 06/30/2023 5 Full name of contributor	Lujan III, John (The Honorable) Date 06/30/2023 5 Full name of contributor out-of-state PAC (ID#:) Texans for Lawsuit Reform PAC 6 Contributor address; City; State; Zip Code Austin , TX 78701	The Instruction Guide explains how to complete this form. FILER NAME Lujan III, John (The Honorable) Date 06/30/2023 Texans for Lawsuit Reform PAC Austin , TX 78701 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/21 3 Filer ID (Ethics Commission Filer 00058435 7 Amount of Contribution (\$) \$10,00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		Legal Services The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/14 Rpt: 5/21	Lujan III, Jo	hn (The Honorable)					00058435	
4	Date	5 Payee name							
	01/11/2023	AMLI on 2r	d						
6	Amount (\$)	7 Payee addre		State; Zip Co	ode				
	\$3,437.49	421 W 3rd	St						
		Austin, TX	78701						
8	PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expense	Э				de of Texas. Comp	
						_		officeholder living	ntal Expense for
						Officeholder			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
	02/13/2023	AMLI on 2r	d						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$3,000.32	421 W 3rd	St						
		Austin, TX	78701						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expense	9		=		de of Texas. Comp officeholder living	
						—			Ider Temporary Session
						Housing		TOT CHICCHO	ider remperary dession
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ight			Office he	eld
	experialiture to benefit C/OI								
	Date	Payee name							
	03/03/2023	AMLI on 2r	d						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$2,775.20	421 W 3rd	St						
		Austin, TX	78701						
	PURPOSE		ee Categories listed at the top of		(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expense	9		ш		de of Texas. Comp officeholder living	
									expense Ider Temporary Session
						Housing		ioi Oiliocho	ider remperary design
-	Complete ONLY if direct	L Candidate/Off	ceholder name	Office sou	l ight			Office he	eld
	expenditure to benefit C/OI				J				
l									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Conditional Operations Made 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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
_	Sch: 2/14 Rpt: 6/21	Lujan III, John (The Honorable) 00058435	3)
4	Date	5 Payee name	
	04/06/2023	AMLI on 2nd	
6	Amount (\$) \$2,999.99	7 Payee address; City; State; Zip Code 421 W 3rd St Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Rental Expense for Officeholder Temporary Sess Housing	sion
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/01/2023	AMLI on 2nd	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,920.94	421 W 3rd St	
	PUPPOCE	Austin, TX 78701	
	PURPOSE OF	(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.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Rental Expense for Officeholder Temporary Sess Housing	sion
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/01/2023	AMLI on 2nd	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,441.25	421 W 3rd St	
		Austin, TX 78701	
	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	
		Rental Expense for Officeholder Temporary Sess	sion
		Housing Housing	2.011
	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

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

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: 3/14 Rpt: 7/21	Lujan III, John (The Honorable) 00058435	
4	Date	5 Payee name	_
	01/09/2023	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$150.81	410 Terry Ave N,	
l			
		Seattle, WA 98109	
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.	
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		Supplies for Capitol Office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
⊨	Date	Payee name	=
	02/14/2023	Amazon	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$155.12	410 Terry Ave N,	
	Ψ133.12	410 Telly / We TV,	
		Seattle, WA 98109	
┡	PURPOSE		
l	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies for Capitol Office	
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_
l	Date	Payee name	
	03/07/2023	Amazon	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$68.56	410 Terry Ave N,	
l			
		Seattle, WA 98109	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Supplies for Capitol Office	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г			_
L			

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

	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: 4/14 Rpt: 8/21	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	03/10/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.73	410 Terry Ave N,
		Seattle, WA 98109
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 Supplies for Capitol Office
		Supplies for Capitor Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	04/28/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.80	410 Terry Ave N,
		Seattle, WA 98109
	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
		Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Oł	- · · · · · · · · · · · · · · · · · · ·
_	5 .	
	Date	Payee name
	03/24/2023	American Legislative Exchange Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2900 Crystal Dr #6
		Arlington, VA 22202
	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 Officeholder Membership Dues
		Officeriolider Metribership Dues
_	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 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/14 Rpt: 9/21	2 FILER NAME Lujan III, John (The Honorable) 3 Filer ID (Ethics Commission Filers) 00058435
4	Date 06/20/2023	5 Payee name American Legislative Exchange Council
6	Amount (\$) \$825.00	7 Payee address; City; State; Zip Code 2900 Crystal Dr #6
		Arlington, VA 22202
8	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 Registration Fee for Legislative Conference
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/30/2023	Payee name Dominguez, Yzach
	Amount (\$) \$750.00	Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/05/2023	Payee name HEB
	Amount (\$) \$246.93	Payee address; City; State; Zip Code 646 S. Flores St.
		San Antonio, TX 78204
	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 Supplies for Capitol Office
	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/14 Rpt: 10/21	
_		
4	Date 01/17/2023	5 Payee name HEB
6	Amount (\$) \$84.92	7 Payee address; City; State; Zip Code 646 S. Flores St.
		San Antonio, TX 78204
8	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 Supplies for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/31/2023	Payee name HEB
	Amount (\$) \$77.62	Payee address; City; State; Zip Code 646 S. Flores St.
		San Antonio, TX 78204
	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 Supplies for Capitol Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/21/2023	Payee name HEB
	Amount (\$) \$41.37	Payee address; City; State; Zip Code 646 S. Flores St.
		San Antonio, TX 78204
	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 Supplies for Capitol Office
	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 - 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

