#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 10 00086017 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Luke NAME Date Received **ELECTRONICALLY FILED** 01/11/2024 NICKNAME LAST **SUFFIX** Warford CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 6020 MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78762 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ethan NAME NICKNAME LAST **SUFFIX** Avey STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3203 Churchill Dr. **ADDRESS** (Residence or Business) Austin, TX 78703 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (310) 227-2335 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified reporting limit **PERIOD** Month Day Year Month Day Year **COVERED** 07/01/2023 **THROUGH** 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

**GO TO PAGE 2** 

12 OFFICE SOUGHT (if known)

Railroad Commissioner

11 OFFICE

OFFICE HELD (if any)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Warford, Luke (Mr.)		<b>14</b> Filer ID 00086017	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political e These expenditures may have been made officeholders are required to report this in	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF	= LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,996.10
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O RIOD	F THE LAST DAY OF THE	\$ 322.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			er penalty of perjury, that the acc cludes all information required t n Code.	
			Mr. Luke Warford	
		Sign	nature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of o		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 10 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00086017 Warford, Luke (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 3,996.10 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 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

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Services	S		ages	/Contract Labor		OTHER (enter a	a category not listed a	above)
				The Instruction G	uide explains hov	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 1/7 Rpt: 4/10		Warford, Lul	ke (Mr.)						00086017		
4	Date	5	Payee name									
	07/26/2023		Amalgamate	ed Bank								
6	Amount (\$)	7	Payee addres	s; City;	State; 2	Zip Cod	de					
	\$5.25		275 Seventh	n Avenue								
			New York, N	IY 10001								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE		Fees	-	·			Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE							_	, TX,	officeholder livin	g expense	
								Bank Fees				
9	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI	1										
	Date		Payee name									
	08/25/2023		Amalgamate	ed Bank								
	Amount (\$)		Payee addres	s; City;	State; Z	Zip Coc	de					
	\$5.00		275 Seventh	n Avenue								
			New York, N	IY 10001								
	PURPOSE	(a)				1	(h)	Description				
	OF	(۳)	Fees	e Categories listed at t	he top of this schedu	ile)	(5)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		rees					<b>-</b>		officeholder livin		
								Bank Fees				
	Complete ONLY if direct		Candidate/Offic	eholder name	Offi	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	09/27/2023		Amalgamate	ed Bank								
	Amount (\$)	$\vdash$	Payee addres	s; City;	State; Z	Zip Cod	de					
	\$5.00		275 Seventh	n Avenue								
			New York, N	IY 10001								
_	PURPOSE	(2)				14	(h)	Description				
	OF	(۳)	Fees	e Categories listed at t	he top of this schedu	ile)	(1)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 003					Check if Austin,	, TX,	officeholder livin	g expense	
								Bank Fees				
	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
l												

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 5/10	Warford, Luke (Mr.)		00086017
4	Date	5 Payee name		-
	10/27/2023	Amalgamated Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$5.00	275 Seventh Avenue		
		New York, NY 10001		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Bank Fees
_	Complete ONL V if direct	Candidate/Officeholder name Office souc	ah+	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Jnı	Office field
_				
	Date	Payee name		
	11/29/2023	Amalgamated Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$5.00	275 Seventh Avenue		
		New York, NY 10001		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Bank Fees
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	4	-	
	Date	Payee name		
	12/29/2023	Amalgamated Bank		
	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$5.00	275 Seventh Avenue	40	
	40.00	210 001011111110011100		
		New York, NY 10001		
	DUDDOCE	(1)	/b\	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				Bank Fees
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1	_	

#### 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 Legal Services

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

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 comp	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 3/7 Rpt: 6/10	Warford, Luke (Mr.)			00086017	
4	Date	5 Payee name		•		
	07/03/2023	Google				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$39.97	1600 Amphitheatre Parkway				
		Mountain View, CA 94043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>b)</b> D	escription		
	OF EXPENDITURE	Software		Check if travel outside		
			Ļ	Check if Austin, TX,	officeholder living	expense
			_	illali Services		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	
	expenditure to benefit C/OI		111		Office fic	,iu
	Date	Davisa nama				
	08/02/2023	Payee name Google				
			^			
	Amount (\$) \$40.02	Payee address; City; State; Zip Code	е			
	<b>Φ40.02</b>	1600 Amphitheatre Parkway				
		Mauratain View CA 04040				
		Mountain View, CA 94043				
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) D	escription Check if travel outside	lo of Toyas Com	nlata Schadula T
	EXPENDITURE	Software	F	Check if Austin, TX,		
			E	mail Services		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/05/2023	Google				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$40.08	1600 Amphitheatre Parkway				
		Mountain View, CA 94043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>b)</b> D	escription		
	OF EXPENDITURE	Software		Check if travel outsid		
			L	Check if Austin, TX,	officeholder living	expense
				inali Jelvices		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	hld
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·			Silloc IIC	
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#### 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
e Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	)
ļ -	Sch: 4/7 Rpt: 7/10	Warford, Luke (Mr.) 00086017	'
Ļ			
4	Date	5 Payee name	
	10/02/2023	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.07	1600 Amphitheatre Parkway	
		Mountain View CA 04042	
		Mountain View, CA 94043	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Email Services	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiorare to benefit C/OI		
	Date	Payee name	
	11/02/2023	Google	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.38	1600 Amphitheatre Parkway	
	ψ30.30	2000 / Imprinatedate Fankway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.	
	LA LIBITORE	Check if Austin, TX, officeholder living expense	
		Email Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	п	
	Date	Payee name	
	12/02/2023	Google	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.37		
	<b>Φ3</b> δ.3 <i>1</i>	1600 Amphitheatre Parkway	
L		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITURE	Check if Austin, TX, officeholder living expense	
		Email Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### SCHEDULE F1

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

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

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

Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1: Sch: 5/7 Rpt: 8/10	2 FILER NAME Warford, Luke (Mr.)	3 Filer ID (Ethics Commission Filers) 00086017
4	Date 07/10/2023	5 Payee name Mailchimp	
	Amount (\$) \$394.42	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8	PURPOSE OF EXPENDITURE	Check	tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/09/2023	Payee name Mailchimp	
	Amount (\$) \$394.42	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
	PURPOSE OF EXPENDITURE	Check	tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ServiceS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/11/2023	Payee name Mailchimp	
	Amount (\$) \$394.42	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
	PURPOSE OF EXPENDITURE	Check	tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 6/7 Rpt: 9/10	Warford, Luke (Mr.) 00086017
4	Date	5 Payee name
	10/10/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$394.42	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email Services
		Enfail Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	11/09/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$394.42	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/11/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$437.06	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email Services
		Ellidii Services
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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: 7/7 Rpt: 10/10	Warford, Luke (Mr.) 00086017
4	Date	5 Payee name
	07/03/2023	NGP Van
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$319.80	1445 New York Ave NW
		Washington, DC 20005
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Software Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fundraising Software
		Tunulaising Sollware
Ļ	Complete ONLY if direct	Condidate/Office holds
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	07/03/2023	Texas Blue Action
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 41424
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Folitical Continuation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	