bursement Solicitation/Fundraising Expense
Il Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
	Sch: 7/14 Rpt: 11/21	Lujan III, John (The Honorable)	00058435
4	Date	5 Payee name	
	02/28/2023	HEB	
_			
6	Amount (\$)		
	\$95.16	646 S. Flores St.	
		San Antonio, TX 78204	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	LXI LINDITORL		TX, officeholder living expense
		Supplies for C	Capitol Office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiorare to benefit C/O	1	
	Date	Payee name	
	03/07/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.58	646 S. Flores St.	
	Ψ101.00	040 O. 1 10103 Ot.	
		Car Antonia TV 70004	
		San Antonio, TX 78204	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Supplies for C	
		Supplies for C	Supitor Office
	Complete ONLY if direct	Candidata/Officeholder name Office cought	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/16/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.46	646 S. Flores St.	
		San Antonio, TX 78204	
	PURPOSE		
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Supplies for C	Capitol Office
	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 -Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 8/14 Rpt: 12/21	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	03/30/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$141.75	646 S. Flores St.
		San Antonio, TX 78204
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
		Supplies for Capitol Office
		σαρβίτου τοι σαρικοί στίπου
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
\vdash	Date	Payee name
	04/07/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.47	646 S. Flores St.
		San Antonio, TX 78204
	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 Supplies for Capitol Office
		Supplies for Capitor Office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	
	Date 04/14/2023	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.64	646 S. Flores St.
		San Antonio, TX 78204
	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 Supplies for Capitol Office
		Supplies for Capitor Office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services The Instruction Guide explains	Salaries/Wage		OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers))
	Sch: 9/14 Rpt: 13/21	Lujan III, John (The Honorable)				00058435		
4	Date	5 Payee name						
	04/25/2023	HEB						
6	Amount (\$)	7 Payee address; City; State	e; Zip Code					
	\$85.96	646 S. Flores St.						
		San Antonio, TX 78204						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this so	chedule) (b)	Description				
	EXPENDITURE	Office Overhead/Rental Expense		<u> </u>		de of Texas. Comp officeholder living	plete Schedule T.	
				Supplies for (гехрепас	
				Саррисс іс. (o otp			
9	Complete ONLY if direct expenditure to benefit C/OI		Office sought			Office he	eld	
	Date	Payee name						_
	05/02/2023	HEB						
	Amount (\$)	Payee address; City; State	e; Zip Code					
	\$99.80	646 S. Flores St.	o, 2.p oodo					
	Ψ33.00	040 3.1 10103 31.						
		San Antonio, TX 78204						
	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		<u> </u>			plete Schedule T.	
				ш		officeholder living	expense	
				Supplies for 0	Jap	itoi Onice		
	2							
	Complete ONLY if direct expenditure to benefit C/OI		Office sought			Office he	eld	
	Date	Payee name						
	05/09/2023	HEB						
	Amount (\$)	Payee address; City; State	e; Zip Code					
	\$57.34	646 S. Flores St.	, ,					
	701.0							
		San Antonio, TX 78204						
	PURPOSE OF	(a) Category (See Categories listed at the top of this so	chedule) (b)	Description				
	EXPENDITURE	Office Overhead/Rental Expense		ш			plete Schedule T.	
				Supplies for C		officeholder living	expense	
				Supplies for C	Jaμ	itoi Oilice		
	Operation ONE VIII II	Occasional Official and	06			0,,,	.1.4	
	Complete ONLY if direct expenditure to benefit C/OI		Office sought			Office he	eiu	
	- Farmana to bonont of of							
_								_

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

sement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

abor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 10/14 Rpt: 14/21	2 FILER NAME Lujan III, John (The Honorable) 3 Filer ID (Ethics Commission Filers) 00058435	
4	Date 05/22/2023	5 Payee name HEB	_
6	Amount (\$) \$105.39	7 Payee address; City; State; Zip Code 646 S. Flores St.	
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78204 (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 Supplies for Capitol Office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 06/08/2023	Payee name HEB	
	Amount (\$) \$83.34	Payee address; City; State; Zip Code 646 S. Flores St. San Antonio, TX 78204	
	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 Supplies for Capitol Office	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 06/22/2023	Payee name HEB	
	Amount (\$) \$35.10	Payee address; City; State; Zip Code 646 S. Flores St.	
		San Antonio, TX 78204	
	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 Supplies for Capitol Office	
	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 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								OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide 6	explains how to co	mple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commiss	ion Filers)		
	Sch: 11/14 Rpt: 15/21		Lujan III, John (The Honorable)					00058435				
4	Date	5	Payee name									
	01/17/2023		Hilton Garden Inn									
6	Amount (\$)	7	Payee address; City;	State; Zip Co	nde							
Ŭ	\$493.62	ľ	500 N Interstate Hwy 35	Otato, Zip Ot	Juo							
	¥ 100.02		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
			Augstin TV 70701									
		⊢	Austin, TX 78701									
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description		d4.T O	olete Celeedule T			
	EXPENDITURE		Travel Out of District					de of Texas. Com officeholder living				
						—			Attend Legislati	ive		
									Housing Being			
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	ıaht			Office he	eld			
	expenditure to benefit C/OI											
_	Date	Π	Payoo nama									
	02/06/2023		Payee name Hobby Lobby									
		<u> </u>		Chahai Zin Ca	- al a							
	Amount (\$)		Payee address; City;	State; Zip Co	oue							
	\$357.11		8000 Research Blvd									
			Austin, TX 78758									
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description						
	EXPENDITURE		Office Overhead/Rental Expens	se					plete Schedule T.			
Check if Austin, TX, officeholder living expense Decorations for Capitol Office												
						Decorations	01	oupitor offic				
	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Office sou	l Iaht			Office he	-ld			
	expenditure to benefit C/OI		and dates of moon order manner	255 555	.g			000	,,,			
	Date	Ī	Payee name									
	02/08/2023		Hobby Lobby									
		\vdash		State: 7in Co	ndo.							
	Amount (\$)		Payee address; City;	State; Zip Co	oue							
	\$293.58		8000 Research Blvd									
			Austin, TX 78758									
	PURPOSE OF	(a)	Category (See Categories listed at the top		(b)	Description						
	EXPENDITURE		Office Overhead/Rental Expens	se		ш		de of Texas. Com officeholder living	•			
						Decorations f						
						2000141101101	٠. ١	- 40.001 01110	-			
	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Office sou	laht			Office he	əld			
	expenditure to benefit C/OI		and a morrough fluing	Omec 300	-911L			Omice ne				

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

nt Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	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: 12/14 Rpt: 16/21	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	06/12/2023	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.96	8000 Research Blvd
		Austin, TX 78758
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
		Decorations for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/12/2023	Johnson, Kendall
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 2910
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
		1,11,5
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/26/2023	Regal Plastics
-	Amount (\$)	Payee address; City; State; Zip Code
	\$189.44	9311 Metric Blvd
	Ф105.44	SOLI MICHIC DIVU
		Austin, TX 78758
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Decorations for Capitol Office
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	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 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 13/14 Rpt: 17/21	Lujan III, John (The Honorable) 00058435							
4	Date	5 Payee name							
	02/01/2023	Regal Plastics							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$70.36	9311 Metric Blvd							
		Austin, TX 78758							
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							
		Decorations for Capitol Office							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							
	Date	Payee name							
	05/31/2023	Smith, Cassidy							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$750.00	PO Box 2910							
		Austin, TX 78768							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Campaign Contract Labor							
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	Complete ONLY if direct expenditure to benefit C/Ol								
	Data	David and a second a second and							
	Date 02/10/2023	Payee name Texas Conservative Coalition							
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2659							
	φ1,000.00	FO B0X 2009							
		Austin, TX 78768							
	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							
		Officeholder Membership Dues							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol	1							

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Servic				/ages	e /Contract Labor e te this form.		Travel Out of Di OTHER (enter a	strict a category not listed	d above)
1	Total pages Schedule F1: Sch: 14/14 Rpt: 18/21	l	FILER NAME Lujan III, Jol		Honorable	e)					Filer ID 00058435	(Ethics Comm	ission Filers)
4	Date 02/16/2023		Payee name Texas Hous	e Early (Childhood								
6	Amount (\$) \$250.00		Payee addres P.O. Box 12 San Antonio	411		State;	Zip Co	de					
8	PURPOSE	 	<u> </u>		listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees	ŭ			,		—	, TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder r	name	C	Office sou	ght			Office h	eld	
	Date		Payee name										
	04/04/2023		Texas Hous	e Repub	lican Cau	cus							
	Amount (\$) \$1,000.00	l	Payee addres P.O. Box 13		ty;	State;	Zip Co	de					
			Austin, TX 7	8711									
	PURPOSE OF EXPENDITURE	l	Category _{(Se} Fees	e Categories	s listed at the t	op of this sche	edule)			, TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder r	name	С	Office sou	ght			Office h	eld	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 19/21 Lujan III, John (The Honorable) 00058435 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 01/04/2023 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 1648 Austin, TX 78767 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consulting Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/02/2023 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 1648 Austin, TX 78767 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consulting Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 20/21 Lujan III, John (The Honorable) 00058435 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 03/03/2023 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 1648 Austin, TX 78767 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consulting Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2023 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 1648 Austin, TX 78767 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consulting Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 21/21 Lujan III, John (The Honorable) 00058435 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 05/02/2023 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 1648 Austin, TX 78767 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consulting Fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2023 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 1648 Austin, TX 78767 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Consulting Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH