#### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

| 1 Filer II       | _ (                             | ics Commission Filers)                                  | 2 Total pages filed:                       |   |  | OFFICI   | E USE ONLY  |
|------------------|---------------------------------|---|--|---|--|--|---|
| 0008             | 0276                            |   | 157  |   |  | Date Received  |   |
| 3 CANE           |                                 | MS / MRS / MR   | FIRST                                      |   | MI   | ELECTRON   | ICALLY FILED  |
| OFFIC<br>NAME    | CEHOLDER                        | The Honorable   | Lynn D.                                    |   |  | 02/07/2024   |   |
|                  | _                               | NICKNAME  | LAST                                       |   | SUFFIX   |  |   |
|                  |                                 |   | Stucky                                     |   |  | Date Hand-delivers   | ed or Date Postmarked   |
| 4 ORIG           |                                 | X January 15  | Runoff                                     | Other (s  | specify)   | Date Hand-deliver  | ed of Date i Ostinarked   |
| REPC             | ORT TYPE                        | July 15   | Exceeded modifie                           | d reporting limit   |  | Receipt #  | Amount  |
|                  |                                 | 30th day before electio                                 | on 15th day after cam                      |   |  | -  |   |
|                  |                                 | 8th day before election                                 | appointment (office                        | • •   |  | Date Processed   |   |
| - 0010           | INIAL DEDICE                    |   | <u></u>                                    |   | V  | _  |   |
| 5 ORIG<br>COVE   | INAL PERIOD<br>ERED             | Month Day Y<br>07/01/2023                               | ear<br>THROUGH                             | Month Day 12/31/2023  | Year   | Date Imaged  |   |
| - EVDI           | ANATION OF C                    |   |  | 12/31/2023  |  |  |   |
|                  |                                 | were not included on orig<br>rt, I only included amount |  |   |  |  |   |
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|                  | ) A) //T                        |   |  |   |  |  |   |
| ' AFFIC          | DAVIT                           |   | Lsv  | vear or affirm under n  | enalty of periun   | v that this correc   | cted report is true   |
| ` AFFIC          | DAVIT                           |   |  | vear, or affirm, under p  | enalty of perjury  | y, that this correc  | cted report is true   |
| ' AFFID          | DAVIT                           |   |  | vear, or affirm, under p<br>d correct.  | enalty of perjury  | y, that this correc  | cted report is true   |
| 7 AFFIC          | DAVIT                           |   | and  |   | , , , ,  |  | cted report is true   |
| AFFIC            | DAVIT                           |   | and<br>Ch                                  | d correct. eck the box next to any  | and all applica  | uble statements:   | ·   |
| AFFIC            | DAVIT                           |   | and  | d correct.  eck the box next to any  Semiannual report  | / and all applica<br>s: I swear, or  | able statements:   | original report   |
| AFFIC            | DAVIT                           |   | and<br>Ch                                  | d correct.  eck the box next to any  Semiannual report  was made in good for  | / and all applica<br>s: I swear, or<br>aith and without  | able statements:  r affirm that the o  | original report<br>lead or to   |
| 7 AFFIC          | DAVIT                           |   | and<br>Ch                                  | d correct.  eck the box next to any  Semiannual report  | / and all applica<br>s: I swear, or<br>aith and without  | able statements:  r affirm that the o  | original report<br>lead or to   |
| 7 AFFIC          | DAVIT                           |   | and<br>Chi                                 | d correct.  eck the box next to any  Semiannual report  was made in good formisrepresent the info   | / and all applica s: I swear, or aith and without ormation contai  | able statements:  r affirm that the outline and intent to missioned in the report  | original report<br>lead or to<br>t.   |
| 7 AFFIC          | DAVIT                           |   | and<br>Ch                                  | d correct.  eck the box next to any  Semiannual report  was made in good fi misrepresent the inf  Other reports:  | / and all applica s: I swear, or aith and without ormation containswear, or affirm.  | able statements: r affirm that the other in the report ned in the report , that I am filing t  | original report<br>lead or to<br>t.<br>this corrected   |
| AFFID            | DAVIT                           |   | and<br>Chi                                 | Semiannual report was made in good fi misrepresent the inf  Other reports: Is report not later than   | and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine   | able statements:  r affirm that the of an intent to mislined in the report that I am filling tess day after the  | original report<br>lead or to<br>t.<br>this corrected<br>date I learned                                     |
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| 7 AFFIC          | DAVIT                           |   | and<br>Chi                                 | Semiannual report was made in good fi misrepresent the inf  Other reports: report not later than that the report as or swear, or affirm, tha  | and all applica  s: I swear, or aith and without ormation contains wear, or affirm the 14th busine iginally filed is intany error or or  | able statements:  r affirm that the of an intent to mislined in the report  that I am filling these day after the naccurate or income.   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I                       |
| 7 AFFIC          | DAVIT                           |   | and<br>Chi                                 | Semiannual report was made in good f misrepresent the inf  Other reports: report not later than that the report as or swear, or affirm, tha filed was made in go                    | v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith.   | able statements:  r affirm that the of an intent to mistined in the report  , that I am filing these day after the naccurate or incomission in the report  | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I                       |
| 7 AFFIC          | DAVIT                           |   | and<br>Chi                                 | Semiannual report was made in good fi misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good  The          | v and all applica s: I swear, or aith and without ormation contai swear, or affirm, the 14th busine iginally filed is ir t any error or or ood faith.  Honorable Ly                            | able statements:  r affirm that the of an intent to mislined in the report  that I am filling the accurate or incomission in the report  rnn D. Stucky   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I<br>port as originally |
|                  |                                 | AMP / SEAL ABOVE  | and<br>Chi                                 | Semiannual report was made in good fi misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good  The          | v and all applica s: I swear, or aith and without ormation contai swear, or affirm, the 14th busine iginally filed is ir t any error or or ood faith.  Honorable Ly                            | able statements:  r affirm that the of an intent to mistined in the report  , that I am filing these day after the naccurate or incomission in the report  | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I<br>port as originally |
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| AFF:<br>Swo      | IX NOTARY ST<br>rn to and subsc | ribed before me, by the s                               | and Chi                                    | Semiannual report was made in good famisrepresent the inf  Other reports: report not later than that the report as or swear, or affirm, that filed was made in good  The  Signatu   | y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith.  Honorable Ly ure of Candidate            | r affirm that the of an intent to mist ned in the report , that I am filing tess day after the naccurate or incomission in the report of the property of the p | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I<br>port as originally |
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| AFF<br>Swo       | IX NOTARY ST<br>rn to and subsc | ribed before me, by the s                               | and Chi                                    | Semiannual report was made in good famisrepresent the inf  Other reports: report not later than that the report as or swear, or affirm, that filed was made in good  The  Signatu   | y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith.  Honorable Ly ure of Candidate            | r affirm that the of an intent to mist ned in the report , that I am filing tess day after the naccurate or incomission in the report of the property of the p | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I<br>port as originally |
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| AFF<br>Swo<br>of | IX NOTARY ST                    | ribed before me, by the s                               | and Cho X  X  add ertify which, witness my | Semiannual report was made in good for misrepresent the inf  Other reports: report not later than that the report as or swear, or affirm, that filed was made in good  The  Signatu | y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith.  Honorable Ly ure of Candidate, this t e. | r affirm that the of an intent to mist ned in the report , that I am filing tess day after the naccurate or incomission in the report of the conficulty of t | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I<br>port as originally |

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (  | Guide explains how to compl | ete this form.   | 1 Filer ID<br>(Ethics Commi<br>00080276 |                                   | 2 Total pages       | filed:<br>157      |
|-------------------------|-----------------------------|------------------|---|-----------------------------------|---------------------|--------------------|
| 3 CANDIDATE /           | MS / MRS / MR               | FIRST            |   | MI                                | OFFICE              | USE ONLY           |
| OFFICEHOLDER<br>NAME    | The Honorable               | Lynn D.          |   |                                   | Date Received       |                    |
| 10 001                  |                             |                  |   |                                   | ELECTRONIC          |                    |
|                         |                             |                  |   |                                   | 02/07/2024          | SALLI I ILLD       |
|                         | NICKNAME                    | LAST             |   | SUFFIX                            | 02/07/2024          |                    |
|                         |                             | Stucky           |   |                                   |                     |                    |
| 4 CANDIDATE /           | ADDRESS / PO BOX; APT       | / SUITE #; CIT   | Y;                                      | ZIP CODE                          | Date Hand-delivered | or Date Postmarked |
| OFFICEHOLDER<br>MAILING | P.O. Box 464                |                  |   |                                   |                     |                    |
| ADDRESS                 |                             |                  |   |                                   | Receipt #           | Amount             |
| Change of Address       | Denton, TX 76202            |                  |   |                                   |                     |                    |
|                         |                             |                  |   |                                   | Date Processed      |                    |
|                         |                             |                  |   |                                   | Data lara and       |                    |
|                         |                             |                  |   |                                   | Date Imaged         |                    |
| 5 CAMPAIGN              | MS / MRS / MR               | FIRST            |   | MI                                |                     |                    |
| TREASURER               | Mr.                         | Robert D.        |   | ••••                              |                     |                    |
| NAME                    | TVII.                       | Robert B.        |   |                                   |                     |                    |
|                         | NICKNAME                    | LACT             |   | CUEEIV                            |                     |                    |
|                         | NICKNAME                    | LAST<br>Seay     |   | SUFFIX                            |                     |                    |
|                         |                             | Seay             |   |                                   |                     |                    |
| C CAMBAICN              | CTREET ADDRESS (NO BO       | DOV DI EACEN     |   | T / CUITE # CITY                  | <i>v</i> : 67       | TATE; ZIP CODE     |
| 6 CAMPAIGN<br>TREASURER | STREET ADDRESS (NO PO       | BUX PLEASE);     | AP                                      | T / SUITE #; CITY                 | r; 5                | TATE; ZIP CODE     |
| ADDRESS                 | 902 N. Locust               |                  |   |                                   |                     |                    |
| (Residence or Business) |                             |                  |   |                                   |                     |                    |
|                         | Denton, TX 76201            |                  |   |                                   |                     |                    |
|                         |                             |                  |   |                                   |                     |                    |
| 7 CAMPAIGN              | AREA CODE PHON              | NE NUMBER E      | EXTENSION                               |                                   |                     |                    |
| TREASURER               | (940) 387-8563 x21          | VE IVOIMBER E    | EXTENSION                               |                                   |                     |                    |
| PHONE                   | (340) 307 0303 XZI          |                  |   |                                   |                     |                    |
| 8 REPORT                |                             |                  |   |                                   |                     |                    |
| TYPE                    | X January 15                | 30th day before  | election                                | Runoff                            | 15th day after o    | campaign treasurer |
|                         |                             | <br>             |   |                                   |                     | fficeholder only)  |
|                         | July 15                     | 8th day before 6 | election                                | Exceeded modified reporting limit | Final Report (A     | ttach C/OH-FR)     |
|                         |                             |                  |   |                                   |                     |                    |
| 9 PERIOD<br>COVERED     | Month Day Year              | <b>T</b> 1.      | IDOLIOLI                                | Month Day                         |                     |                    |
| COVERED                 | 07/01/2023                  | IH               | IROUGH                                  | 12/31/20                          | )23                 |                    |
|                         |                             |                  |   |                                   |                     |                    |
| 10 ELECTION             | ELECTION DATE               |                  |   | ELECTION TYPE                     |                     |                    |
|                         | Month Day Year 03/05/2024   | X Pi             | rimary                                  | Runoff                            | Other               |                    |
|                         | 03/03/2024                  | G                | eneral                                  | Special                           |                     |                    |
|                         |                             |                  |   |                                   |                     |                    |
| 11 OFFICE               | OFFICE HELD (if any)        |                  |   | 12 OFFICE SOUGH                   | IT (if known)       |                    |
|                         | State Representative Dist   | rict 64          |   | State Represer                    | ntative             |                    |
|                         |                             |                  |   |                                   |                     |                    |
|                         |                             |                  |   | <u>, I</u>                        |                     |                    |
|                         |                             |                  |   |                                   |                     |                    |
|                         |                             | CO T             | O DACE 2                                |                                   |                     |                    |
|                         |                             | GO I             | O PAGE 2                                |                                   |                     |                    |

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

3 of 157

| 13 C / OH NAME                                 | Stucky, Lynn D. (The              | Honorable)  | <b>14</b> Filer ID (I 00080276 | Ethics Commission Filers) |
|--|-----------------------------------|---|--------------------------------|---------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.         | political contributions accepted or political expenditu<br>These expenditures may have been made without a<br>d officeholders are required to report this information | the candidate's or office      | holder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                    | COMMITTEE NAME  |                                |                           |
|  | GENERAL                           |   |                                |                           |
|  |                                   | COMMITTEE ADDRESS   |                                |                           |
|  | SPECIFIC                          |   |                                |                           |
|  |                                   | COMMITTEE CAMPAIGN TREASURER NAME   |                                |                           |
|  |                                   | COMMITTEE CAMPAIGN TREASURER ADDRES   | SS                             |                           |
| 16 CONTRIBUTION                                | TOTAL UNITEM                      | ZED POLITICAL CONTRIBUTIONS (OTHER THA  | N DI EDCEC I OANG              |                           |
| 16 CONTRIBUTION<br>TOTALS                      | N PLEDGES, LOANS,<br>CTRONICALLY) | \$ 0.00   |                                |                           |
|  |                                   | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS   | 5)                             | <b>\$</b> 241,091.81      |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                   | ZED POLITICAL EXPENDITURES  |                                | \$ 0.00                   |
|  | 4. TOTAL POLITIC                  | AL EXPENDITURES   |                                | \$ 332,791.90             |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE  | AL CONTRIBUTIONS MAINTAINED AS OF THE L<br>RIOD   | AST DAY OF THE                 | <b>\$</b> 179,195.22      |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR  | AL AMOUNT OF ALL OUTSTANDING LOANS AS<br>TING PERIOD  | OF THE LAST DAY                | \$ 0.00                   |
| 17 AFFIDAVIT                                   |                                   | I swear, or affirm, under penalty<br>true and correct and includes a  |                                |                           |
|  |                                   | under Title 15, Election Code.  |                                |                           |
|  |                                   | The Hono  | orable Lynn D. Stucky          | y                         |
|  |                                   |   | Candidate or Officehold        |                           |
| AFFIX NO                                       | TARY STAMP / SEAL ABO             | DVE   |                                |                           |
| 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 office                            | cer administering                 | Printed name of officer administering   | Title of officer               | administering oath        |
|  |                                   |   |                                |                           |

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

4 of 157

|               |          |   |             |        | 4 01 197              |
|---------------|----------|---|-------------|--------|-----------------------|
| <b>18</b> FIL | ER NAM   | 1E  | 19 Filer ID | (Ethic | cs Commission Filers) |
| Stı           | ucky, Ly | nn D. (The Honorable)   | 00080276    |        |                       |
| l             |          | E SUBTOTALS<br>SCHEDULE   |             | :      | SUBTOTAL AMOUNT       |
| 1.            | Х        | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |             | \$     | 194,303.96            |
| 2.            | Х        | \$  | 46,787.85   |        |                       |
| 3.            |          | \$  |             |        |                       |
| 4.            |          | \$  |             |        |                       |
| 5.            | X        | \$  | 290,084.36  |        |                       |
| 6.            |          | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |             | \$     |                       |
| 7.            |          | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION          | ONS         | \$     |                       |
| 8.            | X        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |             | \$     | 42,707.54             |
| 9.            |          | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                    |             | \$     |                       |
| 10.           | . 🔲      | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS            | OF C/OH     | \$     |                       |
| 11.           | . 🔲      | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION        | ONS         | \$     |                       |
| 12.           | . 🔲      | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED    | \$     |                       |
|               |          |   |             | -      |                       |

|   | MONET                      | ARY POLITICAL   |  | SCHEDUI                      | LE <b>A1</b>                |  |            |
|---|----------------------------|---|--|------------------------------|-----------------------------|--|------------|
|   | The Instruc                | ction Guide explains ho   | w to complete this f                       | orm.                         | 1                           | Total pages Schedule A1:<br>Sch: 1/44 Rpt: 5/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |  |                              | 3                           | Filer ID (Ethics Commission 00080276             | on Filers) |
| 4 | Date 09/27/2023            | 5 Full name of contributor<br>3T Holdings LLC   | out-of-state PAC (ID#:_                    |                              | 7                           | Amount of Contribution (\$)                      | \$1,000.00 |
| _ |                            | Dallas, TX 75229  | `  | 2 5 1 (2 1 : :               | Ĺ                           |  |            |
| 8 | Principal occu             | pation / Job title (See Instruction   | S)   | 9 Employer (See Instructions | 5)                          |  |            |
|   | Date<br>08/05/2023         | Contributor address; City; State; Zip Code  |  |                              | Amount of Contribution (\$) | \$750.00   |            |
|   | Principal occur            | Decatur, TX 76234 pation / Job title (See Instruction                                   | s)   | Employer (See Instructions   | ;)<br>                      |  |            |
|   | Veterinarian               | pation 7 300 title (See instruction   | 3)   | Self                         | ۶)                          |  |            |
|   | Date<br>11/21/2023         |   |  | •                            | Amount of Contribution (\$) | \$50.00  |            |
|   |                            | Sanger, TX 76266  |  |                              |                             |  |            |
|   | Principal occu             | pation / Job title (See Instruction   | s)   | Employer (See Instructions   | 5)                          |  |            |
|   | Date<br>10/03/2023         | Full name of contributor Ackerman, Krista Contributor address; City; S Sanger, TX 76266 |  |                              | •                           | Amount of Contribution (\$)                      | \$100.00   |
|   | Principal occu             | pation / Job title (See Instruction   | s)   | Employer (See Instructions   | 5)                          |  |            |
|   | Date<br>12/29/2023         | Full name of contributor Allen, Don Contributor address; City; S Arlington, TX 76016    | out-of-state PAC (ID#:_<br>state; Zip Code | )                            |                             | Amount of Contribution (\$)                      | \$500.00   |
|   | Principal occu             | pation / Job title (See Instruction   | s)   | Employer (See Instructions   | 5)                          |  |            |
|   |                            |   |  |                              |                             |  |            |

|   | MONET                      | ARY POLITICAL C  | NS                                      |                                 | SCHEDUI        | LE A1  |            |
|---|----------------------------|--|---|---------------------------------|----------------|--|------------|
|   | The Instru                 | ction Guide explains how   | to complete this fo                     | orm.                            | 1              | Total pages Schedule A1:<br>Sch: 2/44 Rpt: 6/157 |            |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)   |   |                                 | 3              | Filer ID (Ethics Commission 00080276             | on Filers) |
| 4 | Date 09/30/2023            | <ul><li>5 Full name of contributor<br/>Anderson, Carl</li><li>6 Contributor address; City; Sta</li></ul> |   | )                               | 7              | Amount of Contribution (\$)                      | \$200.00   |
|   |                            | Shady Shores, TX 76208   |   |                                 |                |  |            |
| 8 | Principal occu             | pation / Job title (See Instructions)  |   | 9 Employer (See Instructions    | s)             |  |            |
|   | Date<br>10/05/2023         | Full name of contributor Apartment Association of ( Contributor address; City; Sta                       |   | )                               |                | Amount of Contribution (\$)                      | \$1,000.00 |
|   | Principal occu             | Irving, TX 75038 pation / Job title (See Instructions)   |   | Employer (See Instructions      | <u> </u><br>S) |  |            |
|   | Date<br>09/30/2023         | Full name of contributor<br>Baker, Connie<br>Contributor address; City; Sta                              | out-of-state PAC (ID#:                  |                                 | •              | Amount of Contribution (\$)                      | \$100.00   |
|   | Principal occu             | Denton, TX 76207<br>pation / Job title (See Instructions)  |   | Employer (See Instructions      | <u> </u><br>s) |  |            |
|   | Date<br>09/27/2023         | Full name of contributor  Beadle, Forrest  Contributor address; City; Sta                                |   |                                 | •              | Amount of Contribution (\$)                      | \$250.00   |
|   | Principal occu             | pation / Job title (See Instructions)  |   | Employer (See Instructions      | <u>I</u><br>S) |  |            |
|   | Date<br>08/12/2023         | Full name of contributor Belew, Paul Contributor address; City; Sta                                      | out-of-state PAC (ID#:<br>tte; Zip Code |                                 | •              | Amount of Contribution (\$)                      | \$500.00   |
|   | Principal occu<br>Attorney | pation / Job title (See Instructions)  |   | Employer (See Instructions Self | 5)             |  |            |
|   |                            |  | l                                       |                                 |                |  |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | SCHEDULE A1                          |                            |                                   |  |    |
|---|----------------------------|---|--------------------------------------|----------------------------|-----------------------------------|--|----|
|   | The Instruc                | ction Guide explains how to complete this   | for                                  | m.                         | 1                                 | Total pages Schedule A1:<br>Sch: 3/44 Rpt: 7/157 |    |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |                                      |                            | 3                                 | Filer ID (Ethics Commission Filers) 00080276     |    |
| 4 |                            | <ul> <li>5 Full name of contributor  out-of-state PAC (ID# Belew, Paul</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> |                                      | )                          | 7                                 | Amount of Contribution (\$) \$500.               | 00 |
| 8 |                            | Decatur, TX 76234 pation / Job title (See Instructions)   | 9                                    | Employer (See Instructions | <u> </u><br>S)                    |  |    |
|   | Date<br>11/01/2023         | Blackridge  | butor address; City; State; Zip Code |                            |                                   | Amount of Contribution (\$) \$5,000.             | 00 |
|   | Principal occu             | pation / Job title (See Instructions)   |                                      | Employer (See Instructions | 5)                                |  |    |
|   | Date<br>12/30/2023         | Full name of contributor out-of-state PAC (ID#:)  Bond, Paula  Contributor address; City; State; Zip Code                               |                                      |                            | Amount of Contribution (\$) \$48. | 00   |    |
|   | Principal occu             | Sanger, TX 76266 pation / Job title (See Instructions)  | _                                    | Employer (See Instructions | <br>                              |  |    |
|   |                            |   |                                      |                            | _                                 |  |    |
|   | Date<br>12/30/2023         | Full name of contributor out-of-state PAC (ID# Bond, Paula  Contributor address; City; State; Zip Code  Sanger, TX 76266                |                                      | )                          |                                   | Amount of Contribution (\$) \$50.                | 00 |
|   | Principal occu             | pation / Job title (See Instructions)   | Ī                                    | Employer (See Instructions | <u> </u><br>S)                    |  |    |
|   | Date<br>12/28/2023         | Full name of contributor out-of-state PAC (ID#Bounds, Debbie  Contributor address; City; State; Zip Code  Bridgeport, TX 76426          |                                      | )                          | •                                 | Amount of Contribution (\$) \$48.                | 00 |
|   | Principal occu             | pation / Job title (See Instructions)   |                                      | Employer (See Instructions | 5)                                |  |    |
|   |                            |   | -1                                   |                            |                                   |  |    |

|   | MONET  | ARY POLITICAL CONTRIBUTION   |                                 | SCHEDUL | E A1   |            |
|---|--|--|---------------------------------|---------|--|------------|
|   | The Instruc  | ction Guide explains how to complete this f  | orm.                            | 1       | Total pages Schedule A1:<br>Sch: 4/44 Rpt: 8/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn   | D. (The Honorable)   |                                 | 3       | Filer ID (Ethics Commission 00080276             | on Filers) |
| 4 | Date 11/08/2023  | <ul> <li>Full name of contributor</li></ul>  |                                 | 7       | Amount of Contribution (\$)                      | \$20.00    |
| _ | 5  | Chico, TX 76431  | 9 Employer (See Instructions    |         |  |            |
| 8 | Principal occu   | pation / Job title (See Instructions)  | 5)                              |         |  |            |
|   | Date<br>12/28/2023   | Contributor address; City; State; Zip Code   |                                 |         | Amount of Contribution (\$)                      | \$48.00    |
|   |  | Chico, TX 76431  |                                 |         |  |            |
|   | Principal occu   | pation / Job title (See Instructions)  | Employer (See Instructions      | 5)      |  |            |
|   | Date<br>10/05/2023   | Full name of contributor out-of-state PAC (ID#:)  Bresnen, Amy  Contributor address; City; State; Zip Code                     |                                 |         | Amount of Contribution (\$)                      | \$500.00   |
|   |  | Austin, TX 78701   |                                 |         |  |            |
|   | Principal occu   | pation / Job title (See Instructions)  | Employer (See Instructions      | 5)      |  |            |
|   | Date<br>09/27/2023   | Full name of contributor out-of-state PAC (ID#:)  Bristow, Terri  Contributor address; City; State; Zip Code  Denton, TX 76210 |                                 |         | Amount of Contribution (\$)                      | \$1,500.00 |
|   | Principal occu<br>Car Wash O   | pation / Job title (See Instructions) perator  | Employer (See Instructions Self | 5)      |  |            |
|   | Date O9/10/2023  Browning, Sean  Contributor address; City; State; Zip Code  Decatur, TX 76234 |  |                                 |         | Amount of Contribution (\$)                      | \$500.00   |
|   | Principal occu   | pation / Job title (See Instructions)  | Employer (See Instructions      | 5)      |  |            |
|   |  |  |                                 |         |  |            |

|   | MONET                      | ARY POLITICAL CONTRIBUT   | SCHEDULE A1 |                                    |                             |  |           |
|---|----------------------------|---|-------------|------------------------------------|-----------------------------|--|-----------|
|   | The Instruc                | ction Guide explains how to complete this   | s for       | m.                                 | 1                           | Total pages Schedule A1:<br>Sch: 5/44 Rpt: 9/157 |           |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |             |                                    | 3                           | Filer ID (Ethics Commission 00080276             | n Filers) |
| 4 | Date 12/31/2023            | <ul> <li>5 Full name of contributor  out-of-state PAC (ID Bryant, Tina</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> |             | )                                  | 7                           | Amount of Contribution (\$)                      | \$500.00  |
|   |                            | Denton, TX 76210  |             |                                    |                             |  |           |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9           | Employer (See Instructions         | 5)                          |  |           |
|   | Date<br>08/23/2023         | Contributor address; City; State; Zip Code  |             |                                    | Amount of Contribution (\$) | \$750.00   |           |
|   | Deinsinal assu             | Flower Mound, TX 75022 pation / Job title (See Instructions)  | _           | Empleyer (Cook looks stip as       | <u></u>                     |  |           |
|   | Owner                      | Employer (See Instructions Evolve Weapons System  |             |                                    |                             |  |           |
|   | Date 08/06/2023            | Full name of contributor out-of-state PAC (ID#:)  Burrhus, Lacy  Contributor address; City; State; Zip Code                             |             |                                    | Amount of Contribution (\$) | \$150.00   |           |
|   |                            | Bartonville, TX 75022   |             |                                    |                             |  |           |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions         | 5)                          |  |           |
|   | Date<br>10/02/2023         | Full name of contributor out-of-state PAC (ID Cagle, Jordan  Contributor address; City; State; Zip Code  Bridgeport, TX 76426           |             | )                                  |                             | Amount of Contribution (\$)                      | \$500.00  |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions         | <u>(</u>                    |  |           |
|   | Date<br>11/09/2023         | Full name of contributor out-of-state PAC (ID Campbell, Linda  Contributor address; City; State; Zip Code  Aubrey, TX 76227             |             |                                    |                             | Amount of Contribution (\$)                      | \$200.00  |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)   |             | Employer (See Instructions Retired | 5)                          |  |           |
|   |                            |   | •           |                                    |                             |  |           |

|   | MONET                      | ARY POLITICAL CONTRIBUTION   |    | SCHEDULE                           | <b>A1</b>                       |   |          |
|---|----------------------------|--|----|------------------------------------|---------------------------------|---|----------|
|   | The Instru                 | ction Guide explains how to complete this f  | or | m.                                 | 1                               | Total pages Schedule A1:<br>Sch: 6/44 Rpt: 10/157 |          |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)   |    |                                    | 3                               | Filer ID (Ethics Commission F 00080276            | ilers)   |
| 4 | Date 08/22/2023            | <ul> <li>Full name of contributor</li></ul>  |    | )                                  | 7                               | Amount of Contribution (\$)                       | \$200.00 |
| 0 | Dringing Loon              | Aubrey, TX 76227   | •  | Employer (Coo Instructions         | <u></u>                         |   |          |
| 8 | Retired                    | pation / Job title (See Instructions)  | 9  | Employer (See Instructions Retired | >)                              |   |          |
|   | Date<br>12/30/2023         |  |    |                                    | •                               | Amount of Contribution (\$)                       | \$500.00 |
|   | Principal occu             | Aubrey, TX 76227 pation / Job title (See Instructions)   | I  | Employer (See Instructions         | <u>s)</u>                       |   |          |
|   |                            |  |    | Retired                            | -,                              |   |          |
|   | Date 09/15/2023            |  |    |                                    | Amount of Contribution (\$) \$1 | .,000.00  |          |
|   |                            | Austin, TX 78701   |    |                                    |                                 |   |          |
|   | Principal occu             | pation / Job title (See Instructions)  |    | Employer (See Instructions         | 5)                              |   |          |
|   | Date<br>10/05/2023         | Full name of contributor out-of-state PAC (ID#:_Career Colleges & Schools of Texas "PAC"  Contributor address; City; State; Zip Code  Austin, TX 78731 |    |                                    |                                 | Amount of Contribution (\$)                       | \$500.00 |
|   | Principal occu             | pation / Job title (See Instructions)  |    | Employer (See Instructions         | 5)                              |   |          |
|   | Date<br>12/23/2023         | Full name of contributor out-of-state PAC (ID#:_Carr, Cheryl  Contributor address; City; State; Zip Code  Pilot Point, TX 76258                        |    | )                                  |                                 | Amount of Contribution (\$)                       | \$40.00  |
|   | Principal occu             | pation / Job title (See Instructions)  |    | Employer (See Instructions         | 5)                              |   |          |
|   |                            |  |    |                                    |                                 |   |          |

| MON                  | ETARY POLIT  | TCAL (  | DNS                        |                              | SCHEDU         | LE <b>A1</b>                                      |            |
|----------------------|--|---|----------------------------|------------------------------|----------------|---|------------|
| The In               | truction Guide exp   | lains how   | to complete this f         | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 7/44 Rpt: 11/157 |            |
| 2 FILER N<br>Stucky, | ME<br>ynn D. (The Honorabl   | e)  |                            |                              | 3              | Filer ID (Ethics Commissi 00080276                | on Filers) |
| 4 Date 12/29/2       | 5 Full name of con Centerpoint Er 6 Contributor addr                     | nergy Inc. F  |                            |                              | 7              | Amount of Contribution (\$)                       | \$1,000.00 |
| 8 Principal          | Houston, TX 7  |   | s)                         | 9 Employer (See Instruction: | <br>s)         |   |            |
| Date<br>12/29/2      | Full name of con Chancey, Kare Contributor addr Branson, MO 6            | en<br>ess; City; S  | out-of-state PAC (ID#:_    |                              |                | Amount of Contribution (\$)                       | \$500.00   |
| Principal            | occupation / Job title (See  | e Instructions  | Employer (See Instructions | s)                           |                |   |            |
| Date<br>07/27/2      | 23 Chapman, Chr  | Full name of contributor out-of-state PAC (ID#:) Chapman, Chris  Contributor address; City; State; Zip Code |                            |                              |                | Amount of Contribution (\$)                       | \$200.00   |
| Principal            | Denton, TX 76  |   | ;)                         | Employer (See Instructions   | s)             |   |            |
| Date<br>10/06/2      | Full name of con 23 Clark, Dennis Contributor addr                       |   | out-of-state PAC (ID#:_    |                              |                | Amount of Contribution (\$)                       | \$100.00   |
| Principal            | Moody, TX 765  |   | s)                         | Employer (See Instructions   | s)             |   |            |
| Date<br>12/29/2      | Full name of cor<br>23 Clark, Lynn<br>Contributor addr<br>Hickory Creek, | ess; City; S  | out-of-state PAC (ID#:_    |                              |                | Amount of Contribution (\$)                       | \$500.00   |
| Principal            | occupation / Job title (See  |   | ;)                         | Employer (See Instructions   | <u>I</u><br>S) |   |            |
|                      |  |   |                            | 1                            |                |   |            |

|   | MONET                      | ARY POLITICAL CONTI   | SCHEDULE A1     |                             |                             |   |           |
|---|----------------------------|---|-----------------|-----------------------------|-----------------------------|---|-----------|
|   | The Instruc                | tion Guide explains how to com  | plete this form |                             | 1                           | Total pages Schedule A1:<br>Sch: 8/44 Rpt: 12/157 |           |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |                 |                             | 3                           | Filer ID (Ethics Commission 00080276              | n Filers) |
| 4 | Date 10/03/2023            | Cline, Billy  | state PAC (ID#: |                             | 7                           | Amount of Contribution (\$)                       | \$500.00  |
| _ |                            | Argyle, TX 76226  |                 |                             |                             |   |           |
| 8 | Principal occuj            | pation / Job title (See Instructions)   | 9 1             | Employer (See Instructions) | )                           |   |           |
|   | Date 09/24/2023            | Full name of contributor out-of-s Coghlan, Richard Contributor address; City; State; Zip Co                 | state PAC (ID#: | )                           |                             | Amount of Contribution (\$)                       | \$100.00  |
|   |                            | Brenham, TX 77833   |                 |                             |                             |   |           |
|   | Principal occu             | pation / Job title (See Instructions)   | E               | Employer (See Instructions) | )                           |   |           |
|   | Date<br>10/03/2023         | Full name of contributor out-of-state PAC (ID#:)  Coleman, Hugh  Contributor address; City; State; Zip Code |                 |                             | Amount of Contribution (\$) | \$100.00  |           |
|   |                            | Denton, TX 76205  |                 |                             |                             |   |           |
|   | Principal occu             | oation / Job title (See Instructions)   | E               | Employer (See Instructions) | )                           |   |           |
|   | Date<br>11/09/2023         | Collins, TL   | ode             |                             |                             | Amount of Contribution (\$)                       | \$20.00   |
|   | Principal occu             | pation / Job title (See Instructions)   | E               | Employer (See Instructions) | )                           |   |           |
|   | Date<br>07/31/2023         | Copeland, Theresa   | state PAC (ID#: | )                           |                             | Amount of Contribution (\$)                       | \$100.00  |
|   | Principal occu             | oation / Job title (See Instructions)   | E               | Employer (See Instructions  | )                           |   |           |
|   |                            |   |                 |                             |                             |   |           |

|   | MONET                      | ARY POLITICAL CONTRIBUTIONS   | SCHEDULE A1                 |   |  |  |
|---|----------------------------|---|-----------------------------|---|--|--|
|   | The Instru                 | ction Guide explains how to complete this form  | . 1                         | Total pages Schedule A1:<br>Sch: 9/44 Rpt: 13/157 |  |  |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)  | 3                           | Filer ID (Ethics Commission Filers) 00080276      |  |  |
| 4 | Date<br>10/04/2023         | <ul> <li>Full name of contributor</li></ul>   |                             | Amount of Contribution (\$) \$150.00              |  |  |
| 8 | Principal occu             | Austin, TX 78745 pation / Job title (See Instructions)  9 E   | Employer (See Instructions) |   |  |  |
|   |                            |   | imployer (See instructions) |   |  |  |
|   | Date<br>09/30/2023         | Full name of contributor out-of-state PAC (ID#:  Dade Phelan Campaign  Contributor address; City; State; Zip Code  Austin, TX 78763 |                             | Amount of Contribution (\$) \$15,000.00           |  |  |
|   | Principal occu             |   | Employer (See Instructions) |   |  |  |
|   | Date 09/15/2023            | Full name of contributor out-of-state PAC (ID#: Dallas Police Officer PAC  Contributor address; City; State; Zip Code               |                             | Amount of Contribution (\$) \$500.00              |  |  |
|   | Principal occu             | Dallas, TX 75215 pation / Job title (See Instructions)  | Employer (See Instructions) |   |  |  |
|   | Date<br>12/30/2023         | Full name of contributor out-of-state PAC (ID#:<br>Darling, Gay<br>Contributor address; City; State; Zip Code                       |                             | Amount of Contribution (\$) \$25.00               |  |  |
|   | Principal occu             | Argyle, TX 76226 pation / Job title (See Instructions)  | Employer (See Instructions) |   |  |  |
|   | Date<br>11/21/2023         | Full name of contributor out-of-state PAC (ID#: Davis, Bill Contributor address; City; State; Zip Code                              |                             | Amount of Contribution (\$) \$20.24               |  |  |
|   | Principal occu             | Decatur, TX 76234 pation / Job title (See Instructions)   | Employer (See Instructions) |   |  |  |
|   |                            |   |                             |   |  |  |

|   | MONETARY POLITICAL CONTRIBUTIONS   |   |  |                             | SCHEDULE A1  |            |
|---|--|---|--|-----------------------------|--|------------|
|   | The Instruc  | ction Guide explains how to complete this   | s form.  | 1                           | Total pages Schedule A1:<br>Sch: 10/44 Rpt: 14/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn   | D. (The Honorable)  |  | 3                           | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date 08/24/2023  | DeBerry, Drew  6 Contributor address; City; State; Zip Code   |  | 7                           | Amount of Contribution (\$)                        | \$500.00   |
| _ | Distribut  | Austin, TX 78701  | la Funta de Contrata de Contra |                             |  |            |
| 8 | Principal occu   | pation / Job title (See Instructions)   | 9 Employer (See Instructions   | iS)                         |  |            |
|   | Date 08/23/2023  | Full name of contributor out-of-state PAC (ID Del Bosque, Nora  Contributor address; City; State; Zip Code                    | #:)  |                             | Amount of Contribution (\$)                        | \$150.00   |
|   | Delicalization   | Austin, TX 78731  | Fundamen (Constructions  |                             |  |            |
|   | Principal occu   | pation / Job title (See Instructions)   | Employer (See Instructions   | iS)                         |  |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  12/28/2023 Dickens, Tom  Contributor address; City; State; Zip Code |   |  | Amount of Contribution (\$) | \$48.00  |            |
|   |  | Denton, TX 76205  |  |                             |  |            |
|   | Principal occu   | oation / Job title (See Instructions)   | Employer (See Instructions   | ıs)                         |  |            |
|   | Date<br>12/30/2023   | Full name of contributor out-of-state PAC (ID Dickens, Tom  Contributor address; City; State; Zip Code  Denton, TX 76205      | #:)  |                             | Amount of Contribution (\$)                        | \$100.00   |
|   | Principal occu   | oation / Job title (See Instructions)   | Employer (See Instructions   | ıs)                         |  |            |
|   | Date 08/21/2023  | Full name of contributor out-of-state PAC (ID Dobson, Earl  Contributor address; City; State; Zip Code  Pilot Point, TX 76258 |  |                             | Amount of Contribution (\$)                        | \$1,000.00 |
|   | Principal occu<br>Attorney   | oation / Job title (See Instructions)   | Employer (See Instructions<br>Self   | is)                         |  |            |
|   |  |   |  |                             |  |            |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |                              |                | SCHEDULE A1  |            |
|---|----------------------------------|---|------------------------------|----------------|--|------------|
|   | The Instruc                      | ction Guide explains how to complete this   | form.                        | 1              | Total pages Schedule A1:<br>Sch: 11/44 Rpt: 15/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn       | D. (The Honorable)  |                              | 3              | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date 09/30/2023                  | <ul> <li>Full name of contributor  out-of-state PAC (ID# Dollahite Jr., Thomas</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                              | 7              | Amount of Contribution (\$)                        | \$100.00   |
| _ | Dringing Loon                    | Denton, TX 76207  | Contour (Contouring          | <u></u>        |  |            |
| 8 | Principal occu                   | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)             |  |            |
|   | Date<br>08/05/2023               | Full name of contributor out-of-state PAC (ID# Doores, Scott  Contributor address; City; State; Zip Code                                      |                              |                | Amount of Contribution (\$)                        | \$2,500.00 |
|   | Principal occu                   | Copper Canyon, TX 75077-8561 pation / Job title (See Instructions)  | Employer (See Instructions   | <u>s)</u>      |  |            |
|   | Retired                          | oution / Job title (See Instructions)   | Retired                      | 3)             |  |            |
|   | Date<br>09/15/2023               | Full name of contributor out-of-state PAC (ID# Dowdall, John Contributor address; City; State; Zip Code                                       | :)                           |                | Amount of Contribution (\$)                        | \$500.00   |
|   |                                  | Dallas, TX 75225  |                              |                |  |            |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |  |            |
|   | Date<br>12/27/2023               | Full name of contributor out-of-state PAC (ID# Downard-Davis, Nancy  Contributor address; City; State; Zip Code  Rhome, TX 76078              | :)                           |                | Amount of Contribution (\$)                        | \$48.00    |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | <u>I</u><br>S) |  |            |
|   | Date<br>12/20/2023               | Full name of contributor out-of-state PAC (ID# Dresher, Lyle  Contributor address; City; State; Zip Code  Argyle, TX 76226                    | :                            |                | Amount of Contribution (\$)                        | \$150.00   |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |  |            |
|   |                                  |   | '                            |                |  |            |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |                                    |    | SCHEDULE A1  |            |
|---|----------------------------------|---|------------------------------------|----|--|------------|
|   | The Instruc                      | ction Guide explains how to complete this   | form.                              | 1  | Total pages Schedule A1:<br>Sch: 12/44 Rpt: 16/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn       | D. (The Honorable)  |                                    | 3  | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date 12/28/2023                  | <ul> <li>Full name of contributor  out-of-state PAC (ID# Dresher, Lyle</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                                    | 7  | Amount of Contribution (\$)                        | \$96.00    |
| _ |                                  | Argyle, TX 76226  | T                                  |    |  |            |
| 8 | Principal occu                   | pation / Job title (See Instructions)   | 9 Employer (See Instructions       | s) |  |            |
|   | Date<br>12/29/2023               | Full name of contributor out-of-state PAC (ID# Easley, Sabrina  Contributor address; City; State; Zip Code                            | :)                                 |    | Amount of Contribution (\$)                        | \$24.00    |
|   |                                  | Decatur, TX 76234   | 1                                  |    |  |            |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions         | S) |  |            |
|   | Date<br>11/09/2023               | Full name of contributor out-of-state PAC (ID# Estill, Sharon  Contributor address; City; State; Zip Code                             | :)                                 | •  | Amount of Contribution (\$)                        | \$1,000.00 |
|   |                                  | Argyle, TX 76226  |                                    |    |  |            |
|   | Principal occu<br>Retired        | oation / Job title (See Instructions)   | Employer (See Instructions Retired | 5) |  |            |
|   | Date<br>12/28/2023               | Full name of contributor out-of-state PAC (ID# Evans, Ruth  Contributor address; City; State; Zip Code  Lyons, KS 67554-3000          | :)                                 | •  | Amount of Contribution (\$)                        | \$300.00   |
|   | Principal occu                   | oation / Job title (See Instructions)   | Employer (See Instructions         | 5) |  |            |
|   | Date<br>12/27/2023               | Full name of contributor out-of-state PAC (ID#Fair, Paula  Contributor address; City; State; Zip Code  Rhome, TX 76078                |                                    |    | Amount of Contribution (\$)                        | \$500.00   |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions         | 5) |  |            |
|   |                                  |   | •                                  |    |  |            |

|          | MONETARY POLITICAL CONTRIBUTIONS |  |                              |    | SCHEDULE A1  |            |
|----------|----------------------------------|--|------------------------------|----|--|------------|
|          | The Instruc                      | ction Guide explains how to complete this fo   | orm.                         | 1  | Total pages Schedule A1:<br>Sch: 13/44 Rpt: 17/157 |            |
| 2        | FILER NAME<br>Stucky, Lynn       | D. (The Honorable)   |                              | 3  | Filer ID (Ethics Commission 00080276               | Filers)    |
| 4        | Date<br>12/28/2023               | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>  |                              | 7  | Amount of Contribution (\$)                        | \$500.00   |
| 8        | Principal occur                  | Denton, TX 76205 pation / Job title (See Instructions)   | 9 Employer (See Instructions | ·/ |  |            |
| <u> </u> | Owner                            | Jation 7 Job title (See Instructions)  | Kelsoe Oil Company           | ·) |  |            |
|          | Date<br>12/29/2023               | Full name of contributor  ut-of-state PAC (ID#:_Foley and Lardner LLP Texas Campaign Fund Contributor address; City; State; Zip Code   |                              |    | Amount of Contribution (\$)                        | \$1,000.00 |
|          |                                  | Dallas, TX 75201-3340  |                              | L  |  |            |
|          | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |  |            |
|          | Date 11/01/2023                  | Full name of contributor out-of-state PAC (ID#: Freese and Nichols PAC Contributor address; City; State; Zip Code                      | )                            |    | Amount of Contribution (\$)                        | \$500.00   |
|          |                                  | Fort Worth, TX 76102   |                              |    |  |            |
|          | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |  |            |
|          | Date<br>12/29/2023               | Full name of contributor out-of-state PAC (ID#:_ Friends of TWU PAC  Contributor address; City; State; Zip Code  Austin, TX 78745      | )                            |    | Amount of Contribution (\$)                        | \$500.00   |
|          | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |  |            |
|          | Date<br>10/05/2023               | Full name of contributor out-of-state PAC (ID#:_ Friends of UT-Dallas PAC Contributor address; City; State; Zip Code  Dallas, TX 75240 | )                            |    | Amount of Contribution (\$)                        | \$250.00   |
|          | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions   | 5) |  |            |
|          |                                  |  |                              |    |  |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTIONS  | SCHEDULE A1  | SCHEDULE A1 |  |  |
|---|----------------------------|--|--|-------------|--|--|
|   | The Instru                 | ction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>Sch: 14/44 Rpt: 18/157 |             |  |  |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00080276       |             |  |  |
| 4 | Date<br>12/04/2023         | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>  | 7 Amount of Contribution (\$) \$1,000.0              | .00         |  |  |
| 8 | Principal occu             | Austin, TX 78763 pation / Job title (See Instructions)  9 Employer (S  | See Instructions)                                    |             |  |  |
|   | Date<br>10/05/2023         | Full name of contributor out-of-state PAC (ID#:  | ) Amount of Contribution (\$) \$500.0                | .00         |  |  |
|   | Principal occu             | pation / Job title (See Instructions) Employer (S  | See Instructions)                                    |             |  |  |
|   | Date<br>11/08/2023         | Full name of contributor out-of-state PAC (ID#:  | Amount of Contribution (\$) \$20.0                   | .00         |  |  |
|   | Principal occu             | Denton, TX 76207 pation / Job title (See Instructions)  Employer (S  | See Instructions)                                    |             |  |  |
|   | Date<br>11/29/2023         | Full name of contributor out-of-state PAC (ID#: Gasperson, Rachel  Contributor address; City; State; Zip Code                | ) Amount of Contribution (\$) \$20.0                 | .00         |  |  |
|   | Principal occu             | Bridgeport, TX 76426 pation / Job title (See Instructions)  Employer (S  | See Instructions)                                    |             |  |  |
|   | Date<br>09/28/2023         | Full name of contributor out-of-state PAC (ID#: Gibson, Dallas  Contributor address; City; State; Zip Code  Denton, TX 76207 |  | .00         |  |  |
|   | Principal occu             |  | See Instructions)                                    |             |  |  |
|   |                            | ,  |  |             |  |  |

|   | MONET                      | ARY POLITICAL CONTRIBUTIONS  | SCHEDULE A1                   |  |          |
|---|----------------------------|--|-------------------------------|--|----------|
|   | The Instru                 | ction Guide explains how to complete this form.  | . 1                           | Total pages Schedule A1:<br>Sch: 15/44 Rpt: 19/157 |          |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)   | 3                             | Filer ID (Ethics Commission 00080276               | Filers)  |
| 4 | Date 09/20/2023            | <ul> <li>Full name of contributor</li></ul>  |                               | 7 Amount of Contribution (\$)                      | \$500.00 |
| 8 | Principal occu             | Decatur, TX 76234 pation / Job title (See Instructions)  9 E   | mployer (See Instructions)    |  |          |
| _ |                            |  | , I                           | Amount of Contribution (\$)                        |          |
|   | Date<br>09/30/2023         | Full name of contributor out-of-state PAC (ID#:<br>Gladys, Theresa<br>Contributor address; City; State; Zip Code |                               | Amount of Contribution (\$)                        | \$25.00  |
|   | Principal occu             | Krum, TX 76249 pation / Job title (See Instructions)   | mployer (See Instructions)    |  |          |
|   | i illicipai occu           | pation 7 300 title (See Instituctions)   | imployer (See instructions)   |  |          |
|   | Date<br>08/08/2023         | Full name of contributor out-of-state PAC (ID#:<br>Gonzales, Larry<br>Contributor address; City; State; Zip Code | )                             | Amount of Contribution (\$)                        | \$500.00 |
|   |                            | Round Rock, TX 78681   |                               |  |          |
|   | Principal occu             | pation / Job title (See Instructions)  | mployer (See Instructions)    |  |          |
|   | Date<br>07/18/2023         | Full name of contributor out-of-state PAC (ID#:<br>Green, Mike<br>Contributor address; City; State; Zip Code     |                               | Amount of Contribution (\$)                        | \$500.00 |
|   | Principal occu             | Argyle, TX 76226 pation / Job title (See Instructions)   | mployer (See Instructions)    |  |          |
|   | Date<br>11/09/2023         | Full name of contributor out-of-state PAC (ID#:<br>Guest, Holly<br>Contributor address; City; State; Zip Code    |                               | Amount of Contribution (\$)                        | \$20.00  |
|   | Dringing                   | Denton, TX 76209   | reales on (Coo la structione) |  |          |
|   | Principal occu             | pation / Job title (See Instructions)  | mployer (See Instructions)    |  |          |
|   |                            |  |                               |  |          |

|   | MONETARY POLITICAL CONTRIBUTIONS |  |                             |                | SCHEDULE A1  |          |  |
|---|----------------------------------|--|-----------------------------|----------------|--|----------|--|
|   | The Instru                       | ction Guide explains how to complete this fo   | rm.                         | 1              | Total pages Schedule A1:<br>Sch: 16/44 Rpt: 20/157 |          |  |
| 2 | FILER NAME<br>Stucky, Lynr       | D. (The Honorable)   |                             | 3              | Filer ID (Ethics Commission Filer ID 00080276      | ilers)   |  |
| 4 | Date<br>10/05/2023               | <ul> <li>Full name of contributor</li></ul>  |                             | 7              | Amount of Contribution (\$) \$1                    | ,500.00  |  |
| 8 | Principal occu                   | Houston, TX 77077 pation / Job title (See Instructions)  | Employer (See Instructions) | )<br>i)        |  |          |  |
|   | Date<br>10/06/2023               | Full name of contributor out-of-state PAC (ID#: HOMEPAC of Texas, Texas Association of Builde Contributor address; City; State; Zip Code  Austin, TX 78701 |                             |                | Amount of Contribution (\$) \$2                    | ,000.00  |  |
|   | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions) | 5)             |  |          |  |
|   | Date<br>09/27/2023               | Full name of contributor   |                             |                | Amount of Contribution (\$)                        | \$500.00 |  |
|   | Principal occu                   | Austin, TX 78701 pation / Job title (See Instructions)   | Employer (See Instructions) | <u> </u><br>5) |  |          |  |
|   | Date<br>07/09/2023               | Full name of contributor out-of-state PAC (ID#:<br>Haden, Randy<br>Contributor address; City; State; Zip Code  |                             |                | Amount of Contribution (\$)                        | \$25.00  |  |
|   | Principal occu                   | Denton, TX 76210 pation / Job title (See Instructions)   | Employer (See Instructions) | <u> </u><br>5) |  |          |  |
|   | Date<br>08/05/2023               | Full name of contributor out-of-state PAC (ID#:<br>Hagenbuch, Brent<br>Contributor address; City; State; Zip Code  |                             |                | Amount of Contribution (\$)                        | 6500.00  |  |
|   | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions) | 5)             |  |          |  |
|   |                                  |  |                             |                |  |          |  |

|   | MONET                      | ARY POLITICAL CONTR  |                             | SCHEDULE A1 |  |            |
|---|----------------------------|--|-----------------------------|-------------|--|------------|
|   | The Instru                 | ction Guide explains how to comp   | olete this form.            | 1           | Total pages Schedule A1:<br>Sch: 17/44 Rpt: 21/157 |            |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)   |                             | 3           | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date<br>10/29/2023         | <ul> <li>Full name of contributor  out-of-st  Haines, Matthew</li> <li>Contributor address; City; State; Zip Cool</li> </ul> |                             | 7           | Amount of Contribution (\$)                        | \$500.00   |
|   |                            | Lake Dallas, TX 75065  |                             |             |  |            |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9 Employer (See Instruction | ns)         |  |            |
|   | Date<br>10/05/2023         | Full name of contributor out-of-st Halliburton Company PAC Contributor address; City; State; Zip Cod                         | de                          |             | Amount of Contribution (\$)                        | \$500.00   |
|   | Principal occu             | Houston, TX 77072 pation / Job title (See Instructions)  | Employer (See Instruction   | ns)         |  |            |
|   | •                          | · , ,  |                             |             |  |            |
|   | Date<br>12/29/2023         | Full name of contributor out-of-st Hammer and Nails PAC Contributor address; City; State; Zip Cod                            | ate PAC (ID#:)de            |             | Amount of Contribution (\$)                        | \$1,000.00 |
|   |                            | Fort Worth, TX 76102   |                             |             |  |            |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instruction   | ns)         |  |            |
|   | Date<br>11/21/2023         | Hand, Anna   | ate PAC (ID#:) de           |             | Amount of Contribution (\$)                        | \$50.00    |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instruction   | ns)         |  |            |
|   | Date 08/21/2023            | Hand, Terry  | de                          |             | Amount of Contribution (\$)                        | \$500.00   |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instruction   | ns)         |  |            |
|   |                            |  | I                           |             |  |            |

|   | MONET                      | MONETARY POLITICAL CONTRIBUTIONS  |             |   |       | SCHEDULE A1  |           |
|---|----------------------------|---|-------------|---|-------|--|-----------|
|   | The Instruc                | ction Guide explains how to comple  | te this for | m.  | 1     | Total pages Schedule A1:<br>Sch: 18/44 Rpt: 22/157 |           |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |             |   | 3     | Filer ID (Ethics Commission 00080276               | n Filers) |
| 4 | Date 09/02/2023            | <ul> <li>Full name of contributor  out-of-state Hankins, Kevin</li> <li>Contributor address; City; State; Zip Code</li> </ul> | PAC (ID#:   | )   | 7     | Amount of Contribution (\$)                        | \$150.00  |
| _ |                            | Olburg, KS 66520  |             |   |       |  |           |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9           | Employer (See Instructions                            | 5)    |  |           |
|   | Date<br>12/29/2023         | Harp, Amber   | PAC (ID#:   |   |       | Amount of Contribution (\$)                        | \$48.00   |
|   |                            | Bridgeport, TX 76426  |             |   |       |  |           |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions                            | 5)    |  |           |
|   | Date<br>12/27/2023         | Full name of contributor out-of-state Hartgraves, Diane Contributor address; City; State; Zip Code                            | PAC (ID#:   | )   |       | Amount of Contribution (\$)                        | \$48.00   |
|   |                            | Boyd, TX 76023  |             |   |       |  |           |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions                            | s)    |  |           |
|   | Date<br>09/27/2023         | Hayes, Richard  | PAC (ID#:   |   |       | Amount of Contribution (\$)                        | \$500.00  |
|   | Principal occu<br>Attorney | pation / Job title (See Instructions)   |             | Employer (See Instructions<br>Hayes, Berry, White & V |       | zant, LLP  |           |
|   | Date<br>12/28/2023         | Full name of contributor out-of-state Hayes, Richard  Contributor address; City; State; Zip Code  Denton, TX 76201            |             | )   |       | Amount of Contribution (\$)                        | \$500.00  |
|   | Principal occu<br>Attorney | oation / Job title (See Instructions)   |             | Employer (See Instructions Hayes, Berry, White & V    |       | zant. LLP  |           |
|   | . Morroy                   |   | <u> </u>    |   | - AII |  |           |

|   | MONETARY POLITICAL CONTRIBUTIONS |   |                              |   | SCHEDUL  | .E <b>A1</b> |  |
|---|----------------------------------|---|------------------------------|---|--|--------------|--|
|   | The Instruc                      | ction Guide explains how to complete this fo  | rm.                          | 1   | Total pages Schedule A1:<br>Sch: 19/44 Rpt: 23/157 |              |  |
| 2 | FILER NAME<br>Stucky, Lynn       | D. (The Honorable)  |                              | 3   | Filer ID (Ethics Commission 00080276               | n Filers)    |  |
| 4 | Date 09/30/2023                  | <ul> <li>Full name of contributor</li></ul>   |                              | 7   | Amount of Contribution (\$)                        | \$50.00      |  |
| _ | 5                                | Sanger, TX 76266  |                              | <u></u>                                       |  |              |  |
| 8 | Principal occu                   | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 6)  |  |              |  |
|   | Date 12/27/2023                  | Full name of contributor out-of-state PAC (ID#:<br>Holt, Ralph<br>Contributor address; City; State; Zip Code                | )                            |   | Amount of Contribution (\$)                        | \$48.00      |  |
|   |                                  | Denton, TX 76210  |                              |   |  |              |  |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | s)  |  |              |  |
|   | Date<br>09/18/2023               | Full name of contributor out-of-state PAC (ID#: Hood, Bill Contributor address; City; State; Zip Code                       |                              |   | Amount of Contribution (\$)                        | \$500.00     |  |
|   |                                  | Decatur, TX 76234   |                              |   |  |              |  |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | s)  |  |              |  |
|   | Date<br>11/10/2023               | Full name of contributor out-of-state PAC (ID#: House, Paula Contributor address; City; State; Zip Code  Denton, TX 76201   |                              | •   | Amount of Contribution (\$)                        | \$50.00      |  |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | <u>                                      </u> |  |              |  |
|   | Date<br>12/29/2023               | Full name of contributor out-of-state PAC (ID#: Howell, Jayne  Contributor address; City; State; Zip Code  Denton, TX 76201 |                              |   | Amount of Contribution (\$)                        | \$48.00      |  |
|   | Principal occu                   | pation / Job title (See Instructions)   | Employer (See Instructions   | s)  |  |              |  |
|   |                                  |   |                              |   |  |              |  |

|   | MONET                      | ARY POLITICAL CO  | SCHEDULE <b>A1</b>                |                            |       |  |             |
|---|----------------------------|---|-----------------------------------|----------------------------|-------|--|-------------|
|   | The Instru                 | ction Guide explains how to   | complete this forn                | ı.                         | 1     | Total pages Schedule A1:<br>Sch: 20/44 Rpt: 24/157 |             |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)  |                                   |                            | 3     | Filer ID (Ethics Commission 00080276               | on Filers)  |
| 4 | Date 08/29/2023            | <ul><li>5 Full name of contributor Howell, Lee</li><li>6 Contributor address; City; State</li></ul> |                                   | )                          | 7     | Amount of Contribution (\$)                        | \$500.00    |
|   |                            | Denton, TX 76201  |                                   |                            |       |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9                                 | Employer (See Instructions | 5)    |  |             |
|   | Date<br>11/01/2023         | Full name of contributor Hulcher, Shirley Contributor address; City; State                          | out-of-state PAC (ID#:            | )                          |       | Amount of Contribution (\$)                        | \$10,000.00 |
|   | Principal occu             | Denton, TX 76208 pation / Job title (See Instructions)  |                                   | Employer (See Instructions | )<br> |  |             |
|   | Retired                    | pation / out title (occ manacions)  |                                   | Retired                    | ',    |  |             |
|   | Date<br>09/18/2023         | Full name of contributor Ingersoll, Deborah  Contributor address; City; State                       | out-of-state PAC (ID#:e; Zip Code | )                          |       | Amount of Contribution (\$)                        | \$200.00    |
|   |                            | Austin, TX 78763  |                                   |                            |       |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   |                                   | Employer (See Instructions | 5)    |  |             |
|   | Date<br>12/04/2023         | Full name of contributor Jackson Walker LLP PAC Contributor address; City; State Dallas, TX 75201   | out-of-state PAC (ID#:e; Zip Code | )                          |       | Amount of Contribution (\$)                        | \$1,000.00  |
|   | Principal occu             | pation / Job title (See Instructions)   |                                   | Employer (See Instructions | 5)    |  |             |
|   | Date<br>09/12/2023         | Full name of contributor  Jester, Jill  Contributor address; City; State  Denton, TX 76205          | out-of-state PAC (ID#:e; Zip Code | )                          |       | Amount of Contribution (\$)                        | \$500.00    |
|   | Principal occu             | pation / Job title (See Instructions)   |                                   | Employer (See Instructions | 5)    |  |             |
|   |                            |   | I                                 |                            |       |  |             |

|   | MONET                      | ARY POLITICAL CO   | ONTRIBUTION                       | NS   |                | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|--|-----------------------------------|--|----------------|--|-------------|
|   | The Instruc                | ction Guide explains how t   | o complete this for               | m.   | 1              | Total pages Schedule A1:<br>Sch: 21/44 Rpt: 25/157 |             |
| 2 | FILER NAME<br>Stucky, Lynn | n D. (The Honorable)   |                                   |  | 3              | Filer ID (Ethics Commission 00080276               | n Filers)   |
| 4 | Date 11/09/2023            | <ul><li>5 Full name of contributor</li></ul>   | out-of-state PAC (ID#:            | )  | 7              | Amount of Contribution (\$)                        | \$100.00    |
|   |                            | Argyle, TX 76226   |                                   |  |                |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9                                 | Employer (See Instructions                         | s)             |  |             |
|   | Date<br>08/06/2023         | Full name of contributor  Johnson, Gregory M  Contributor address; City; Stat                    |                                   | )  |                | Amount of Contribution (\$)                        | \$750.00    |
|   | Dringing age               | Denton, TX 76205   |                                   | Employer (See Instructions                         | <u></u>        |  |             |
|   | Real Estate                | pation / Job title (See Instructions) Investments  |                                   | Employer (See Instructions Verus Real Estate Advis |                |  |             |
|   | Date 12/21/2023            | Full name of contributor  Johnson, Steven  Contributor address; City; Stat                       | out-of-state PAC (ID#:            | )  |                | Amount of Contribution (\$)                        | \$100.00    |
|   |                            | Denton, TX 76205   |                                   |  |                |  |             |
|   | Principal occu             | pation / Job title (See Instructions)  |                                   | Employer (See Instructions                         | 5)             |  |             |
|   | Date<br>12/27/2023         | Full name of contributor Jones, Robyn Contributor address; City; Stat  Decatur, TX 76234         |                                   | )  |                | Amount of Contribution (\$)                        | \$48.00     |
|   | Principal occu             | pation / Job title (See Instructions)  |                                   | Employer (See Instructions                         | <u> </u><br>5) |  |             |
|   | Date<br>09/27/2023         | Full name of contributor  Joyner, Greg  Contributor address; City; Stat  Grand Prairie, TX 75050 | out-of-state PAC (ID#:e; Zip Code | )  |                | Amount of Contribution (\$)                        | \$200.00    |
|   | Principal occu             | pation / Job title (See Instructions)  |                                   | Employer (See Instructions                         | 5)             |  |             |
|   |                            |  | L                                 |  |                |  |             |

|   | MONET                      | ARY POLITICAL CONTRIBUTIONS   |       | SCHEDULE A1  |            |  |
|---|----------------------------|---|-------|--|------------|--|
|   | The Instru                 | ction Guide explains how to complete this form.   | 1     | Total pages Schedule A1:<br>Sch: 22/44 Rpt: 26/157 |            |  |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)  | 3     | Filer ID (Ethics Commission 00080276               | on Filers) |  |
|   | Date<br>12/04/2023         | <ul> <li>Full name of contributor</li></ul>   | 7     | Amount of Contribution (\$)                        | \$2,500.00 |  |
| 8 | Principal occu             | Wichita, KS 67220 pation / Job title (See Instructions)  9 Employer (See Instructions)  | ions) |  |            |  |
|   | Date 10/25/2023            | Full name of contributor out-of-state PAC (ID#:)  Keefer, Andrew  Contributor address; City; State; Zip Code                    |       | Amount of Contribution (\$)                        | \$200.00   |  |
|   | Principal occu             | Austin, TX 78745 pation / Job title (See Instructions) Employer (See Instructions)  | ions) |  |            |  |
|   | Date<br>07/31/2023         | Full name of contributor  |       | Amount of Contribution (\$)                        | \$250.00   |  |
|   | Principal occu             | Denton, TX 76210  pation / Job title (See Instructions)  Employer (See Instruct Roselawn Memorial                               | •     |  |            |  |
|   | Date 09/21/2023            | Full name of contributor out-of-state PAC (ID#:)  Kerner, Chad  Contributor address; City; State; Zip Code                      |       | Amount of Contribution (\$)                        | \$500.00   |  |
|   | Principal occu             | Sanger, TX 76266 pation / Job title (See Instructions)  Employer (See Instructions)   | ions) |  |            |  |
|   | Date<br>10/05/2023         | Full name of contributor out-of-state PAC (ID#:) Koeppen, Douglas  Contributor address; City; State; Zip Code  Sanger, TX 76266 |       | Amount of Contribution (\$)                        | \$500.00   |  |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)  Employer (See Instructions)  Retired   | ions) |  |            |  |
|   |                            | ,   |       |  |            |  |

|   | MONET                         | ARY POLITICAL (   | CONTRIBUTIO             | NS                                  |             | SCHEDU   | LE A1      |
|---|-------------------------------|---|-------------------------|-------------------------------------|-------------|--|------------|
|   | The Instru                    | ction Guide explains how  | to complete this fo     | orm.                                | 1           | Total pages Schedule A1:<br>Sch: 23/44 Rpt: 27/157 |            |
| 2 | FILER NAME<br>Stucky, Lynr    | n D. (The Honorable)  |                         |                                     | 3           | Filer ID (Ethics Commissi 00080276                 | on Filers) |
| 4 | Date<br>10/24/2023            | <ul><li>5 Full name of contributor<br/>Leurig, Dick</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:  |                                     | 7           | Amount of Contribution (\$)                        | \$50.00    |
|   |                               | Denton, TX 76207  |                         |                                     |             |  |            |
| 8 | Principal occu                | pation / Job title (See Instructions  | s)<br>                  | 9 Employer (See In                  | structions) |  |            |
|   | Date<br>10/20/2023            | Full name of contributor<br>Lewis, Donna<br>Contributor address; City; Si                             |                         |                                     | )           | Amount of Contribution (\$)                        | \$100.00   |
|   | Principal occu                | Paradise, TX 76073-4450 pation / Job title (See Instructions  |                         | Employer (See In                    | structions) |  |            |
|   |                               | (   | ,                       |                                     |             |  |            |
|   | Date 08/22/2023               | Full name of contributor Liberto, Tim Contributor address; City; Si                                   |                         |                                     |             | Amount of Contribution (\$)                        | \$1,500.00 |
|   |                               | Krum, TX 76249  |                         |                                     |             |  |            |
|   | Principal occu<br>General Mar | pation / Job title (See Instructions<br>nager   | ;)<br>                  | Employer (See In<br>AJ Rentals Dall |             |  |            |
|   | Date<br>10/05/2023            | Full name of contributor Linebarger, Goggan, Blain Contributor address; City; St                      |                         |                                     | )           | Amount of Contribution (\$)                        | \$1,000.00 |
|   | Principal occu                | pation / Job title (See Instructions  | 5)                      | Employer (See In                    | structions) |  |            |
|   | Date<br>10/05/2023            | Full name of contributor Locke Lord LLP Contributor address; City; Si Dallas, TX 75201                | out-of-state PAC (ID#:_ |                                     |             | Amount of Contribution (\$)                        | \$500.00   |
|   | Principal occu                | pation / Job title (See Instructions  | s)                      | Employer (See In                    | structions) |  |            |
|   |                               |   | l                       |                                     |             |  |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTIO  | NS                         |   | SCHEDULE   | A1      |
|---|----------------------------|--|----------------------------|---|--|---------|
|   | The Instru                 | ction Guide explains how to complete this fo   | orm.                       | 1 | Total pages Schedule A1:<br>Sch: 24/44 Rpt: 28/157 |         |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)   |                            | 3 | Filer ID (Ethics Commission Fi 00080276            | lers)   |
| 4 | Date<br>12/30/2023         | <ul> <li>Full name of contributor</li></ul>  |                            | 7 | Amount of Contribution (\$) \$                     | 100.00  |
| 8 | Principal occu             | Angleton, TX 77515 pation / Job title (See Instructions)   | Employer (See Instructions | ) |  |         |
| _ | Date 09/27/2023            | Full name of contributor out-of-state PAC (ID#: Longbow Consulting Partners, LLC  Contributor address; City; State; Zip Code |                            |   | Amount of Contribution (\$) \$1,                   | 000.00  |
|   | Principal occu             | Austin, TX 78701 pation / Job title (See Instructions)   | Employer (See Instructions | ) |  |         |
|   | Date<br>11/09/2023         | Full name of contributor out-of-state PAC (ID#:_<br>Lynskey, Suzanne  Contributor address; City; State; Zip Code             | )                          |   | Amount of Contribution (\$)                        | \$50.00 |
|   | Principal occu             | Denton, TX 76210 pation / Job title (See Instructions)   | Employer (See Instructions | ) |  |         |
|   | Date<br>12/28/2023         | Full name of contributor out-of-state PAC (ID#: Martin, Randall Contributor address; City; State; Zip Code                   |                            |   | Amount of Contribution (\$)                        | 500.00  |
|   | Principal occu             | Sanger, TX 76266 pation / Job title (See Instructions)   | Employer (See Instructions | ) |  |         |
|   | Date<br>09/13/2023         | Full name of contributor out-of-state PAC (ID#: Mason, Kellie Contributor address; City; State; Zip Code Sanger, TX 76266    |                            |   | Amount of Contribution (\$)                        | 500.00  |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions | ) |  |         |
|   |                            |  |                            |   |  |         |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                          |   | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|---|------------------------------|---|--|-------------|
|   | The Instruc                | ction Guide explains how to complete this   | form.                        | 1   | Total pages Schedule A1:<br>Sch: 25/44 Rpt: 29/157 |             |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |                              | 3   | Filer ID (Ethics Commission 00080276               | n Filers)   |
| 4 | Date 11/23/2023            | <ul> <li>Full name of contributor</li></ul>   |                              | 7   | Amount of Contribution (\$)                        | \$200.00    |
| _ |                            | Denton, TX 76210  | 1                            | Ĺ   |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)  |  |             |
|   | Date<br>10/04/2023         | Full name of contributor out-of-state PAC (ID# May, Brian  Contributor address; City; State; Zip Code                               | :)                           |   | Amount of Contribution (\$)                        | \$150.00    |
|   |                            | San Angelo, TX 76904  | 1                            | L   |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)  |  |             |
|   | Date<br>11/09/2023         | Full name of contributor out-of-state PAC (ID# McAden, Cheri  Contributor address; City; State; Zip Code                            | :)                           |   | Amount of Contribution (\$)                        | \$20.00     |
|   |                            | Sanger, TX 76266  |                              |   |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)  |  |             |
|   | Date<br>09/27/2023         | Full name of contributor out-of-state PAC (ID# McCartney, Christopher  Contributor address; City; State; Zip Code  Denton, TX 76210 |                              |   | Amount of Contribution (\$)                        | \$100.00    |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | <u>                                      </u> |  |             |
|   | Date<br>09/18/2023         | Full name of contributor out-of-state PAC (ID# McCary, Kimberly  Contributor address; City; State; Zip Code  Denton, TX 76206       | :)                           |   | Amount of Contribution (\$)                        | \$500.00    |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)  |  |             |
|   |                            |   | 1                            |   |  |             |

|   | MONET                      | ARY POLITICAL CO  | ONTRIBUTION                      | S<br>   |            | SCHEDUI  | _E <b>A1</b> |
|---|----------------------------|---|----------------------------------|---|------------|--|--------------|
|   | The Instru                 | ction Guide explains how to   | complete this form               | n.  | 1          | Total pages Schedule A1:<br>Sch: 26/44 Rpt: 30/157 |              |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)  |                                  |   | 3          | Filer ID (Ethics Commission 00080276               | on Filers)   |
| 4 | Date 11/09/2023            | <ul><li>5 Full name of contributor McClintic, Sandra</li><li>6 Contributor address; City; State</li></ul> |                                  |   | 7          | Amount of Contribution (\$)                        | \$50.00      |
|   |                            | Argyle, TX 76226  |                                  |   |            |  |              |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9                                | Employer (See Instructions                      | i)         |  |              |
|   | Date<br>08/05/2023         | Full name of contributor  McEntire, Lisa  Contributor address; City; State                                | out-of-state PAC (ID#:; Zip Code | )   |            | Amount of Contribution (\$)                        | \$500.00     |
| _ | Principal occu             | Krum, TX 76249 pation / Job title (See Instructions)  |                                  | Employer (See Instructions                      | <u> </u>   |  |              |
|   | Date<br>12/29/2023         | Full name of contributor  McGee, Brandon  Contributor address; City; State  Denton, TX 76209              | out-of-state PAC (ID#:; Zip Code | )   |            | Amount of Contribution (\$)                        | \$48.00      |
|   | Principal occu             | pation / Job title (See Instructions)   |                                  | Employer (See Instructions                      | <u> </u>   |  |              |
|   | Date<br>10/05/2023         | Full name of contributor X McGuire Woods Federal PA Contributor address; City; State Richmond, VA 23219   |                                  | 225342)   |            | Amount of Contribution (\$)                        | \$500.00     |
|   | Principal occu             | pation / Job title (See Instructions)   |                                  | Employer (See Instructions                      | <u>;</u> ) |  |              |
|   | Date<br>07/31/2023         | Full name of contributor McGuire, Michael Contributor address; City; State Dallas, TX 75205               | out-of-state PAC (ID#:;          | )   |            | Amount of Contribution (\$)                        | \$1,500.00   |
|   | Principal occu             | pation / Job title (See Instructions)   |                                  | Employer (See Instructions Andrews Distributing | )          |  |              |
|   |                            |   | L                                |   |            |  |              |

|   | MONET                      | ARY POLITICAL CONTRIE   | BUTION      | IS                         |                | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|---|-------------|----------------------------|----------------|--|-------------|
|   | The Instru                 | ction Guide explains how to complet   | te this for | m.                         | 1              | Total pages Schedule A1:<br>Sch: 27/44 Rpt: 31/157 |             |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |             |                            | 3              | Filer ID (Ethics Commission 00080276               | n Filers)   |
| 4 | Date 10/09/2023            |   | PAC (ID#:   | )                          | 7              | Amount of Contribution (\$)                        | \$250.00    |
| 0 | Dringing oggu              | Houston, TX 77077   | <u> </u>    | Employer (See Instructions | ·/             |  |             |
| 0 | Principal occu             | pation / Job title (See Instructions)   | 9           | Employer (See Instructions | ·)             |  |             |
|   | Date 12/29/2023            | Miller, Sandra  | PAC (ID#:   | )                          |                | Amount of Contribution (\$)                        | \$50.00     |
|   |                            | Sanger, TX 76266  | -           |                            |                |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions | 5)             |  |             |
|   | Date 12/29/2023            | Full name of contributor out-of-state Mitchell, Dustin  Contributor address; City; State; Zip Code                        | PAC (ID#:   |                            |                | Amount of Contribution (\$)                        | \$5.00      |
|   |                            | Dallas, TX 75243  |             |                            |                |  |             |
|   | Principal occu             | oation / Job title (See Instructions)   |             | Employer (See Instructions | s)             |  |             |
|   | Date<br>10/05/2023         | Full name of contributor out-of-state  Moak Casey PAC  Contributor address; City; State; Zip Code  Austin, TX 78746-5776  | ,           | )                          |                | Amount of Contribution (\$)                        | \$500.00    |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions | <u> </u><br>5) |  |             |
|   | Date<br>12/30/2023         | Full name of contributor out-of-state  Montford, Kassie  Contributor address; City; State; Zip Code  Bridgeport, TX 76426 | PAC (ID#:   |                            |                | Amount of Contribution (\$)                        | \$500.00    |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions | 5)             |  |             |
|   |                            |   | I           |                            |                |  |             |

|   | MONET                         | ARY POLITICAL CONTRIBUTION   | NS   |                | SCHEDUL  | E <b>A1</b> |
|---|-------------------------------|--|--|----------------|--|-------------|
|   | The Instru                    | ction Guide explains how to complete this fo   | rm.  | 1              | Total pages Schedule A1:<br>Sch: 28/44 Rpt: 32/157 |             |
| 2 | FILER NAME<br>Stucky, Lynr    | D. (The Honorable)   |  | ı              | Filer ID (Ethics Commission 00080276               | on Filers)  |
| 4 | Date 12/30/2023               | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>  |  | 7              | Amount of Contribution (\$)                        | \$24.00     |
| _ |                               | Runaway Bay, TX 76426  |  |                |  |             |
| 8 | Principal occu                | pation / Job title (See Instructions)  | 9 Employer (See Instructions)                    | S)             |  |             |
|   | Date<br>12/04/2023            | Full name of contributor out-of-state PAC (ID#:NABIP Texas Political Action Committee  Contributor address; City; State; Zip Code  Cranford, NJ 07016-2464 | )  |                | Amount of Contribution (\$)                        | \$250.00    |
|   | Principal occu                | pation / Job title (See Instructions)  | Employer (See Instructions)                      | <u>I</u><br>S) |  |             |
|   | Date<br>12/09/2023            | Full name of contributor out-of-state PAC (ID#:  | )  |                | Amount of Contribution (\$)                        | \$1,000.00  |
|   | Principal occu                | Princeton, NJ 08540 pation / Job title (See Instructions)  | Employer (See Instructions)                      | <u> </u><br>s) |  |             |
|   | Date<br>10/25/2023            | Full name of contributor out-of-state PAC (ID#: Naulty, Terrance  Contributor address; City; State; Zip Code   | )  |                | Amount of Contribution (\$)                        | \$200.00    |
|   | Principal occu                | Denton, TX 76210 pation / Job title (See Instructions)   | Employer (See Instructions)                      | <u> </u><br>s) |  |             |
|   | Date<br>07/31/2023            | Full name of contributor out-of-state PAC (ID#: Newland, Everette  Contributor address; City; State; Zip Code  Denton, TX 76207                            | )  |                | Amount of Contribution (\$)                        | \$1,000.00  |
|   | Principal occu<br>Real Estate | pation / Job title (See Instructions)  | Employer (See Instructions)  Newland Real Estate | s)             |  |             |
|   |                               | L.   |  |                |  |             |

|   | MONET                      | ARY POLITICAL CONTRII   | BUTION      | S                          |          | SCHEDUI  | E A1       |
|---|----------------------------|---|-------------|----------------------------|----------|--|------------|
|   | The Instruc                | ction Guide explains how to comple  | te this for | n.                         | 1        | Total pages Schedule A1:<br>Sch: 29/44 Rpt: 33/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |             |                            | 3        | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date 07/01/2023            | <ul> <li>Full name of contributor  out-of-state Noell, Kent</li> <li>Contributor address; City; State; Zip Code</li> </ul>                    | PAC (ID#:   |                            | 7        | Amount of Contribution (\$)                        | \$100.00   |
| _ |                            | Denton, TX 76210  |             |                            |          |  |            |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9           | Employer (See Instructions | 5)       |  |            |
|   | Date<br>11/09/2023         | Odell, Marjorie   | PAC (ID#:   |                            |          | Amount of Contribution (\$)                        | \$1,000.00 |
|   | Principal occu             | Argyle, TX 76226 pation / Job title (See Instructions)  |             | Employer (See Instructions |          |  |            |
|   | Retired                    | odition 7 300 title (See instructions)  |             | Retired                    | ')       |  |            |
|   | Date<br>09/29/2023         | Full name of contributor out-of-state Oehmler, Geoffrey Contributor address; City; State; Zip Code  | PAC (ID#:   |                            |          | Amount of Contribution (\$)                        | \$100.00   |
|   |                            | Denton, TX 76205  |             |                            |          |  |            |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions | <u> </u> |  |            |
|   | Date<br>12/29/2023         | Full name of contributor out-of-state Oncor Texas State Political Action Cor Contributor address; City; State; Zip Code Dallas, TX 75202-1234 | nmittee     |                            |          | Amount of Contribution (\$)                        | \$1,500.00 |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions | )        |  |            |
|   | Date<br>12/30/2023         | Full name of contributor out-of-state Ondina, Judith  Contributor address; City; State; Zip Code  Denton, TX 76207                            |             |                            |          | Amount of Contribution (\$)                        | \$50.00    |
|   | Principal occu             | pation / Job title (See Instructions)   |             | Employer (See Instructions | 5)       |  |            |
|   |                            |   | •           |                            |          |  |            |

|          | MONET                      | ARY POLITICAL COI   | NTRIBUTION                 | S  |   | SCHEDUI  | E A1       |
|----------|----------------------------|---|----------------------------|--|---|--|------------|
|          | The Instruc                | ction Guide explains how to   | complete this form         | n.   | 1 | Total pages Schedule A1:<br>Sch: 30/44 Rpt: 34/157 |            |
| 2        | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |                            |  | 3 | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4        | Date 08/23/2023            | Pardue, Leslie  | out-of-state PAC (ID#:     |  | 7 | Amount of Contribution (\$)                        | \$750.00   |
| 8        | Principal occu             | Austin, TX 78737  | la la                      | Employer (See Instructions                 |   |  |            |
| <u> </u> | Consultant                 | pation / Job title (See Instructions)                                     | 9                          | Employer (See Instructions Self            | ) |  |            |
|          | Date<br>12/30/2023         | Full name of contributor  | out-of-state PAC (ID#:     |  |   | Amount of Contribution (\$)                        | \$24.00    |
|          | Deire sin al access        | Runaway Bay, TX 76426   |                            | Familia (Carabatan)                        |   |  |            |
|          | Principal occu             | pation / Job title (See Instructions)                                     |                            | Employer (See Instructions                 | ) |  |            |
|          | Date<br>09/30/2023         | Full name of contributor  | out-of-state PAC (ID#:     |  |   | Amount of Contribution (\$)                        | \$400.00   |
|          |                            | Rhome, TX 76078   |                            |  |   |  |            |
|          | Principal occu             | pation / Job title (See Instructions)                                     |                            | Employer (See Instructions                 | ) |  |            |
|          | Date<br>09/15/2023         | Full name of contributor  | out-of-state PAC (ID#:     |  |   | Amount of Contribution (\$)                        | \$2,500.00 |
|          | Principal occu<br>Chairman | pation / Job title (See Instructions)                                     |                            | Employer (See Instructions The Perot Group | ) |  |            |
|          | Date<br>12/04/2023         | Full name of contributor  Pfizer PAC  Contributor address; City; State; Z | out-of-state PAC (ID#: C00 | 016683                                     |   | Amount of Contribution (\$)                        | \$1,000.00 |
|          | Principal occu             | pation / Job title (See Instructions)                                     |                            | Employer (See Instructions                 | ) |  |            |
|          |                            |   | I .                        |  |   |  |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTIO   | NS                            |        | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|---|-------------------------------|--------|--|-------------|
|   | The Instruc                | ction Guide explains how to complete this fo  | orm.                          | 1      | Total pages Schedule A1:<br>Sch: 31/44 Rpt: 35/157 |             |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |                               | 3      | Filer ID (Ethics Commission 00080276               | n Filers)   |
| 4 | Date 11/08/2023            | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Pickett, Stephen</li> <li>Contributor address; City; State; Zip Code</li> </ul>     |                               | 7      | Amount of Contribution (\$)                        | \$50.00     |
| _ |                            | Denton, TX 76210  |                               | Ĺ      |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions  | s)     |  |             |
|   | Date<br>10/03/2023         | Contributor address; City; State; Zip Code  |                               |        | Amount of Contribution (\$)                        | \$500.00    |
|   | Principal occu             | Decatur, TX 76234 Dation / Job title (See Instructions)   | Employer (See Instructions    | ;)<br> |  |             |
|   | i illoipai oooa            | salon, oos tale (ooe metastione)  | Employer (God mondoner        | ,,     |  |             |
|   | Date<br>10/05/2023         | Full name of contributor out-of-state PAC (ID#: Political Action Committee of The Independent Ir Contributor address; City; State; Zip Code   | )<br>nsurance Agents of Texas |        | Amount of Contribution (\$)                        | \$250.00    |
|   |                            | Austin, TX 78768  |                               |        |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions    | s)     |  |             |
|   | Date 09/10/2023            | Full name of contributor out-of-state PAC (ID#:_ Priority Management Group, LLC  Contributor address; City; State; Zip Code  Dallas, TX 75219 |                               |        | Amount of Contribution (\$)                        | \$1,500.00  |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions    | 5)     |  |             |
|   | Date<br>11/29/2023         | Full name of contributor out-of-state PAC (ID#:_ Pryor, Tom Contributor address; City; State; Zip Code  Denton, TX 76207                      | )                             |        | Amount of Contribution (\$)                        | \$20.24     |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions    | s)     |  |             |
|   |                            |   |                               |        |  |             |

|   | MONET              | ARY POLITICAL CONTRIBU   | ITIONS  | SCHEDULE A1  |
|---|--------------------|--|---|--|
|   | The Instru         | ction Guide explains how to complete t   | his form.   | 1 Total pages Schedule A1:<br>Sch: 32/44 Rpt: 36/157 |
| 2 | FILER NAME         |  |   | 3 Filer ID (Ethics Commission Filers)                |
|   | Stucky, Lynr       | n D. (The Honorable)   |   | 00080276   |
| 4 | Date<br>11/28/2023 | <ul> <li>Full name of contributor</li></ul>  | C (ID#:)  | 7 Amount of Contribution (\$) \$20.24                |
|   |                    | Decatur, TX 76234  |   |  |
| 8 | Principal occu     | pation / Job title (See Instructions)  | 9 Employer (See Instructions                      | ns)  |
|   | Date               | Full name of contributor out-of-state PAC  | C (ID#:)  | Amount of Contribution (\$)                          |
|   | 09/30/2023         | Rayner, Mardee   |   | \$100.00   |
|   |                    | Contributor address; City; State; Zip Code   |   |  |
|   |                    | Denton, TX 76209   |   |  |
|   | Principal occu     | pation / Job title (See Instructions)  | Employer (See Instructions                        | ns)  |
|   | Date<br>09/27/2023 | Full name of contributor out-of-state PAC Riley, Linda Contributor address; City; State; Zip Code        | C (ID#:)  | Amount of Contribution (\$)  \$500.00                |
|   |                    | Denton, TX 76207   |   |  |
|   | Principal occu     | pation / Job title (See Instructions)  | Employer (See Instructions                        | ns)  |
|   | Date<br>09/02/2023 | Full name of contributor out-of-state PAC<br>Rotrame, Ryan<br>Contributor address; City; State; Zip Code | C (ID#:)  | Amount of Contribution (\$) \$150.00                 |
|   |                    | Olsburg, KS 66520  |   |  |
|   | Principal occu     | pation / Job title (See Instructions)  | Employer (See Instructions                        | is)  |
|   | Date               | Full name of contributor out-of-state PAC  | (ID#:)  | Amount of Contribution (\$)                          |
|   | 09/27/2023         | Russell, Barbara   |   | \$500.00   |
|   |                    | Contributor address; City; State; Zip Code   |   |  |
|   | Dringing! acc:     | Denton, TX 76209   | Employer (See Instructions                        |  |
|   | Realtor            | pation / Job title (See Instructions)  | Employer (See Instructions Barbara Russell Realty |  |
|   |                    |  |   |  |

|   | MONET                      | ARY POLITICAL CONTR  | RIBUTION                              | S                          |   | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|--|---------------------------------------|----------------------------|---|--|-------------|
|   | The Instruc                | ction Guide explains how to comp   | olete this for                        | n.                         | 1 | Total pages Schedule A1:<br>Sch: 33/44 Rpt: 37/157 |             |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)   |                                       |                            | 3 | Filer ID (Ethics Commissio 00080276                | n Filers)   |
| 4 | Date 11/10/2023            |  |                                       |                            | 7 | Amount of Contribution (\$)                        | \$100.00    |
| _ |                            | Denton, TX 76209   |                                       |                            |   |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9                                     | Employer (See Instructions | ) |  |             |
|   | Date<br>09/27/2023         | Sayre Jr., Arthur  |                                       | )                          |   | Amount of Contribution (\$)                        | \$1,500.00  |
|   | Principal occu             | Corinth, TX 76210 pation / Job title (See Instructions)                                      |                                       | Employer (See Instructions | ) |  |             |
|   | Retired                    | sation 7 cos title (eee mondono)   |                                       | Retired                    | , |  |             |
|   | Date<br>12/29/2023         | Full name of contributor out-of-s  Sharpe, Suzanne  Contributor address; City; State; Zip Co | tate PAC (ID#:<br>de                  |                            |   | Amount of Contribution (\$)                        | \$48.00     |
|   |                            | Aurora, TX 76078-3712  |                                       |                            |   |  |             |
|   | Principal occu             | pation / Job title (See Instructions)  |                                       | Employer (See Instructions | ) |  |             |
|   | Date<br>10/03/2023         | Shuman, Larry  |                                       |                            |   | Amount of Contribution (\$)                        | \$50.00     |
|   | Principal occu             | pation / Job title (See Instructions)  |                                       | Employer (See Instructions | ) |  |             |
|   | Date<br>11/09/2023         | Simmel, Patricia   | tate PAC (ID#:                        |                            |   | Amount of Contribution (\$)                        | \$20.00     |
|   | Principal occu             | oation / Job title (See Instructions)  |                                       | Employer (See Instructions | ) |  |             |
|   |                            |  | · · · · · · · · · · · · · · · · · · · |                            |   |  |             |

|   | MONET                      | ARY POLITICAL C  | ONTRIBUTION                            | NS<br>                     |           | SCHEDUI  | LE A1      |
|---|----------------------------|--|--|----------------------------|-----------|--|------------|
|   | The Instru                 | ction Guide explains how   | to complete this for                   | m.                         | 1         | Total pages Schedule A1:<br>Sch: 34/44 Rpt: 38/157 |            |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)   |  |                            | 3         | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date<br>12/04/2023         | <ul><li>5 Full name of contributor [ Sledgelaw Group PLLC</li><li>6 Contributor address; City; Sta</li></ul> | out-of-state PAC (ID#:<br>te; Zip Code | )                          | 7         | Amount of Contribution (\$)                        | \$1,000.00 |
|   |                            | Austin, TX 78701   |  |                            |           |  |            |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9                                      | Employer (See Instructions | 5)        |  |            |
|   | Date<br>10/10/2023         | Full name of contributor  Smatresk, Neal  Contributor address; City; Sta                                     | out-of-state PAC (ID#:<br>te; Zip Code |                            |           | Amount of Contribution (\$)                        | \$1,000.00 |
|   | Principal occu             | Denton, TX 76210   |  | Employer (See Instructions | <u>''</u> |  |            |
|   | President                  | pation / Job title (See Instructions)  |  | University of North Texa   |           |  |            |
|   | Date<br>09/30/2023         | Full name of contributor [Southern Glazer's PAC of Contributor address; City; Sta                            |  | )                          |           | Amount of Contribution (\$)                        | \$1,000.00 |
|   |                            | Austin, TX 78701   |  |                            |           |  |            |
|   | Principal occu             | pation / Job title (See Instructions)  |  | Employer (See Instructions | s)        |  |            |
|   | Date<br>09/27/2023         | Full name of contributor  Southwest Tow Operators  Contributor address; City; Sta  Plano, TX 75074           |  |                            | -         | Amount of Contribution (\$)                        | \$1,000.00 |
|   | Principal occu             | pation / Job title (See Instructions)  |  | Employer (See Instructions | 5)        |  |            |
|   | Date<br>11/29/2023         | Full name of contributor [ Spoonts, Jim Contributor address; City; Sta  Denton, TX 76209                     | out-of-state PAC (ID#:                 |                            |           | Amount of Contribution (\$)                        | \$100.00   |
|   | Principal occu             | pation / Job title (See Instructions)  |  | Employer (See Instructions | 5)        |  |            |
|   |                            |  | L                                      |                            |           |  |            |

|   | MONET                      | ARY POLITICAL C  | ONTRIBUTIO                             | N:  | S   |   | SCHEDUI  | E A1       |
|---|----------------------------|--|--|-----|---|---|--|------------|
|   | The Instru                 | ction Guide explains how   | to complete this fo                    | orm | 1.  | 1 | Total pages Schedule A1:<br>Sch: 35/44 Rpt: 39/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn | n D. (The Honorable)   |  |     |   | 3 | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date 08/08/2023            | <ul><li>5 Full name of contributor</li><li>Stucky, Alan</li><li>6 Contributor address; City; Sta</li></ul> | out-of-state PAC (ID#:<br>te; Zip Code |     | )   | 7 | Amount of Contribution (\$)                        | \$750.00   |
|   | Dringing! goog             | Rhome, TX 76078  | 1,                                     | 0   | Employer (See Instructions                          |   |  |            |
| 8 |                            | pation / Job title (See Instructions)<br>ellor and General Counselor                                       | •                                      |     | Employer (See Instructions University of North Texa |   | System   |            |
|   | Date<br>12/27/2023         | Full name of contributor Stucky, Mellina Contributor address; City; Sta                                    |  |     | )   |   | Amount of Contribution (\$)                        | \$500.00   |
|   | Daine die alle a con       | Rhome, TX 76078  |  |     | Formula and (On a location at in a                  |   |  |            |
|   | Principal occu             | pation / Job title (See Instructions)  |  | !   | Employer (See Instructions                          | ) |  |            |
|   | Date 10/01/2023            | Full name of contributor Swain, Connie Contributor address; City; Sta                                      | out-of-state PAC (ID#:<br>te; Zip Code |     | )   |   | Amount of Contribution (\$)                        | \$1,000.00 |
|   |                            | Alvord, TX 76225   |  |     |   |   |  |            |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)  |  |     | Employer (See Instructions<br>Retired               | ) |  |            |
|   | Date<br>12/28/2023         | Full name of contributor Swain, Connie  Contributor address; City; Sta                                     | out-of-state PAC (ID#:                 |     |   |   | Amount of Contribution (\$)                        | \$500.00   |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)  |  |     | Employer (See Instructions<br>Retired               | ) |  |            |
|   | Date<br>10/20/2023         | Full name of contributor TREPAC Texas Association Contributor address; City; Sta                           |  |     |   |   | Amount of Contribution (\$)                        | \$5,000.00 |
|   | Principal occu             | pation / Job title (See Instructions)  |  | ļ   | Employer (See Instructions                          | ) |  |            |
|   |                            |  | L                                      |     |   |   |  |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTIO  | NS                           |           | SCHEDULE A1  |
|---|----------------------------|--|------------------------------|-----------|--|
|   | The Instruc                | ction Guide explains how to complete this fo   | rm.                          | 1         | Total pages Schedule A1:<br>Sch: 36/44 Rpt: 40/157 |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)   |                              | 3         | Filer ID (Ethics Commission Filers)<br>00080276    |
| 4 | Date 12/29/2023            | <ul> <li>Full name of contributor</li></ul>  |                              | 7         | Amount of Contribution (\$) \$50.00                |
| _ |                            | Bradenton, FL 34211  |                              | Ĺ         |  |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9 Employer (See Instructions | s)        |  |
|   | Date<br>10/11/2023         | Full name of contributor out-of-state PAC (ID#:_ Test, Terry Contributor address; City; State; Zip Code  |                              | •         | Amount of Contribution (\$) \$200.00               |
|   | Principal occu             | Flower Mound, TX 75028 pation / Job title (See Instructions)   | Employer (See Instructions   | <u>-,</u> |  |
|   | Fillicipal occu            | oalion7 300 title (See instructions)   | Employer (See instructions   | >)        |  |
|   | Date<br>07/31/2023         | Full name of contributor  ut-of-state PAC (ID#:_ Texans For Lawsuit Reform PAC  Contributor address; City; State; Zip Code                             |                              |           | Amount of Contribution (\$) \$40,000.00            |
|   |                            | Austin, TX 78701   |                              | L         |  |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | s)        |  |
|   | Date<br>10/20/2023         | Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1951     | )                            | •         | Amount of Contribution (\$) \$1,500.00             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)        |  |
|   | Date<br>12/28/2023         | Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch Associated General Contributor address; City; State; Zip Code  Austin, TX 78701 |                              |           | Amount of Contribution (\$) \$5,000.00             |
|   | Principal occu             | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)        |  |
|   |                            | · ·  |                              |           |  |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                              |  | SCHEDUI  | LE <b>A1</b> |
|---|----------------------------|---|----------------------------------|--|--|--------------|
|   | The Instru                 | ction Guide explains how to complete this fo  | orm.                             | 1  | Total pages Schedule A1:<br>Sch: 37/44 Rpt: 41/157 |              |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)  |                                  | 3  | Filer ID (Ethics Commission 00080276               | on Filers)   |
| 4 | Date 12/29/2023            | <ul> <li>Full name of contributor</li></ul>   | )                                | 7  | Amount of Contribution (\$)                        | \$1,000.00   |
| _ | Daine in all access        | Austin, TX 78701  | O Farely (Condition to the time) |  |  |              |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions     | 5)   |  |              |
|   | Date<br>07/31/2023         | Contributor address; City; State; Zip Code  |                                  |  | Amount of Contribution (\$)                        | \$1,000.00   |
|   | Principal occu             | Austin, TX 78711 pation / Job title (See Instructions)  | Employer (See Instructions       | <u> </u><br>;)                               |  |              |
|   |                            |   |                                  | ,  |  |              |
|   | Date<br>12/29/2023         | Full name of contributor out-of-state PAC (ID#:_ Texas Economic Development Council PAC  Contributor address; City; State; Zip Code |                                  |  | Amount of Contribution (\$)                        | \$1,000.00   |
|   |                            | Austin, TX 78701  |                                  |  |  |              |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions       | s)   |  |              |
|   | Date<br>12/04/2023         | Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau Agfund Contributor address; City; State; Zip Code Waco, TX 76702 |                                  |  | Amount of Contribution (\$)                        | \$1,000.00   |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions       | <u>.                                    </u> |  |              |
|   | Date<br>12/28/2023         | Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau Agfund Contributor address; City; State; Zip Code Waco, TX 76702 | )                                |  | Amount of Contribution (\$)                        | \$10,000.00  |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions       | <b>-</b><br>5)                               |  |              |
|   |                            | •   |                                  |  |  |              |

|   | MONET                      | ARY POLITICAL (   | CONTRIBUTIO         | ONS                          |                | SCHEDUI  | LE <b>A1</b> |
|---|----------------------------|---|---------------------|------------------------------|----------------|--|--------------|
|   | The Instru                 | ction Guide explains how  | to complete this fo | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 38/44 Rpt: 42/157 |              |
| 2 | FILER NAME<br>Stucky, Lynr | D. (The Honorable)  |                     |                              | 3              | Filer ID (Ethics Commission 00080276               | on Filers)   |
| 4 | Date 10/05/2023            | <ul><li>5 Full name of contributor<br/>Texas Medical Associatio</li><li>6 Contributor address; City; St</li></ul> |                     |                              | 7              | Amount of Contribution (\$)                        | \$250.00     |
|   |                            | Austin, TX 78701  |                     |                              |                |  |              |
| 8 | Principal occu             | pation / Job title (See Instructions  | i)                  | 9 Employer (See Instructions | 5)             |  |              |
|   | Date<br>10/05/2023         | Full name of contributor  Texas State Assoc. of Fire  Contributor address; City; State  Austin, TX 78701          |                     |                              |                | Amount of Contribution (\$)                        | \$750.00     |
|   | Principal occu             | pation / Job title (See Instructions  | )                   | Employer (See Instructions   | <u> </u><br>5) |  |              |
|   | Date<br>12/29/2023         | Full name of contributor Texas State Farm Agents Contributor address; City; St                                    |                     | )                            |                | Amount of Contribution (\$)                        | \$2,000.00   |
|   | Principal occu             | Lakeway, TX 78734 pation / Job title (See Instructions  | )                   | Employer (See Instructions   | <u> </u><br>5) |  |              |
|   | Date 09/27/2023            | Full name of contributor Texas Strong Republican Contributor address; City; St Argyle, TX 76226                   |                     |                              |                | Amount of Contribution (\$)                        | \$2,500.00   |
|   | Principal occu             | pation / Job title (See Instructions  | )                   | Employer (See Instructions   | <u> </u><br>5) |  |              |
|   | Date<br>10/05/2023         | Full name of contributor Texas Trial Lawyers Asso Contributor address; City; St Austin, TX 78701                  |                     |                              |                | Amount of Contribution (\$)                        | \$1,000.00   |
|   | Principal occu             | pation / Job title (See Instructions  | r)                  | Employer (See Instructions   | 5)             |  |              |
|   |                            |   |                     |                              |                |  |              |

|   | MONET                          | ARY POLITICAL C   | ONTRIBUTIO             | NS   |    | SCHEDUI  | LE <b>A1</b> |
|---|--------------------------------|---|------------------------|--|----|--|--------------|
|   | The Instruc                    | ction Guide explains how  | to complete this fo    | rm.  | 1  | Total pages Schedule A1:<br>Sch: 39/44 Rpt: 43/157 |              |
| 2 | FILER NAME<br>Stucky, Lynn     | D. (The Honorable)  |                        |  | 3  | Filer ID (Ethics Commission 00080276               | on Filers)   |
| 4 | Date 08/21/2023                | <ul><li>5 Full name of contributor<br/>Toothaker, Gary</li><li>6 Contributor address; City; Sta</li></ul> | out-of-state PAC (ID#: |  | 7  | Amount of Contribution (\$)                        | \$500.00     |
| _ |                                | Denton, TX 76207  | 1                      |  | L  |  |              |
| 8 | Principal occu                 | pation / Job title (See Instructions)   | \ \frac{1}{2}          | Employer (See Instructions                       | s) |  |              |
|   | Date<br>11/25/2023             | Full name of contributor Trail, Chris Contributor address; City; Sta                                      |                        | )  |    | Amount of Contribution (\$)                        | \$50.00      |
|   |                                | Bedford, TX 76021   |                        |  |    |  |              |
|   | Principal occu                 | pation / Job title (See Instructions)   |                        | Employer (See Instructions                       | s) |  |              |
|   | Date<br>12/27/2023             | Full name of contributor  Trietsch, Kay  Contributor address; City; Sta                                   |                        |  |    | Amount of Contribution (\$)                        | \$48.00      |
|   |                                | Sanger, TX 76266  |                        |  |    |  |              |
|   | Principal occu                 | pation / Job title (See Instructions)   |                        | Employer (See Instructions                       | 5) |  |              |
|   | Date<br>09/06/2023             | Full name of contributor Underwood, Stephanie Contributor address; City; Sta                              |                        |  | •  | Amount of Contribution (\$)                        | \$2,500.00   |
|   | Principal occu<br>Owner        | pation / Job title (See Instructions)   |                        | Employer (See Instructions Underwood's Heating a |    | Air  |              |
|   | Date<br>11/08/2023             | Full name of contributor  Vennerholm, Mark  Contributor address; City; Sta                                | out-of-state PAC (ID#: | )  |    | Amount of Contribution (\$)                        | \$20.00      |
|   | Principal occu<br>Sales Engine | pation / Job title (See Instructions)   |                        | Employer (See Instructions Teradyne, Inc         | 5) |  |              |
|   | Sales Engille                  |   |                        | retadytic, inc                                   |    |  |              |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | ٩C       | NS                         |                | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|---|----------|----------------------------|----------------|--|-------------|
|   | The Instruc                | ction Guide explains how to complete this   | for      | m.                         | 1              | Total pages Schedule A1:<br>Sch: 40/44 Rpt: 44/157 |             |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |          |                            | 3              | Filer ID (Ethics Commission 00080276               | n Filers)   |
| 4 | Date 09/27/2023            | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Vennerholm, Mark</li> <li>Contributor address; City; State; Zip Code</li> </ul>             |          | )                          | 7              | Amount of Contribution (\$)                        | \$500.00    |
| 8 | Principal occur            | Sanger, TX 76266 pation / Job title (See Instructions)  | 9        | Employer (See Instructions | 3)             |  |             |
| • | Sales Engine               |   |          | Teradyne, Inc              | -,             |  |             |
|   | Date<br>10/05/2023         | Full name of contributor out-of-state PAC (ID#: Veterinarian Political Action Committee  Contributor address; City; State; Zip Code                   |          | )                          | •              | Amount of Contribution (\$)                        | \$500.00    |
|   |                            | Austin, TX 78754  |          |                            |                |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   |          | Employer (See Instructions | s)             |  |             |
|   | Date 11/01/2023            | Full name of contributor out-of-state PAC (ID#: Veterinarian Political Action Committee  Contributor address; City; State; Zip Code                   |          | )                          | •              | Amount of Contribution (\$)                        | \$250.00    |
|   |                            | Austin, TX 78754  |          |                            |                |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   |          | Employer (See Instructions | 5)             |  |             |
|   | Date 11/01/2023            | Full name of contributor out-of-state PAC (ID#: Veterinarian Political Action Committee  Contributor address; City; State; Zip Code  Austin, TX 78754 |          |                            |                | Amount of Contribution (\$)                        | \$100.00    |
|   | Principal occu             | pation / Job title (See Instructions)   |          | Employer (See Instructions | <u> </u><br>s) |  |             |
|   | Date<br>11/01/2023         | Full name of contributor out-of-state PAC (ID#: Veterinarian Political Action Committee  Contributor address; City; State; Zip Code  Austin, TX 78754 | <u> </u> |                            |                | Amount of Contribution (\$)                        | \$100.00    |
|   | Principal occu             | pation / Job title (See Instructions)   |          | Employer (See Instructions | <u>s)</u>      |  |             |
|   |                            |   | <u> </u> |                            |                |  |             |

|   | MONET                      | ARY POLITICAL COI   | NTRIBUTIO                          | NS                         |   | SCHEDUL  | E A1       |
|---|----------------------------|---|------------------------------------|----------------------------|---|--|------------|
|   | The Instruc                | etion Guide explains how to o                               | complete this fo                   | rm.                        | 1 | Total pages Schedule A1:<br>Sch: 41/44 Rpt: 45/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |                                    |                            | 3 | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date 09/30/2023            | <ul> <li>Full name of contributor</li></ul>                 |                                    |                            | 7 | Amount of Contribution (\$)                        | \$5,000.00 |
| _ |                            | Austin, TX 78754  | 1.                                 |                            |   |  |            |
| 8 | Principal occu             | pation / Job title (See Instructions)                       | \$                                 | Employer (See Instructions | ) |  |            |
|   | Date<br>10/05/2023         | Full name of contributor                                    |                                    |                            |   | Amount of Contribution (\$)                        | \$1,000.00 |
|   | Principal occu             | pation / Job title (See Instructions)                       |                                    | Employer (See Instructions | ) |  |            |
|   | Date<br>11/21/2023         | Full name of contributor                                    | out-of-state PAC (ID#:             |                            |   | Amount of Contribution (\$)                        | \$50.00    |
|   | Principal occu             | Bartonville, TX 76226 Dation / Job title (See Instructions) |                                    | Employer (See Instructions | ) |  |            |
|   | Date 09/20/2023            | Walthall, Tamra   | out-of-state PAC (ID#:<br>Zip Code |                            |   | Amount of Contribution (\$)                        | \$500.00   |
|   | Principal occu             | pation / Job title (See Instructions)                       |                                    | Employer (See Instructions | ) |  |            |
|   | Date<br>11/09/2023         | Ward, Darrell   | out-of-state PAC (ID#:<br>Zip Code |                            |   | Amount of Contribution (\$)                        | \$50.00    |
|   | Principal occu             | pation / Job title (See Instructions)                       |                                    | Employer (See Instructions | ) |  |            |
|   |                            |   | I                                  |                            |   |  |            |

|   | MONET                      | ARY POLITICAL CONTRIBUTIO   | NS                                  |                     | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|---|-------------------------------------|---------------------|--|-------------|
|   | The Instruc                | ction Guide explains how to complete this fo  | orm.                                | 1                   | Total pages Schedule A1:<br>Sch: 42/44 Rpt: 46/157 |             |
| 2 | FILER NAME<br>Stucky, Lynn | D. (The Honorable)  |                                     | 3                   | Filer ID (Ethics Commission 00080276               | n Filers)   |
| 4 | Date 08/15/2023            | <ul> <li>Full name of contributor</li></ul>   |                                     | 7                   | Amount of Contribution (\$)                        | \$500.00    |
| _ | Delicational               | Runaway Bay, TX 76426   | O Family and (October to attraction | $\overline{\Gamma}$ |  |             |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions        | 5)                  |  |             |
|   | Date<br>12/29/2023         | Full name of contributor out-of-state PAC (ID#: White, James  Contributor address; City; State; Zip Code                    |                                     |                     | Amount of Contribution (\$)                        | \$500.00    |
|   |                            | Sanger, TX 76266  |                                     |                     |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions          | 5)                  |  |             |
|   | Date 11/11/2023            | Full name of contributor out-of-state PAC (ID#:_ White Schultz, Melinda  Contributor address; City; State; Zip Code         | )                                   |                     | Amount of Contribution (\$)                        | \$50.00     |
|   |                            | Denton, TX 76201  |                                     |                     |  |             |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions          | 5)                  |  |             |
|   | Date<br>07/27/2023         | Full name of contributor out-of-state PAC (ID#:_ Wick, Chad Contributor address; City; State; Zip Code  Denton, TX 76209    |                                     |                     | Amount of Contribution (\$)                        | \$500.00    |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)   | Employer (See Instructions Retired  | <u>(</u>            |  |             |
|   | Date<br>09/28/2023         | Full name of contributor out-of-state PAC (ID#:_ Williams, Ryan Contributor address; City; State; Zip Code Sanger, TX 76266 |                                     |                     | Amount of Contribution (\$)                        | \$200.00    |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions          | 5)                  |  |             |
|   |                            |   |                                     |                     |  |             |

|   | MONET                          | ARY POLITICAL CO   | NTRIBUTION                           | S   |   | SCHEDUL  | E A1       |
|---|--------------------------------|--|--------------------------------------|---|---|--|------------|
|   | The Instruc                    | ction Guide explains how to  | complete this form                   | n.  | 1 | Total pages Schedule A1:<br>Sch: 43/44 Rpt: 47/157 |            |
| 2 | FILER NAME<br>Stucky, Lynn     | D. (The Honorable)   |                                      |   | 3 | Filer ID (Ethics Commission 00080276               | on Filers) |
| 4 | Date<br>07/07/2023             | <ul><li>5 Full name of contributor Wilson, Kirk</li><li>6 Contributor address; City; State</li></ul>     |                                      | )   | 7 | Amount of Contribution (\$)                        | \$1,000.00 |
| _ | Detection                      | Dallas, TX 75229   | lo.                                  | Foundation (Construction                            |   |  |            |
| 8 | Principal occu<br>President    | pation / Job title (See Instructions)  | 9                                    | Employer (See Instructions<br>T Wilson & Associates | ) |  |            |
|   | Date<br>11/08/2023             | Full name of contributor  Windle, Robert  Contributor address; City; State                               |                                      |   |   | Amount of Contribution (\$)                        | \$20.00    |
|   | Principal occu                 | Denton, TX 76207 pation / Job title (See Instructions)   |                                      | Employer (See Instructions                          | ) |  |            |
|   |                                | ,  |                                      | ,             |   |  |            |
|   | Date<br>10/06/2023             | Full name of contributor  Woodard, Glen  Contributor address; City; State                                | out-of-state PAC (ID#:<br>; Zip Code | )   |   | Amount of Contribution (\$)                        | \$100.00   |
|   |                                | Argyle, TX 76226   |                                      |   |   |  |            |
|   | Principal occu                 | pation / Job title (See Instructions)  |                                      | Employer (See Instructions                          | ) |  |            |
|   | Date<br>09/27/2023             | Full name of contributor  Woodard, Jordan  Contributor address; City; State  Providence Village, TX 7622 |                                      |   |   | Amount of Contribution (\$)                        | \$33.00    |
|   | Principal occu<br>Deputy Clerk | pation / Job title (See Instructions)  |                                      | Employer (See Instructions Denton County            | ) |  |            |
|   | Date<br>09/27/2023             | Full name of contributor  Woodard, Jordan  Contributor address; City; State  Providence Village, TX 7622 | •                                    | )   |   | Amount of Contribution (\$)                        | \$100.00   |
|   | Principal occu<br>Deputy Clerk | pation / Job title (See Instructions)  |                                      | Employer (See Instructions Denton County            | ) |  |            |
|   |                                |  | ,                                    |   |   |  |            |

| The Instruction Guide explains how to complete this form.  1 Total pages Schedule Sch: 44/44 Rpt: 48/3 2 FILER NAME Stucky, Lynn D. (The Honorable)  3 Filer ID (Ethics Commo0080276 4 Date 12/31/2023 Woodard, Jordan 6 Contributor woodard, Jordan 6 Contributor address; City; State; Zip Code  Providence Village, TX 76227  8 Principal occupation / Job title (See Instructions) Denton County  Date 12/27/2023 Woods, Julie Contributor out-of-state PAC (ID#: | EDULE A1           |
|---|--------------------|
| Stucky, Lynn D. (The Honorable)  4  Date  |                    |
| 12/31/2023 Woodard, Jordan  6 Contributor address; City; State; Zip Code  Providence Village, TX 76227  8 Principal occupation / Job title (See Instructions) Deputy Clerk  Date 12/27/2023 Full name of contributor out-of-state PAC (ID#:   | mission Filers)    |
| 8 Principal occupation / Job title (See Instructions) Deputy Clerk  Date 12/27/2023  Contributor address; City; State; Zip Code  Paradise, TX 76073  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution  Amount of Contribution  Employer (See Instructions)  Employer (See Instructions)   | 1 (\$)<br>\$500.00 |
| Deputy Clerk  Date Full name of contributor out-of-state PAC (ID#:)  Woods, Julie  Contributor address; City; State; Zip Code  Paradise, TX 76073  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                    |
| 12/27/2023 Woods, Julie  Contributor address; City; State; Zip Code  Paradise, TX 76073  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                    |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | \$48.00 \$48.00    |
|   |                    |
| Data Full name of contributor Contributor   |                    |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution  12/29/2023 Zilinsky, Peggy  Contributor address; City; State; Zip Code  | n (\$)<br>\$20.24  |
| Denton, TX 76207  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |                    |
|   |                    |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instru               | ction Guide explains how to complete this f  | orm.                       | 1 Total pages Schedule A2:<br>Sch: 1/3 Rpt: 49/157               |
|--------------------------|--|----------------------------|--|
| 2 FILER NAME             |  |                            | 3 Filer ID (Ethics Commission Filers)                            |
|                          | n D. (The Honorable)   |                            | 00080276   |
| 4 TOTAL OF               | UNITEMIZED IN-KIND POLITICAL CONTRIB   | UTIONS                     | \$   |
| 5 Date                   | 6 Full name of contributor out-of-state PAC (ID#:  | )                          | 8 Amount of 9 In-kind contribution contribution (\$) description |
| 10/23/2023               | - 7.5500iated republicans of rexas Campaign rai  | nd                         | \$4,000.00 Campaign digital                                      |
|                          | 7 Contributor address; City; State; Zip Code   |                            | advertising  |
|                          |  |                            | <u> </u>   |
|                          | Austin, TX 78701   |                            | Check if travel outside of Texas. Complete Schedule T.           |
| 10 Principal occu        | upation / Job title (FOR NON-JUDICIAL) (See instructions)                                  | 11 Employer (FOR NON       | I-JUDICIAL) (See instructions)                                   |
| 12 Contributor's         | principal occupation (FOR JUDICIAL)  | 13 Contributor's job title | (FOR JUDICIAL) (See instructions)                                |
|                          |  |                            |  |
| 14 Contributor's         | employer/law firm (FOR JUDICIAL)   | 15 Law firm of contribute  | or's spouse (if any) (FOR JUDICIAL)                              |
|                          |  |                            |  |
| <b>16</b> If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                  |                            |  |
|                          |  |                            |  |
| Date<br>12/11/2023       | Full name of contributor out-of-state PAC (ID#:  | )                          | Amount of In-kind contribution contribution (\$) description     |
| 12/11/2023               | Associated Republicans of Texas Campaign Ful<br>Contributor address; City; State; Zip Code | iu                         | \$4,000.00 Opposition Research                                   |
|                          | Continuation address, City, State, 21p Code  |                            |  |
|                          |  |                            | !  |
|                          | Austin, TX 78701   |                            | Check if travel outside of Texas. Complete Schedule T.           |
| Principal occı           | upation / Job title (FOR NON-JUDICIAL) (See instructions)                                  | Employer (FOR NON          | I-JUDICIAL) (See instructions)                                   |
| Contributor's            | principal occupation (FOR JUDICIAL)  | Contributor's job title    | (FOR JUDICIAL) (See instructions)                                |
| Continuators             | principal occupation (FOR JODICIAL)  | Contributor's job title    | (FOR JUDICIAL) (See instructions)                                |
| Contributor's            | employer/law firm (FOR JUDICIAL)   | Law firm of contribute     | or's spouse (if any) (FOR JUDICIAL)                              |
|                          |  |                            |  |
| If contributor           | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                  | •                          |  |
|                          |  |                            |  |
| Date                     | Full name of contributor  ut-of-state PAC (ID#:  | )                          | Amount of In-kind contribution contribution (\$) description     |
| 09/12/2023               | Associated Republicans of Texas Campaign Fu  | nd                         | \$2,424.25   Campaign digital                                    |
|                          | Contributor address; City; State; Zip Code   |                            | advertising  |
|                          |  |                            | l l  |
|                          | Austin, TX 78701   |                            | Check if travel outside of Texas. Complete Schedule T.           |
| Principal occu           | upation / Job title (FOR NON-JUDICIAL) (See instructions)                                  | Employer (FOR NON          |  |
|                          |  |                            |  |
| Contributor's            | principal occupation (FOR JUDICIAL)  | Contributor's job title    | (FOR JUDICIAL) (See instructions)                                |
| 0                        |  | Laure e in                 | (f and (500 NIC)   |
| Contributor's            | employer/law firm (FOR JUDICIAL)   | Law firm of contribute     | or's spouse (if any) (FOR JUDICIAL)                              |
| If contributor           | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                  |                            |  |
| 557161154601             |  |                            |  |
|                          |  |                            |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

| The Instru        | iction Guide explains how to complete this f                        | orm.                       | 1 Total pages Schedule A2:<br>Sch: 2/3 Rpt: 50/157           |
|-------------------|---|----------------------------|--|
| 2 FILER NAME      | n D. (The Honorable)  |                            | 3 Filer ID (Ethics Commission Filers) 00080276               |
| 4                 | UNITEMIZED IN-KIND POLITICAL CONTRIB                                | UTIONS                     | \$   |
| 5 Date            | 6 Full name of contributor out-of-state PAC (ID#:                   | )                          | 8 Amount of 9 In-kind contribution                           |
| 10/03/2023        | Associated Republicans of Texas Campaign Fu                         | nd                         | contribution (\$) description \$2,000.00 Campaign digital    |
|                   | 7 Contributor address; City; State; Zip Code                        |                            | advertising  |
|                   | Austin, TX 78701  |                            | I I Check if travel outside of Texas. Complete Schedule T.   |
| 10 Principal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions)           | 11 Employer (FOR NON       | I-JUDICIAL) (See instructions)                               |
| 12 Contributor's  | principal occupation (FOR JUDICIAL)                                 | 13 Contributor's job title | (FOR JUDICIAL) (See instructions)                            |
| 14 Contributor's  | employer/law firm (FOR JUDICIAL)                                    | 15 Law firm of contribute  | or's spouse (if any) (FOR JUDICIAL)                          |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)           |                            |  |
| 10 ii contributor | is a clinia, law little of parchi(s) (if any) (if of the objective) |                            |  |
| Date              | Full name of contributor  ut-of-state PAC (ID#:                     | )                          | Amount of In-kind contribution contribution (\$) description |
| 07/26/2023        | Associated Republicans of Texas Campaign Fu                         | nd                         | \$4,000.00 Campaign digital                                  |
|                   | Contributor address; City; State; Zip Code                          |                            | advertising  |
|                   |   |                            |  |
|                   | Austin, TX 78701  |                            | Check if travel outside of Texas. Complete Schedule T.       |
| Principal occi    | upation / Job title (FOR NON-JUDICIAL) (See instructions)           | Employer (FOR NON          | I-JUDICIAL) (See instructions)                               |
| Contributor's     | principal occupation (FOR JUDICIAL)                                 | Contributor's job title    | (FOR JUDICIAL) (See instructions)                            |
| Contributor's     | employer/law firm (FOR JUDICIAL)                                    | Law firm of contribute     | or's spouse (if any) (FOR JUDICIAL)                          |
| If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)           |                            |  |
| Date              | Full name of contributor out-of-state PAC (ID#:                     | )                          | Amount of In-kind contribution                               |
| 07/26/2023        | Associated Republicans of Texas Campaign Ful                        | nd                         | contribution (\$) description                                |
|                   | Contributor address; City; State; Zip Code                          |                            | \$1,963.60   Campaign text messaging                         |
|                   |   |                            | į  |
|                   | Austin, TX 78701  |                            | Check if travel outside of Texas. Complete Schedule T.       |
| Principal occi    | upation / Job title (FOR NON-JUDICIAL) (See instructions)           | Employer (FOR NON          | J-JUDICIAL) (See instructions)                               |
| Contributor's     | principal occupation (FOR JUDICIAL)                                 | Contributor's job title    | (FOR JUDICIAL) (See instructions)                            |
| Contributor's     | employer/law firm (FOR JUDICIAL)                                    | Law firm of contribute     | or's spouse (if any) (FOR JUDICIAL)                          |
| If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)           | <u> </u>                   |  |
|                   |   |                            |  |

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 51/157 3 Filer ID (Ethics Commission Filers) FILER NAME Stucky, Lynn D. (The Honorable) 00080276 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/09/2023 Dade Phelan Campaign \$14,200.00 i Polling 7 Contributor address; City; State; Zip Code Austin, TX 78763 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 10/10/2023 Texans For Lawsuit Reform PAC \$14,200.00 | Campaign polling Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### SCHEDULE F1

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

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | 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: 1/46 Rpt: 52/157   | Stucky, Lynn D. (The Honorable)  | 00080276  |
| 4 | Date  | 5 Payee name   |   |
| _ | 11/30/2023  | Addy's Hope Adoption Agency  |   |
|   |   |  |   |
| 6 | Amount (\$)<br>\$750.00   | 7 Payee address; City; State; Zip Code<br>3601 S FM 51<br>Decatur, TX 76234                              |   |
| 8 | PURPOSE   |  |   |
| 0 | OF<br>EXPENDITURE   | Candidate/Officeholder/Political Committee Check if Austin   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>aritable contribution  |
| 9 | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought  | Office held   |
|   | Date  | Payee name   |   |
|   | 07/06/2023  | Anedot   |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$172.10  | 1340 Poydras Street  |   |
|   |   | Suite 1770   |   |
|   |   | New Orleans, TX 70112  |   |
|   | DUDDOCE   | In.  |   |
|   | PURPOSE<br>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   |  | , TX, officeholder living expense   |
|   |   | Online fee for   | r campaign donation   |
|   |   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought  | Office held   |
|   | Date  | Payee name   |   |
|   | 07/12/2023  | Anedot   |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$41.60   | 1340 Poydras Street  |   |
|   |   | Suite 1770   |   |
|   |   | New Orleans, TX 70112  |   |
|   |   |  |   |
|   | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel.      | outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | 1 003  | , TX, officeholder living expense   |
|   |   | Online fee for   | campaign donation   |
|   |   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/O  | 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

|   | Credit Card Payment  | The Instruction Guide explains how to comple   | ete this form.  |
|---|--|--|---|
| 1 | Total pages Schedule F1:<br>Sch: 2/46 Rpt: 53/157          | 2 FILER NAME Stucky, Lynn D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00080276  |
| 4 | Date 07/25/2023  | 5 Payee name<br>Anedot   |   |
| 8 | Amount (\$) \$20.30  | 7 Payee address; City; State; Zip Code<br>1340 Poydras Street<br>Suite 1770<br>New Orleans, TX 70112 | Depariation   |
| • | OF<br>EXPENDITURE  | Fees   | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |
|   | Date<br>07/31/2023   | Payee name<br>Anedot   |   |
|   | Amount (\$)<br>\$28.60                                     | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112            |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Fees  (b)                          | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought  | Office held   |
|   | Date 08/02/2023  | Payee name<br>Anedot   |   |
|   | Amount (\$)<br>\$4.30                                      | Payee address; City; State; Zip Code<br>1340 Poydras Street<br>Suite 1770<br>New Orleans, TX 70112   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Fees  (b)                          | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |
|   | 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|          | Candidate/Officeholder/Politica<br>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: 3/46 Rpt: 54/157                                  | Stucky, Lynn D. (The Honorable) 00080276  |
| 4        | Date   | 5 Payee name  |
|          | 08/09/2023   | Anedot  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$207.80   | 1340 Poydras Street   |
|          |  | Suite 1770  |
|          |  | New Orleans, TX 70112   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense Online fee for campaign donation   |
|          |  | Chime tee for earripaight donation  |
| 9        | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held   |
| L        | experiulture to benefit C/O                            |   |
|          | Date   | Payee name  |
|          | 08/10/2023   | Anedot  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$50.60  | 1340 Poydras Street   |
|          |  | Suite 1770  |
|          |  | New Orleans, TX 70112   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense Online fee for campaign donation   |
|          |  | Chime tee for earripaight donation  |
| H        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             | 1   |
|          | Date   | Payee name  |
|          | 08/16/2023   | Anedot  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$20.30  | 1340 Poydras Street   |
|          |  | Suite 1770  |
|          |  | New Orleans, TX 70112   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          | EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |
|          |  | Online fee for campaign donation  |
| $\vdash$ | 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 B

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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |   |
|---|--|---|---|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  | _ |
| • | Sch: 4/46 Rpt: 55/157  | Stucky, Lynn D. (The Honorable)  00080276   |   |
| 4 | Date   | 5 Payee name  |   |
|   | 08/18/2023   | Anedot  |   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |   |
|   | \$20.30  | 1340 Poydras Street   |   |
|   |  | Suite 1770  |   |
|   |  | New Orleans, TX 70112   |   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  | _ |
|   | OF   | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |   |
|   |  | Online fee for campaign donation  |   |
|   |  |   |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |   |
|   | Date   | Payee name  |   |
|   | 08/24/2023   | Anedot  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  | _ |
|   | \$68.60  | 1340 Poydras Street   |   |
|   |  | Suite 1770  |   |
|   |  | New Orleans, TX 70112   |   |
|   | DUDDOCE  | T.  | _ |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T. |   |
|   | EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                             |   |
|   |  | Online fee for campaign donation  |   |
|   |  |   |   |
|   | Complete ONLY if direct expenditure to benefit C/Ol  | Candidate/Officeholder name Office sought Office held   |   |
|   | Date   | Payee name  |   |
|   | 08/28/2023   | Anedot  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$87.20  | 1340 Poydras Street   |   |
|   |  | Suite 1770  |   |
|   |  | New Orleans, TX 70112   |   |
|   | DUDDOCE  | 1   | _ |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T. |   |
|   | EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                             |   |
|   |  | Online fee for campaign donation  |   |
|   |  |   |   |
| _ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |   |
|   | expenditure to benefit C/OI  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |

## 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

|   | Credit Card Payment                                 | The Instruction Guide explains how to compl  | te this form.   |               |
|---|---|--|---|---------------|
| 1 | Total pages Schedule F1:<br>Sch: 5/46 Rpt: 56/157   | 2 FILER NAME Stucky, Lynn D. (The Honorable)   | 3 Filer ID (Ethics Commis 00080276  | ssion Filers) |
| 4 | Date 09/01/2023                                     | 5 Payee name<br>Anedot   |   |               |
|   | Amount (\$) \$20.30                                 | 7 Payee address; City; State; Zip Code<br>1340 Poydras Street<br>Suite 1770<br>New Orleans, TX 70112 |   |               |
| 8 | OF<br>EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)  Fees                               | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |               |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |               |
|   | Date 09/11/2023                                     | Payee name<br>Anedot   |   |               |
|   | Amount (\$)<br>\$112.90                             | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112            |   |               |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Fees  (b)                          | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |               |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |               |
|   | Date 09/13/2023                                     | Payee name<br>Anedot   |   |               |
|   | Amount (\$)<br>\$80.60                              | Payee address; City; State; Zip Code<br>1340 Poydras Street<br>Suite 1770<br>New Orleans, TX 70112   |   |               |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Fees  (b)                          | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |               |
|   | 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|          | Candidate/Officeholder/Politica<br>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: 6/46 Rpt: 57/157                                  | Stucky, Lynn D. (The Honorable) 00080276  |
| 4        | Date   | 5 Payee name  |
|          | 09/15/2023   | Anedot  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$40.60  | 1340 Poydras Street   |
|          |  | Suite 1770  |
|          |  | New Orleans, TX 70112   |
| 8        | PURPOSE<br>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   |
|          |  | Online fee for campaign donation  |
|          |  | Chime too for earnpaight donation   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            | 1   |
|          | Date   | Payee name  |
|          | 09/21/2023   | Anedot  |
| Г        | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$48.90  | 1340 Poydras Street   |
|          |  | Suite 1770  |
|          |  | New Orleans, TX 70112   |
| Г        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense Online fee for campaign donation   |
|          |  | Offiline lee for campaign donation  |
| H        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             | 1   |
|          | Date   | Payee name  |
|          | 09/25/2023   | Anedot  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$60.90  | 1340 Poydras Street   |
|          |  | Suite 1770  |
|          |  | New Orleans, TX 70112   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Online fee for campaign donation  |
| $\vdash$ | 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

|          | Candidate/Officeholder/Politica<br>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: 7/46 Rpt: 58/157                                  | Stucky, Lynn D. (The Honorable) 00080276   |
| 4        | Date   | 5 Payee name   |
|          | 09/27/2023   | Anedot   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$4.30   | 1340 Poydras Street  |
|          |  | Suite 1770   |
|          |  | New Orleans, TX 70112  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense Online fee for campaign donation  |
|          |  | Chillie lee for earlpaigh donation   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            |  |
|          | Date   | Payee name   |
|          | 09/29/2023   | Anedot   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$57.50  | 1340 Poydras Street  |
|          |  | Suite 1770   |
|          |  | New Orleans, TX 70112  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense Online fee for campaign donation  |
|          |  | Offilite lee for campaight donalion  |
| ┢        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             | 1  |
|          | Date   | Payee name   |
|          | 10/17/2023   | Anedot   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$211.10   | 1340 Poydras Street  |
|          |  | Suite 1770   |
|          |  | New Orleans, TX 70112  |
| Г        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| l        | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense   |
|          |  | Online fee for campaign donation   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             | · · · · · · · · · · · · · · · · · · ·  |
| Г        |  |  |
|          |  |  |
| ı        |  |  |

## 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 (Contract Labor

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this f                            | (* ** *********************************  |
|---|---|--|--|
| 1 | Total pages Schedule F1:                            |  | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 8/46 Rpt: 59/157                               | Stucky, Lynn D. (The Honorable)  | 00080276   |
| 4 | Date  | 5 Payee name   |  |
|   | 11/01/2023  | Anedot   |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
|   | \$20.30   | 1340 Poydras Street  |  |
|   |   | Suite 1770   |  |
|   |   | New Orleans, TX 70112  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description | otion  |
|   | OF<br>EXPENDITURE                                   | Fees   | ck if travel outside of Texas. Complete Schedule T.  |
|   | LAPENDITORE   | ,  | ck if Austin, TX, officeholder living expense  |
|   |   | Online   | e fee for campaign donation  |
| _ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
| 9 | expenditure to benefit C/OI                         |  | Office field   |
| _ | Date  | Davida nama  |  |
|   | 11/30/2023  | Payee name Anedot  |  |
|   |   |  |  |
|   | Amount (\$) \$1.11                                  | Payee address; City; State; Zip Code   |  |
|   | Φ1.11   | 1340 Poydras Street  |  |
|   |   | Suite 1770   |  |
|   |   | New Orleans, TX 70112  |  |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Descrip     |  |
|   | EXPENDITURE   | 1 1 663  | ck if travel outside of Texas. Complete Schedule T.<br>ck if Austin, TX, officeholder living expense |
|   |   | ·  | e fee for campaign donation  |
|   |   |  |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/OI                         | Н  |  |
|   | Date  | Payee name   |  |
|   | 11/30/2023  | Anedot   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$138.71  | 1340 Poydras Street  |  |
|   |   | Suite 1770   |  |
|   |   | New Orleans, TX 70112  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description | otion  |
|   | OF<br>EXPENDITURE                                   | , , , , , , , , , , , , , , , , , , ,  | ck if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   |  | ck if Austin, TX, officeholder living expense  |
|   |   | Online   | e fee for campaign donation  |
|   | Complete ONLY if alice of                           | Condidate/Officeholder name  | Office hold  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H                                      | 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

|   | Candidate/Officenoider/Politica                    | The Instruction Guide explains how to complete this form.   |
|---|--|---|
| 1 | Total pages Schedule F1:<br>Sch: 9/46 Rpt: 60/157  | 2 FILER NAME Stucky, Lynn D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080276  |
| 4 | Date 12/04/2023                                    | 5 Payee name Anedot   |
| 6 | Amount (\$)<br>\$6.51                              | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date 12/27/2023                                    | Payee name<br>Anedot  |
|   | Amount (\$)<br>\$4.30                              | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112   |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>12/28/2023                                 | Payee name<br>Anedot  |
|   | Amount (\$)<br>\$1.90                              | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112   |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online fee for campaign donation |
|   | Complete ONLY if direct expenditure to benefit C/O | 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

|   | Credit Card Payment                                | The Instruction Guide explains how to co  | •   | ete this form.   |
|---|--|---|-----|--|
| 1 | Total pages Schedule F1:                           | 2 FILER NAME  | _   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 10/46 Rpt:                                    | Stucky, Lynn D. (The Honorable)   |     | 00080276   |
| 4 | Date   | 5 Payee name  |     | <u> </u>   |
|   | 12/31/2023   | Anedot  |     |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Co  | de  |  |
|   | \$125.62   | 1340 Poydras Street   |     |  |
|   |  | Suite 1770  |     |  |
|   |  | New Orleans, TX 70112   |     |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule)                      | (b) | Description  |
|   | OF<br>EXPENDITURE                                  | Fees  |     | Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITORE  |   |     | Check if Austin, TX, officeholder living expense   |
|   |  |   |     | Online fee for campaign donation   |
| _ | 0 1 0 0 1 1 1 1                                    |   |     | 0"   |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough  | ght | Office held  |
|   | Date   | Payee name  |     |  |
|   | 07/18/2023   | Bank of America   |     |  |
|   | Amount (\$)  | Payee address; City; State; Zip Co.   | do  |  |
|   | \$2,719.25   | PO Box 851001   | ue  |  |
|   | Ψ2,119.23  | FO BOX 031001   |     |  |
|   |  | Dallas, TX 75285  |     |  |
|   | PURPOSE  |   | (h) | Description  |
|   | OF   | (a) Category (See Categories listed at the top of this schedule)  Credit Card Payment | (D) | Description  Check if travel outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE  | Credit Card Fayment   |     | Check if Austin, TX, officeholder living expense   |
|   |  |   |     | Payment on credit card used for campaign and   |
|   |  |   |     | officeholder expenses reported on schedule F-4   |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sout   | ght | Office held  |
|   |  |   |     |  |
|   | Date   | Payee name  |     |  |
|   | 08/15/2023   | Bank of America   |     |  |
|   | Amount (\$)  | Payee address; City; State; Zip Co  | de  |  |
|   | \$3,275.08   | PO Box 851001   |     |  |
|   |  |   |     |  |
|   |  | Dallas, TX 75285  |     |  |
|   | PURPOSE<br>OF                                      | ,   | (b) | Description  |
|   | EXPENDITURE  | Credit Card Payment   |     | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  |   |     | Payment on credit card used for campaign and   |
|   |  |   |     | officeholder expenses reported on schedule F-4   |
|   | Complete ONLY if direct                            | Candidate/Officeholder name Office sou  | ght | Office held  |
|   | expenditure to benefit C/O                         | •   | J   | <del> </del>   |
| _ |  |   |     |  |
|   |  |   |     |  |
|   |  |   |     |  |

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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 |     | mmittee             | Legal Services          | is Expense            | Salaries/M |      | e<br>/Contract Labor            |       | OTHER (enter a      | strict<br>a category not listed above)    |
|---|---|-----|---------------------|-------------------------|-----------------------|------------|------|---------------------------------|-------|---------------------|---|
|   | Credit Card Payment                                 |     |                     | The Instruction (       | Guide explains l      | how to co  | mple | ete this form.                  |       |                     |   |
| 1 | Total pages Schedule F1:                            | 2   | FILER NAME          |                         |                       |            |      |                                 | 3     | Filer ID            | (Ethics Commission Filers)                |
|   | Sch: 11/46 Rpt:                                     |     | Stucky, Lyn         | n D. (The Hon           | orable)               |            |      |                                 |       | 00080276            |   |
| 4 | Date  | 5   | Payee name          |                         |                       |            |      |                                 |       |                     |   |
|   | 12/15/2023  |     | Bank of Am          | erica                   |                       |            |      |                                 |       |                     |   |
| 6 | Amount (\$)   | 7   | Payee addres        | ss; City;               | State;                | Zip Co     | de   |                                 |       |                     |   |
|   | \$3,685.69  |     | PO Box 851          | .001                    |                       |            |      |                                 |       |                     |   |
|   |   |     |                     |                         |                       |            |      |                                 |       |                     |   |
|   |   |     | Dallas, TX 7        | 75285                   |                       |            |      |                                 |       |                     |   |
| 8 | PURPOSE   | (a) | Category (Se        | ee Categories listed at | the top of this sch   | edule)     | (b)  | Description                     |       |                     |   |
|   | OF<br>EXPENDITURE                                   |     | Credit Card         |                         |                       | ,          |      | Check if travel of              | outsi | de of Texas. Com    | nplete Schedule T.                        |
|   | EXPENDITORE   |     |                     |                         |                       |            |      | <b>—</b>                        |       | officeholder living |   |
|   |   |     |                     |                         |                       |            |      |                                 |       |                     | d for campaign and<br>ted on schedule F-4 |
| _ |   |     |                     |                         |                       |            |      |                                 | ρ.    |                     |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI |     | Candidate/Office    | ceholder name           | C                     | Office sou | ght  |                                 |       | Office h            | eld                                       |
|   |   |     |                     |                         |                       |            |      |                                 |       |                     |   |
|   | Date  |     | Payee name          |                         |                       |            |      |                                 |       |                     |   |
|   | 09/15/2023  |     | Bank of Am          | erica                   |                       |            |      |                                 |       |                     |   |
|   | Amount (\$)   |     | Payee addres        | •                       | State;                | Zip Co     | de   |                                 |       |                     |   |
|   | \$4,526.32  |     | PO Box 851          | .001                    |                       |            |      |                                 |       |                     |   |
|   |   |     |                     |                         |                       |            |      |                                 |       |                     |   |
|   |   |     | Dallas, TX 7        | 75285                   |                       |            |      |                                 |       |                     |   |
|   | PURPOSE   | (a) | Category (Se        | ee Categories listed at | the top of this sch   | edule)     | (b)  | Description                     |       |                     |   |
|   | OF<br>EXPENDITURE                                   |     | Credit Card         | Payment                 |                       |            |      | <b>-</b>                        |       |                     | nplete Schedule T.                        |
|   |   |     |                     |                         |                       |            |      | _                               |       | officeholder living | d for campaign and                        |
|   |   |     |                     |                         |                       |            |      |                                 |       |                     | rted on schedule F-4                      |
|   | Complete ONLY if direct                             |     | <br>Candidate/Offic | ceholder name           | C                     | Office sou | ght  |                                 |       | Office h            | eld                                       |
|   | expenditure to benefit C/OI                         | Н   |                     |                         |                       |            | •    |                                 |       |                     |   |
| - | Date  | Г   | Payee name          |                         |                       |            |      |                                 |       |                     |   |
|   | 10/17/2023  |     | Bank of Am          | erica                   |                       |            |      |                                 |       |                     |   |
|   | Amount (\$)   |     | Payee addres        |                         | State:                | Zip Co     | de   |                                 |       |                     |   |
|   | \$8,295.31  |     | PO Box 851          | -                       | Otato,                | Z.p 00     | uo   |                                 |       |                     |   |
|   | 40,200.02   |     | . 0 20% 002         |                         |                       |            |      |                                 |       |                     |   |
|   |   |     | Dallas, TX 7        | 75285                   |                       |            |      |                                 |       |                     |   |
|   | PURPOSE   | (0) |                     |                         |                       | Ī          | (h)  | Description                     |       |                     |   |
|   | OF  | (a) | Calegory (Se        | ee Categories listed at | t the top of this sch | edule)     | (D)  | Description  Check if travel of | outsi | de of Texas. Com    | nplete Schedule T.                        |
|   | EXPENDITURE   |     | Credit Card         | ayment                  |                       |            |      |                                 |       | officeholder living |   |
|   |   |     |                     |                         |                       |            |      |                                 |       |                     | d for campaign and                        |
|   |   |     |                     |                         |                       |            |      | oπicenoider e                   | xpe   | enses repor         | ted on schedule F-4                       |
|   | Complete ONLY if direct                             |     | Candidate/Offic     | ceholder name           | C                     | Office sou | ght  |                                 |       | Office h            | eld                                       |
| L | expenditure to benefit C/OI                         | п   |                     |                         |                       |            |      |                                 |       |                     |   |
|   |   |     |                     |                         |                       |            |      |                                 |       |                     |   |
|   |   |     |                     |                         |                       |            |      |                                 |       |                     |   |

### 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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|---|--|--|
| 1 | Total pages Cabadula F1:   |  |
| 1 | Total pages Schedule F1:<br>Sch: 12/46 Rpt:  | 2 FILER NAME Stucky, Lynn D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080276 |
| Ļ | ·  |  |
| 4 | Date   | 5 Payee name   |
|   | 11/17/2023   | Bank of America  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$15,586.44  | PO Box 851001  |
|   | <del>+</del> 20,000  | . 6 23/1 602002  |
|   |  |  |
|   |  | Dallas, TX 75285   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description             |
|   | OF   | Credit Card Payment Check if travel outside of Texas. Complete Schedule T.                   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|   |  | Payment on credit card used for campaign and   |
|   |  | officeholder expenses reported on schedule F-4   |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| ľ | expenditure to benefit C/OI  |  |
|   |  |  |
|   | Date   | Payee name   |
|   | 08/17/2023   | Biz Source   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$637.29   | 633 Londenderry  |
|   | ,  |  |
|   |  |  |
|   |  | Denton, TX 76205   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description             |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.                   |
|   | LAPLINDITORL   | Check if Austin, TX, officeholder living expense   |
|   |  | Customized pens with campaign logo   |
|   |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI  | 1  |
| H | Date   | Payee name   |
|   | 08/07/2023   | Born 2 Be Therapeutic Equestrian Center  |
|   |  | ·  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$2,000.00   | 12146 FM 2450  |
|   |  |  |
|   |  | Sanger, TX 76266   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description             |
|   | OF   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.      |
|   | EXPENDITURE  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense  |
|   |  | Campaign charitable contribution   |
|   |  | F0   |
| H | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

## 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

|   | Credit Card Payment         | The Instruction Guide explains how to complete this form                                | l.   |
|---|-----------------------------|---|--|
| 1 | Total pages Schedule F1:    | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 13/46 Rpt:             | Stucky, Lynn D. (The Honorable)   | 00080276   |
| 4 | Date                        | 5 Payee name  |  |
|   | 07/24/2023                  | Champions Rotary Club   |  |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code  |  |
|   | \$224.50                    | 211 S Oak St  |  |
|   |                             |   |  |
|   |                             | Roanoke, TX 76262   |  |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio         | n  |
|   | OF<br>EXPENDITURE           | Fees Check if   | travel outside of Texas. Complete Schedule T.                                |
|   |                             |   | Austin, TX, officeholder living expense n membership dues for Rotary service |
|   |                             | organizat   |  |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held  |
| Ĭ | expenditure to benefit C/O  |   | Cine neid  |
| _ | Date                        | Payee name  |  |
|   | 12/02/2023                  | Champions Rotary Club   |  |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |  |
|   | \$213.00                    | 211 S Oak St  |  |
|   | Ψ213.00                     | ZII 3 Ouk St  |  |
|   |                             | Roanoke, TX 76262   |  |
|   | PURPOSE                     | (a) a   |  |
|   | OF                          | (a) Category (See Categories listed at the top of this schedule)  Fees   (b) Descriptio | N<br>travel outside of Texas. Complete Schedule T.                           |
|   | EXPENDITURE                 | 1 003   | Austin, TX, officeholder living expense                                      |
|   |                             |   | n membership dues for Rotary service   |
|   |                             | organizat   | tion   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held  |
|   | expenditure to benefit C/Ol | 1   |  |
|   | Date                        | Payee name  |  |
|   | 08/17/2023                  | Champions Rotary Club   |  |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |  |
|   | \$500.00                    | 211 S Oak St  |  |
|   |                             |   |  |
|   |                             | Roanoke, TX 76262   |  |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio         | n  |
|   | OF<br>EXPENDITURE           | Contributions/Donations Made By   | travel outside of Texas. Complete Schedule T.                                |
|   |                             |   | Austin, TX, officeholder living expense n charitable contribution            |
|   |                             | Сапрад  | ii chantable contribution  |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought   | Office held  |
|   | expenditure to benefit C/O  | · · · · · · · · · · · · · · · · · · ·   | Omes Held  |
| _ |                             |   |  |
|   |                             |   |  |
|   |                             |   |  |

## 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

|   | 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: 14/46 Rpt:                                     | Stucky, Lynn D. (The Honorable)  | 00080276   |
| 4 | Date  | 5 Payee name   | •  |
|   | 09/01/2023  | Champions Rotary Club  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |
|   | \$100.00  | 211 S Oak St   |  |
|   |   |  |  |
|   |   | Roanoke, TX 76262  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | OF<br>EXPENDITURE                                   | Contributions/Denations Made by  | outside of Texas. Complete Schedule T.                       |
|   |   |  | n, TX, officeholder living expense<br>Naritable contribution |
|   |   | Campaign Ci  | iantable contribution  |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/O                          |  |  |
| _ | Date  | Payee name   |  |
|   | 10/13/2023  | Chico Chamber of Commerce  |  |
| _ | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$25.00   | PO Box 533   |  |
|   | ,   |  |  |
|   |   | Chico, TX 76431  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | OF<br>EXPENDITURE                                   | Contributions/Donations Made By  | outside of Texas. Complete Schedule T.                       |
|   | EXI ENDITORE  |  | n, TX, officeholder living expense                           |
|   |   | Campaign of  | naritable contribution                                       |
| _ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/O                          |  | Office Held  |
| _ | Date  | Payee name   |  |
|   | 10/13/2023  | Chico Public Library   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |  |
|   | \$500.00  | 106 W Jackson St   |  |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |  |  |
|   |   | Chico, TX 76431  |  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|   | OF<br>EXPENDITURE                                   | Contributions/Donations Made By  | outside of Texas. Complete Schedule T.                       |
|   | EXPENDITORE   |  | n, TX, officeholder living expense                           |
|   |   | Campaign ci  | naritable contribution                                       |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held  |
|   | Complete ONLY if direct expenditure to benefit C/OH |  | Office field   |
|   |   |  |  |
|   |   |  |  |
| l |   |  |  |

## SCHEDULE F1

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

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

| 1 T        | Credit Card Payment                        | The Instruction Guide explains how to con   | nple | te this form.   |
|------------|--|---|------|---|
| <b>.</b> . | . •  | 2 FILER NAME  |      | 3 Filer ID (Ethics Commission Filers)   |
|            | Sch: 15/46 Rpt:                            | Stucky, Lynn D. (The Honorable)   |      | 00080276  |
| 4 [        |  | 5 Payee name  |      |   |
|            | 10/18/2023                                 | Ciera Bank  |      |   |
| 6 A        | Amount (\$)<br>\$5.00                      | 7 Payee address; City; State; Zip Coo<br>321 W Oak  | de   |   |
|            | φ5.00                                      | 321 W Oak   |      |   |
|            |  | Denton, TX 76201  |      |   |
| 8          | PURPOSE                                    |   | (h)  | Description   |
|            | OF   | (a) Category (See Categories listed at the top of this schedule)  Fees  | (15) | Check if travel outside of Texas. Complete Schedule T.  |
|            | EXPENDITURE                                |   |      | Check if Austin, TX, officeholder living expense  |
|            |  |   |      | Bank fee on campaign checking account   |
| 9 (        | Complete ONLY if direct                    | Candidate/Officeholder name Office souc   | ht   | Office held   |
|            | expenditure to benefit C/O                 |   | JIIL | Office field  |
| Г          | Date                                       | Payon nama  |      |   |
|            | 10/03/2023                                 | Payee name<br>Coopers Copies  |      |   |
|            | Amount (\$)                                | Payee address; City; State; Zip Coo   | de   |   |
| ,          | \$1,440.82                                 | 1014 Dallas Dr  |      |   |
|            | , -,                                       |   |      |   |
|            |  | Denton, TX 76205  |      |   |
|            | PURPOSE                                    |   | (b)  | Description   |
|            | OF<br>EXPENDITURE                          | Advertising Expense   |      | Check if travel outside of Texas. Complete Schedule T.  |
|            | LAI LINDITORE                              |   |      | Check if Austin, TX, officeholder living expense  |
|            |  |   |      | Campaign flyers for newspaper insert  |
|            | Complete ONLY if direct                    | Candidate/Officeholder name Office soug   | ht   | Office held   |
|            | expenditure to benefit C/O                 |   |      |   |
|            | Date                                       | Payee name  |      |   |
| 1          | 10/26/2023                                 | Coopers Copies  |      |   |
| P          | Amount (\$)                                | Payee address; City; State; Zip Cod   | de   |   |
|            | \$1,221.00                                 | 1014 Dallas Dr  |      |   |
|            |  |   |      |   |
|            |  |   |      |   |
|            |  | Denton, TX 76205  |      |   |
|            | PURPOSE                                    |   | (b)  | Description   |
|            | PURPOSE<br>OF<br>EXPENDITURE               |   | (b)  | Check if travel outside of Texas. Complete Schedule T.  |
|            | OF   | (a) Category (See Categories listed at the top of this schedule)  |      |   |
|            | OF   | (a) Category (See Categories listed at the top of this schedule)  |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                    |
| (          | OF<br>EXPENDITURE  Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  Candidate/Officeholder name Office sough |      | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                    |
| C          | OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  Candidate/Officeholder name Office sough |      | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign flyer for newspaper insert |
| C          | OF<br>EXPENDITURE  Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  Candidate/Officeholder name Office sough |      | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign flyer for newspaper insert |

## 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

|   | Credit Card Payment                                | The Instruction Guide explains how to complete th | nis form.  |
|---|--|---|--|
| 1 | Total pages Schedule F1:                           | 2 FILER NAME                                      | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 16/46 Rpt:                                    | Stucky, Lynn D. (The Honorable)                   | 00080276   |
| 4 | Date   | 5 Payee name                                      | •  |
|   | 10/20/2023   | Coopers Copies                                    |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code            |  |
|   | \$100.74   | 1014 Dallas Dr                                    |  |
|   |  |   |  |
|   |  | Denton, TX 76205                                  |  |
| 8 | PURPOSE<br>OF                                      |   | SCription<br>Check if travel outside of Texas. Complete Schedule T.                                      |
|   | EXPENDITURE  | Advertising Expense                               | Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense |
|   |  | Ca  | mpaign flyer for newspaper insert  |
|   |  |   |  |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought         | Office held  |
|   | experioration benefit C/O                          | П   |  |
|   | Date   | Payee name  |  |
|   | 12/28/2023   | Coopers Copies                                    |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code              |  |
|   | \$1,286.01   | 1014 Dallas Dr                                    |  |
|   |  |   |  |
|   |  | Denton, TX 76205                                  |  |
|   | PURPOSE<br>OF                                      |   | scription  |
|   | EXPENDITURE  | Advertising Expense                               | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | ,   | mpaign flyer for newspaper insert  |
|   |  |   |  |
|   | Complete ONLY if direct                            | Candidate/Officeholder name Office sought         | Office held  |
|   | expenditure to benefit C/Ol                        | H   |  |
|   | Date   | Payee name  |  |
|   | 07/11/2023   | Davis, Tanya                                      |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code              |  |
|   | \$600.00   | 14422 N FM 51                                     |  |
|   |  |   |  |
|   |  | Decatur, TX 76234                                 |  |
|   | PURPOSE  |   | scription  |
|   | OF<br>EXPENDITURE                                  | Salaries/Wages/Contract Eabor                     | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | ,   | mpaign contract labor  |
|   |  |   | . •  |
|   | 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 -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

| Candidate/Officenoider/Politic                              | The Instruction Guide explains how to complete this form.   |
|---|---|
| 1 Total pages Schedule F1:                                  | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 17/46 Rpt:   | Stucky, Lynn D. (The Honorable) 00080276  |
| 4 Date  | 5 Payee name  |
| 07/24/2023  | Davis, Tanya  |
| 6 Amount (\$)<br>\$600.00                                   | 7 Payee address; City; State; Zip Code 14422 N FM 51  Decatur, TX 76234   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign contract labor  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held OH  |
| Date  | Payee name  |
| 09/05/2023  | Davis, Tanya  |
| Amount (\$)<br>\$600.00                                     | Payee address; City; State; Zip Code<br>14422 N FM 51   |
|   | Decatur, TX 76234   |
| PURPOSE<br>OF<br>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/C          | Candidate/Officeholder name Office sought Office held OH  |
| Date  | Payee name  |
| 09/28/2023  | Davis, Tanya  |
| Amount (\$)<br>\$600.00                                     | Payee address; City; State; Zip Code 14422 N FM 51  |
|   | Decatur, TX 76234   |
| PURPOSE<br>OF<br>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/C          | Candidate/Officeholder name Office sought Office held OH  |
|   |   |

## SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| ı |  | The Instruction Guide explains how to complete th       | nis form.  |
|---|--|---|--|
| 1 | Total pages Schedule F1:<br>Sch: 18/46 Rpt:                | 2 FILER NAME Stucky, Lynn D. (The Honorable)            | 3 Filer ID (Ethics Commission Filers) 00080276   |
| 4 | Date   | 5 Payee name  | 333321.0   |
| ľ | 11/03/2023   | Davis, Tanya  |  |
| 6 | Amount (\$)<br>\$600.00                                    | 7 Payee address; City; State; Zip Code<br>14422 N FM 51 |  |
|   |  | Decatur, TX 76234                                       |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | Salaries/Wages/Contract Labor                           | scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign contract labor  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought               | Office held  |
| Г | Date   | Payee name  |  |
|   | 11/28/2023   | Davis, Tanya  |  |
|   | Amount (\$)<br>\$100.00                                    | Payee address; City; State; Zip Code<br>14422 N FM 51   |  |
|   |  | Decatur, TX 76234                                       |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Salaries/Wages/Contract Labor                           | scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Impaign contract labor |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought               | Office held  |
| Г | Date   | Payee name  |  |
|   | 12/12/2023   | Davis, Tanya  |  |
|   | Amount (\$)<br>\$600.00                                    | Payee address; City; State; Zip Code<br>14422 N FM 51   |  |
|   |  | Decatur, TX 76234                                       |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Salaries/Wages/Contract Labor                           | scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Impaign contract labor |
|   | Complete ONLY if direct expenditure to benefit C/Ol        | 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

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

| Candidate/Officeholder/Political<br>Credit Card Payment       | 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: 19/46 Rpt:   | Stucky, Lynn D. (The Honorable) 00080276   |
| 4 Date  | 5 Payee name   |
| 07/24/2023  | Deluxe   |
| 6 Amount (\$)<br>\$58.63                                      | 7 Payee address; City; State; Zip Code PO Box 64468 St. Paul, MN 55164   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Checks for campaign bank account   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held  |
| Date  | Payee name   |
| 07/24/2023  | Denton Fire Traditions   |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$1,000.00  | 332 E Hickory St   |
|   | Denton, TX 76201   |
| PURPOSE<br>OF<br>EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign charitable contribution |
| Complete ONLY if direct expenditure to benefit C/OF           | Candidate/Officeholder name Office sought Office held  |
| Date  | Payee name   |
| 08/03/2023  | Denton Trophy House  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$1,566.38  | 201 S Elm St   |
|   | Denton, TX 76201   |
| PURPOSE<br>OF<br>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  Customized hats and shirts with campaign logo  |
| Complete ONLY if direct expenditure to benefit C/OF           | Candidate/Officeholder name Office sought Office held  |
|   |  |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 20/46 Rpt:                 | Stucky, Lynn D. (The Honorable) 00080276  |
| 4 | Date                            | 5 Payee name  |
|   | 09/23/2023                      | Denton Trophy House   |
| 6 | Amount (\$)                     | 7 Payee address; City; State; Zip Code  |
|   | \$133.15                        | 201 S Elm St  |
|   |                                 |   |
|   |                                 | Denton, TX 76201  |
| 8 | PURPOSE<br>OF                   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE                     | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                  |
|   |                                 | Trophies for campaign clay shoot fundraiser   |
|   |                                 |   |
| 9 | Complete ONLY if direct         | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/Ol     | 1   |
|   | Date                            | Payee name  |
|   | 07/11/2023                      | Dresher, Lyle   |
|   | Amount (\$)                     | Payee address; City; State; Zip Code  |
|   | \$200.00                        | 5909 Tawakoni Dr  |
|   |                                 |   |
|   |                                 | Argyle, TX 76226  |
|   | PURPOSE<br>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   |
|   |                                 |   |
|   | Complete ONLY if direct         | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O      |   |
|   | Date                            | Payee name  |
|   | 07/24/2023                      | Dresher, Lyle   |
|   | Amount (\$)                     | Payee address; City; State; Zip Code  |
|   | \$200.00                        | 5909 Tawakoni Dr  |
|   |                                 |   |
|   |                                 | Argyle, TX 76226  |
|   | PURPOSE<br>OF                   | (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE                     | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                 |
|   |                                 | Campaign contract labor   |
|   |                                 |   |
|   | Complete ONLY if direct         | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/Ol     | 7   |
|   |                                 |   |
|   |                                 |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

xpense Travel
xpense Travel
Vages/Contract Labor OTHEF

|   | Candidate/Officeholder/Politica<br>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: 21/46 Rpt:  | Stucky, Lynn D. (The Honorable) 00080276  |
| 4 | Date   | 5 Payee name  |
|   | 09/05/2023   | Dresher, Lyle   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$200.00   | 5909 Tawakoni Dr  |
|   |  |   |
|   |  | Argyle, TX 76226  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  Campaign contract labor   |
|   |  | Campaign contract tabor   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ľ | expenditure to benefit C/O                             |   |
| F | Date   | Payee name  |
|   | 09/28/2023   | Dresher, Lyle   |
| H | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$200.00   | 5909 Tawakoni Dr  |
|   | <del>+</del> 200.00                                    |   |
|   |  | Argyle, TX 76226  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | Campaign contract labor   |
| H | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/Ol                            |   |
| ⊨ | Date   | Dayso nama  |
|   | 10/27/2023   | Payee name<br>Dresher, Lyle   |
| L |  | -   |
|   | Amount (\$)  | Payee address; City; State; Zip Code<br>5909 Tawakoni Dr  |
|   | \$400.00   | 5909 Tawakotii Di   |
|   |  | A I. TV 70000   |
|   |  | Argyle, TX 76226  |
|   | PURPOSE<br>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   |
|   |  | , , , , , , , , , , , , , , , , , , ,   |
| H | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 1 | expenditure to benefit C/O                             |   |
| Г |  |   |
|   |  |   |
|   |  |   |

# 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

|   | Credit Card Payment                                 | The Instruction Guide explains how to comp                           | nplete th | his form.               |           |                            |
|---|---|--|-----------|-------------------------|-----------|----------------------------|
| 1 | Total pages Schedule F1:                            |  |           | I                       | Filer ID  | (Ethics Commission Filers) |
|   | Sch: 22/46 Rpt:                                     | Stucky, Lynn D. (The Honorable)                                      |           |                         | 00080276  |                            |
| 4 | Date  | 5 Payee name   |           |                         |           |                            |
|   | 11/28/2023  | Dresher, Lyle  |           |                         |           |                            |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                               | le        |                         |           |                            |
|   | \$300.00  | 5909 Tawakoni Dr   |           |                         |           |                            |
|   |   |  |           |                         |           |                            |
|   |   | Argyle, TX 76226   |           |                         |           |                            |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | (b) Des   | scription               |           |                            |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor  |           | Check if travel outside |           |                            |
|   | EXI ENDITORE  |  |           | Check if Austin, TX, o  |           | gexpense                   |
|   |   |  | Ca        | ampaign contra          | ici iador |                            |
| Ļ | Operation ONE V if discont                          | Open lide to 10 ff and address and                                   | l- 4      |                         | Off: 1-   | -1-1                       |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough                             | nt        |                         | Office he | eid                        |
|   | <u>'</u>  |  |           |                         |           |                            |
|   | Date  | Payee name   |           |                         |           |                            |
|   | 11/28/2023  | Dresher, Lyle  |           |                         |           |                            |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 | le        |                         |           |                            |
|   | \$400.00  | 5909 Tawakoni Dr   |           |                         |           |                            |
|   |   |  |           |                         |           |                            |
|   |   | Argyle, TX 76226   |           |                         |           |                            |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule)     | (b) Des   | scription               |           |                            |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor  |           | Check if travel outside |           |                            |
|   | EXI ENDITORE  |  |           | Check if Austin, TX, o  |           | g expense                  |
|   |   |  | Ca        | ampaign contra          | ici iador |                            |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sough                             | ht        |                         | Office he | ald.                       |
|   | Complete ONLY if direct expenditure to benefit C/OI |  | III       |                         | Office ne | eiu                        |
|   |   |  |           |                         |           |                            |
|   | Date  | Payee name   |           |                         |           |                            |
|   | 12/27/2023  | Dresher, Lyle  |           |                         |           |                            |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                 | le        |                         |           |                            |
|   | \$400.00  | 5909 Tawakoni Dr   |           |                         |           |                            |
|   |   |  |           |                         |           |                            |
|   |   | Argyle, TX 76226   |           |                         |           |                            |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | (b) Des   | scription               |           |                            |
|   | OF<br>EXPENDITURE                                   | Salaries/Wages/Contract Labor  | -         | Check if travel outside |           | •                          |
|   |   |  |           | Check if Austin, TX, o  |           | g expense                  |
|   |   |  | Ca        | ampaign contra          | ici iabul |                            |
|   | Complete ONLY if direct                             | Candidate/Officebolder name  | ht        |                         | Office    | Nd                         |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough                             | ııı       |                         | Office he | tiu                        |
|   | •   |  |           |                         |           |                            |
|   |   |  |           |                         |           |                            |
|   |   |  |           |                         |           |                            |

# 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<br>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: 23/46 Rpt:  | Stucky, Lynn D. (The Honorable) 00080276  |
| 4 | Date   | 5 Payee name  |
|   | 11/20/2023   | Fossil Pointe   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$500.00   | 7282 FM 51  |
|   |  |   |
|   |  | Decatur, TX 76234   |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   |  | Venue costs for campaign fundraiser   |
|   |  | venue costs for earnpaign fanaraiser  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| 9 | expenditure to benefit C/OI                            |   |
| _ |  |   |
|   | Date   | Payee name  |
|   | 08/17/2023   | Greenwood Fall Festival   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$400.00   | 714 County Road 2740  |
|   |  |   |
|   |  | Decatur, TX 76234   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | 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  |
|   |  | Campaign shantable contribution   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   | D :  |   |
|   | Date   | Payee name  |
|   | 07/11/2023   | KC Strategies LLC   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$10,959.13  | 3571 Far West Blvd  |
|   |  | #196  |
|   |  | Austin, TX 78731  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Consulting Expense  |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense  |
|   |  | Paid campaign consultant for communications with donors and constituents  |
|   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
| L | experiorare to belieff C/OI                            | 1   |
|   |  |   |
|   |  |   |
|   |  |   |

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |    |
|---|--|---|----|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers   | ;) |
|   | Sch: 24/46 Rpt:  | Stucky, Lynn D. (The Honorable)  00080276   | •  |
| 4 | Date   | 5 Payee name  |    |
|   | 08/23/2023   | KC Strategies LLC   |    |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |    |
|   | \$11,085.13  | 3571 Far West Blvd  |    |
|   |  | #196  |    |
|   |  | Austin, TX 78731  |    |
| 8 | PURPOSE  |   |    |
| ľ | OF   | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |    |
|   | EXPENDITURE  | Consulting Expense Check if Austin, TX, officeholder living expense   |    |
|   |  | Paid campaign consultant for communications wit   | h  |
|   |  | donors and constituents   |    |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |    |
|   | expenditure to benefit C/O   | Н   |    |
|   | Date   | Payee name  |    |
|   | 09/22/2023   | KC Strategies LLC   |    |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |    |
|   | \$14,108.73  | 3571 Far West Blvd  |    |
|   |  | #196  |    |
|   |  | Austin, TX 78731  |    |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |    |
|   | EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |    |
|   |  | Paid campaign consultant for communications wit   | h  |
|   |  | donors and constituents and for doorhangers   |    |
|   | Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held   |    |
|   | Date   | Payee name  |    |
|   | 11/30/2023   | KC Strategies LLC   |    |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |    |
|   | \$13,956.19  | 3571 Far West Blvd  |    |
|   |  | #196  |    |
|   |  | Austin, TX 78731  |    |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |    |
|   | OF   | Consulting Expense  Check if travel outside of Texas. Complete Schedule T.  |    |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |    |
|   |  | Paid campaign consultant for communications wit   | h  |
| L |  | donors and constituents and for doorhangers   |    |
|   | Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held H   |    |
|   |  |   |    |
|   |  |   |    |
|   |  |   |    |

## 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Travel Out of District OTHER (enter a category not listed above) |
|----------|--|--|--|
| ┝        | Total pages Schedule F1:   |  | 3 Filer ID (Ethics Commission Filers)                            |
|          |  |  |  |
|          | Sch: 25/46 Rpt:  | Stucky, Lynn D. (The Honorable)  | 00080276   |
| 4        | Date   | 5 Payee name   |  |
|          | 12/12/2023   | KC Strategies LLC  |  |
| ᆫ        |  | -  |  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |
| l        | \$12,061.80  | 3571 Far West Blvd   |  |
|          |  | #196   |  |
| l        |  | Austin, TX 78731   |  |
| ᆫ        |  | Austri, 17 70731   |  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|          | OF<br>EXPENDITURE  |  | outside of Texas. Complete Schedule T.                           |
|          | EXPENDITURE  | Check if Austin  | n, TX, officeholder living expense                               |
|          |  |  | gn consultant for communications with                            |
|          |  | donors and d   | constituents   |
| 9        | Complete ONLY if direct  | Candidate/Officeholder name Office sought  | Office held  |
|          | expenditure to benefit C/OI  | 1  |  |
| Γ        | Date   | Payee name   |  |
| l        | 10/22/2023   | KC Strategies LLC  |  |
| L        |  | <u> </u>   |  |
| l        | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|          | \$12,061.80  | 3571 Far West Blvd   |  |
|          |  | #196   |  |
| l        |  | Austin, TX 78731   |  |
| ᆫ        |  | Austri, 17 70731   |  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
|          | OF<br>EXPENDITURE  | Consulting Expense   | outside of Texas. Complete Schedule T.                           |
|          | EXI ENDITORE   |  | n, TX, officeholder living expense                               |
| l        |  |  | gn consultant for communications with                            |
| l        |  | donors and d   | constituents   |
| Г        | Complete ONLY if direct  | Candidate/Officeholder name Office sought  | Office held  |
| l        | expenditure to benefit C/OI  | 1  |  |
| ⊨        | _  |  |  |
| l        | Date   | Payee name   |  |
| l        | 10/13/2023   | KC Strategies LLC  |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|          | \$18,428.91  | 3571 Far West Blvd   |  |
|          | ¥20, 120.02  |  |  |
|          |  | #196   |  |
|          |  | Austin, TX 78731   |  |
| Г        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |  |
| l        | OF   |  | outside of Texas. Complete Schedule T.                           |
| 1        | EXPENDITURE  | Consuling Expense  | n, TX, officeholder living expense                               |
|          |  | Paid campai  | gn consultant for communications with                            |
|          |  |  | constituents and for doorhangers                                 |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office sought  | Office held  |
| l        | expenditure to benefit C/OI  |  | Office field   |
| L        | p = 1 1 2 12 12 13 13 11 3/01  |  |  |
| l        |  |  |  |
| 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

|   | Credit Card Payment        | The Instruction Guide explains how to complete t | this form.   |
|---|----------------------------|--|--|
| 1 | Total pages Schedule F1:   | 2 FILER NAME                                     | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 26/46 Rpt:            | Stucky, Lynn D. (The Honorable)                  | 00080276   |
| 4 | Date                       | 5 Payee name                                     |  |
|   | 07/31/2023                 | KC Strategies LLC                                |  |
| 6 | Amount (\$)                | 7 Payee address; City; State; Zip Code           |  |
|   | \$4,675.00                 | 3571 Far West Blvd                               |  |
|   |                            | #196   |  |
|   |                            | Austin, TX 78731                                 |  |
| 8 | PURPOSE<br>OF              |  | escription   |
|   | EXPENDITURE                | Consulting Expense                               | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |
|   |                            | L<br>  Pi  | aid campaign consultant for polling  |
|   |                            |  | , ,  |
| 9 | Complete ONLY if direct    | Candidate/Officeholder name Office sought        | Office held  |
|   | expenditure to benefit C/O | 1  |  |
|   | Date                       | Payee name                                       |  |
|   | 09/05/2023                 | KC Strategies LLC                                |  |
|   | Amount (\$)                | Payee address; City; State; Zip Code             |  |
|   | \$411.20                   | 3571 Far West Blvd                               |  |
|   |                            | #196   |  |
|   |                            | Austin, TX 78731                                 |  |
|   | PURPOSE                    |  | escription   |
|   | OF<br>EXPENDITURE          | Consulting Expense                               | Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE                |  | Check if Austin, TX, officeholder living expense   |
|   |                            | Pa   | aid campaign consultant for campaign materials   |
|   | Complete ONLY if direct    | Candidate/Officeholder name Office sought        | Office hold  |
|   | expenditure to benefit C/O | •  | Office held  |
|   |                            |  |  |
|   | Date                       | Payee name                                       |  |
|   | 09/05/2023                 | KC Strategies LLC                                |  |
|   | Amount (\$)                | Payee address; City; State; Zip Code             |  |
|   | \$3,000.00                 | 3571 Far West Blvd                               |  |
|   |                            | #196   |  |
|   |                            | Austin, TX 78731                                 |  |
|   | PURPOSE<br>OF              |  | escription   |
|   | EXPENDITURE                | Consulting Expense                               | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                            | L  | aid campaign consultant consulting fee   |
|   |                            |  |  |
|   | 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 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

|   | Credit Card Payment                                       | The Instruction Guide explains how to complete this                                      | form.  |
|---|---|--|--|
| 1 | Total pages Schedule F1:<br>Sch: 27/46 Rpt:               | 2 FILER NAME Stucky, Lynn D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00080276   |
| 4 | Date 09/30/2023   | 5 Payee name<br>KC Strategies LLC  |  |
|   | Amount (\$)<br>\$3,000.00                                 | 7 Payee address; City; State; Zip Code<br>3571 Far West Blvd<br>#196<br>Austin, TX 78731 |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                              | Che  | iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense campaign consultant consulting fee          |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought<br>H   | Office held  |
|   | Date<br>11/01/2023  | Payee name<br>KC Strategies LLC  |  |
|   | Amount (\$)<br>\$3,000.00                                 | Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin, TX 78731            |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | Che  | iption<br>eck if travel outside of Texas. Complete Schedule T.<br>eck if Austin, TX, officeholder living expense<br>campaign consultant consulting fee |
|   | Complete ONLY if direct expenditure to benefit C/O        | Candidate/Officeholder name Office sought  | Office held  |
|   | Date<br>11/30/2023  | Payee name<br>KC Strategies LLC  |  |
|   | Amount (\$)<br>\$3,000.00                                 | Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin, TX 78731            |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                              | Che  | iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense campaign consultant consulting fee          |
|   | 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

| Candidate/Officeholder/Political Committee Credit Card Payment |  |                 | tee Leo         | gal Services<br>ne Instruction ( | Guide explains      |            | Vages            | /Contract Labor |      | OTHER (enter                             |            | not listed above)                 |            |
|--|--|-----------------|-----------------|----------------------------------|---------------------|------------|------------------|-----------------|------|--|------------|-----------------------------------|------------|
| 1  | Total pages Schedule F1:                           | 2 FIL           | LER NAME        |                                  |                     |            |                  |                 | 3    | Filer ID                                 | (Ethic     | s Commission Filers)              |            |
|  | Sch: 28/46 Rpt:                                    | St              | ucky, Lynn I    | D. (The Hon                      | orable)             |            |                  |                 |      | 00080276                                 |            |                                   |            |
| 4  | Date   | <b>5</b> Pa     | yee name        |                                  |                     |            |                  |                 |      |  |            |                                   |            |
|  | 11/10/2023   | Kr              | onda Thime      | sch Campai                       | gn                  |            |                  |                 |      |  |            |                                   |            |
| 6  | Amount (\$)  | <b>7</b> Pa     | yee address;    | City;                            | State               | ; Zip Co   | ode              |                 |      |  |            |                                   |            |
|  | \$200.00   | 13              | 801 Justin R    | oad                              |                     |            |                  |                 |      |  |            |                                   |            |
|  |  | Sı              | uite 201-310    |                                  |                     |            |                  |                 |      |  |            |                                   |            |
|  |  | Le              | wisville, TX    | 75077                            |                     |            |                  |                 |      |  |            |                                   |            |
| 8  | PURPOSE  | <b>(a)</b> Ca   | ategory (See C  | ategories listed a               | the top of this sch | nedule)    | (b)              | Description     |      |  |            |                                   |            |
|  | OF<br>EXPENDITURE                                  | Ac              | dvertising Ex   | pense                            |                     |            |                  |                 |      | ide of Texas. Co                         |            |                                   |            |
|  |  |                 |                 |                                  |                     |            |                  | Campaign ph     |      | , officeholder livir                     | ig expense | е                                 |            |
|  |  |                 |                 |                                  |                     |            |                  | Campaign pr     | 1010 | ograpity                                 |            |                                   |            |
| 9  | Complete ONLY if direct expenditure to benefit C/O |                 | ididate/Officel | nolder name                      | (                   | Office sou | ight             |                 |      | Office h                                 | ield       |                                   |            |
| Г  | Date   | Pa              | yee name        |                                  |                     |            |                  |                 |      |  |            |                                   |            |
|  | 07/17/2023   | La              | w Offices of    | Kevin C Ste                      | ewart               |            |                  |                 |      |  |            |                                   |            |
|  | Amount (\$)  | Pa              | yee address;    | City;                            | State               | ; Zip Co   | ode              |                 |      |  |            |                                   |            |
|  | \$625.00   | 68              | 801 Yaupon      | Drive                            |                     |            |                  |                 |      |  |            |                                   |            |
|  |  |                 |                 |                                  |                     |            |                  |                 |      |  |            |                                   |            |
|  |  | Αι              | ustin, TX 787   | 759                              |                     |            |                  |                 |      |  |            |                                   |            |
|  | PURPOSE<br>OF                                      | <b>(a)</b> Ca   | ategory (See C  | Categories listed a              | the top of this sch | nedule)    | (b)              | Description     |      |  |            |                                   |            |
|  | EXPENDITURE  | Le              | gal Services    | 6                                |                     |            |                  | <b>=</b>        |      | ide of Texas. Co<br>, officeholder livir |            |                                   |            |
|  |  |                 |                 |                                  |                     |            |                  | _               |      |  |            | ew campaign filin                 | as         |
|  |  |                 |                 |                                  |                     |            |                  | .,              | - 3  |  |            | ,                                 | <i>3</i> - |
|  | Complete ONLY if direct expenditure to benefit C/O |                 | didate/Officel  | nolder name                      | (                   | Office sou | ight             |                 |      | Office h                                 | ield       |                                   |            |
|  | Date   | Pa              | yee name        |                                  |                     |            |                  |                 |      |  |            |                                   | _          |
|  | 10/05/2023   | La              | w Offices of    | Kevin C Ste                      | ewart               |            |                  |                 |      |  |            |                                   |            |
|  | Amount (\$)  | Pa              | yee address;    | City;                            | State               | ; Zip Co   | ode              |                 |      |  |            |                                   |            |
|  | \$625.00   | 68              | 01 Yaupon       | Drive                            |                     |            |                  |                 |      |  |            |                                   |            |
|  |  |                 |                 |                                  |                     |            |                  |                 |      |  |            |                                   |            |
|  |  | Αι              | ustin, TX 787   | 759                              |                     |            |                  |                 |      |  |            |                                   |            |
|  | PURPOSE  | <b>(a)</b> Ca   | ategory (See C  | ategories listed a               | the top of this sch | nedule)    | (b)              | Description     |      |  |            |                                   |            |
|  | OF<br>EXPENDITURE                                  | Le              | gal Services    | 6                                |                     |            |                  | ш               |      | ide of Texas. Co                         |            |                                   |            |
|  |  |                 |                 |                                  |                     |            |                  | ш               |      | , officeholder livir                     |            | <sup>e</sup><br>ew campaign filin | ~~         |
|  |  |                 |                 |                                  |                     |            |                  | rayineni ioi i  | ieg  | ai services                              | to revie   | ew campaign iiiii                 | ys         |
| $\vdash$   | Complete ONLY if direct                            | <u>I</u><br>Can | ididate/Officel | nolder name                      | (                   | Office sou | <u>L</u><br>ight |                 |      | Office h                                 | eld        |                                   |            |
|  | expenditure to benefit C/O                         | Н               |                 |                                  |                     |            |                  |                 |      |  |            |                                   |            |
| r  |  |                 |                 |                                  |                     |            |                  |                 |      |  |            |                                   | _          |
|  |  |                 |                 |                                  |                     |            |                  |                 |      |  |            |                                   |            |
|  |  |                 |                 |                                  |                     |            |                  |                 |      |  |            |                                   |            |

## 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

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|----------|--|---|
| ┰        | Total pages Schedule F1:   |   |
| Ĺ        | Sch: 29/46 Rpt:  | Stucky, Lynn D. (The Honorable)  00080276   |
| 4        | Date   | 5 Payee name  |
|          | 11/20/2023   | Lincoln Cabinet   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$1,487.50   | PO Box 50748  |
|          | ·  |   |
|          |  | Denton, TX 76206  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|          | OF   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T. |
|          | EXPENDITURE  | Candidate/Officeholder/Political Committee  |
|          |  | Sponsorship of Denton County GOP dinner   |
|          |  |   |
| 9        | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                                   |
|          | expenditure to benefit C/OI  |   |
|          | Date   | Payee name  |
|          | 09/14/2023   | Livestock Committee   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$40.00  | 206 S State St  |
|          |  | #A  |
|          |  | Decatur, TX 76234   |
| H        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|          | OF   | Fees Categories listed at the top of this scheduley CV Booth patch.                     |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|          |  | Fee to attend the Texas A&M Agrilife Extension  |
| L        |  | Ranchers Gathering  |
|          | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held                                   |
| L        | experientare to benefit G/OI   |   |
|          | Date   | Payee name  |
|          | 07/17/2023   | Mohair, Shannon   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$600.00   | 9201 Windsor  |
|          |  |   |
|          |  | Oak Point, TX 75068   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|          | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Campaign contract labor   |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                                   |
|          | 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 Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/46 Rpt: Stucky, Lynn D. (The Honorable) 00080276 4 Date Payee name 09/01/2023 Mohair, Shannon 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 9201 Windsor Oak Point, TX 75068 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2023 Mohair, Shannon Amount (\$) Payee address; City; State; Zip Code \$100.00 9201 Windsor Oak Point, TX 75068 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 Mohair, Shannon Amount (\$) Payee address: City; State; Zip Code \$100.00 9201 Windsor Oak Point, TX 75068 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

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

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

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

| Credit Card Payme                | enolder/Politica<br>ent | The Instruction Guide explains ho  | alaries/wages/Contract Lab<br>w to complete this forn | ,   |     |
|----------------------------------|-------------------------|--|---|---|-----|
| 1 Total pages Sch                |                         |  |   | 3 Filer ID (Ethics Commission File  | rs) |
| Sch: 31/46                       | о <b>к</b> рт:          | Stucky, Lynn D. (The Honorable)  | _   | 00080276  |     |
| 4 Date 07/11/2023                |                         | 5 Payee name<br>Morris, Tonya  |   |   |     |
| 6 Amount (\$)                    | \$500.00                | 7 Payee address; City; State; 2<br>500 S. IH 35E<br>#318<br>Denton, TX 76205                   | Zip Code  |   |     |
| 8 PURPOSE<br>OF<br>EXPENDITUR    | E                       | (a) Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor  | Check if  | on<br>travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense<br>In contract labor |     |
| 9 Complete ONL) expenditure to b |                         |  | ce sought   | Office held   |     |
| Date 07/24/2022                  |                         | Payee name   |   |   |     |
| 07/24/2023                       |                         | Morris, Tonya  |   |   |     |
| Amount (\$)                      | \$500.00                | Payee address; City; State; 2 500 S. IH 35E #318 Denton, TX 76205                              | Zip Code  |   |     |
| PURPOSE<br>OF<br>EXPENDITUR      | Ē                       | (a) Category (See Categories listed at the top of this schedules Salaries/Wages/Contract Labor | Check if  | on<br>travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense<br>an contract labor |     |
| Complete ONL) expenditure to b   |                         |  | ce sought   | Office held   |     |
| Date 09/05/2023                  |                         | Payee name<br>Morris, Tonya  |   |   |     |
| Amount (\$)                      | \$500.00                | Payee address; City; State; 2<br>500 S. IH 35E<br>#318<br>Denton, TX 76205                     | Zip Code  |   |     |
| PURPOSE<br>OF<br>EXPENDITUR      | E                       | (a) Category (See Categories listed at the top of this schedules Salaries/Wages/Contract Labor | Check if  | on<br>travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense<br>In contract labor |     |
| Complete ONL) expenditure to b   |                         |  | ce sought   | Office held   |     |
|                                  |                         |  |   |   |     |

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment    | l 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:<br>Sch: 32/46 Rpt:               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stucky, Lynn D. (The Honorable) 00080276   |
|   | Date<br>09/28/2023<br>Amount (\$)                         | <ul> <li>5 Payee name Morris, Tonya</li> <li>7 Payee address; City; State; Zip Code</li> </ul>  |
|   | \$500.00  | 500 S. IH 35E<br>#318<br>Denton, TX 76205   |
| 8 | PURPOSE<br>OF<br>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 |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>10/27/2023  | Payee name<br>Morris, Tonya   |
|   | Amount (\$)<br>\$2,500.00                                 | Payee address; City; State; Zip Code 500 S. IH 35E #318 Denton, TX 76205  |
|   | PURPOSE<br>OF<br>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/O        | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>11/28/2023  | Payee name<br>Morris, Tonya   |
|   | Amount (\$)<br>\$200.00                                   | Payee address; City; State; Zip Code 500 S. IH 35E #318 Denton, TX 76205  |
|   | PURPOSE<br>OF<br>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/O        | 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

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

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | y -<br>al Coi | mmittee        | Legal Service |                 |             |                 | ages.      | e<br>/Contract Labor<br>ete this form. |        | Travel Out of<br>OTHER (ente |               | ot listed above)   |
|----------|--|---------------|----------------|---------------|-----------------|-------------|-----------------|------------|--|--------|------------------------------|---------------|--------------------|
| <u>_</u> | Tatalanana C.I. III Ti   | ٦             | EU ED MAN      |               | Alon Guide      | CAPIGITIS I |                 | pic        | to uno romi.                           | _      | E11 15                       | /E-1-1-       | O                  |
| 1        | Total pages Schedule F1:   | 2             |                |               |                 |             |                 |            |  | 3      | Filer ID                     | ,             | Commission Filers) |
| _        | Sch: 33/46 Rpt:  | <u> </u>      | Stucky, Lyn    | n D. (The     | Honorabl        | le)         |                 |            |  |        | 0008027                      | 6             |                    |
| 4        | Date   | 5             | Payee name     |               |                 |             |                 |            |  |        |                              |               |                    |
| L        | 11/28/2023   |               | Morris, Ton    | ya<br>—       |                 |             |                 |            |  |        |                              |               |                    |
| 6        | Amount (\$)  | 7             | Payee addre    | ss; City      | /;              | State;      | Zip Co          | de         |  |        |                              |               |                    |
|          | \$2,500.00   |               | 500 S. IH 3    | 5E            |                 |             |                 |            |  |        |                              |               |                    |
|          |  |               | #318           |               |                 |             |                 |            |  |        |                              |               |                    |
|          |  |               | Denton, TX     | 76205         |                 |             |                 |            |  |        |                              |               |                    |
| 8        | PURPOSE  | (2)           |                |               |                 |             | 1               | (b)        | Dogorintian                            |        |                              |               |                    |
| 0        | OF   | (a)           | Category (S    |               |                 |             | edule)          | (D)        | Description Check if travel            | outsi  | de of Teyas (                | omnlete Scher | dule T             |
|          | EXPENDITURE  |               | Salaries/Wa    | ages/Cont     | raci Ladoi      | ı           |                 |            | Check if Austin                        |        |                              |               | adic 1.            |
|          |  |               |                |               |                 |             |                 |            | Campaign co                            |        |                              |               |                    |
|          |  |               |                |               |                 |             |                 |            | . •                                    |        |                              |               |                    |
| 9        | Complete ONLY if direct  |               | Candidate/Offi | ceholder n    | ame             |             | Office sou      | ght        |  |        | Office                       | held          |                    |
|          | expenditure to benefit C/OI  |               |                |               |                 |             |                 | -          |  |        |                              |               |                    |
|          | Date   |               | Payee name     |               |                 |             |                 |            |  |        |                              |               |                    |
|          | 12/27/2023   |               | Morris, Ton    | ya            |                 |             |                 |            |  |        |                              |               |                    |
|          | Amount (\$)  | T             | Payee addre    | ss; City      | <b>/</b> ;      | State;      | Zip Co          | de         |  |        |                              |               |                    |
|          | \$600.00   |               | 500 S. IH 3    | 5E            |                 |             |                 |            |  |        |                              |               |                    |
|          |  | 1             | #318           |               |                 |             |                 |            |  |        |                              |               |                    |
|          |  |               | Denton, TX     | 76205         |                 |             |                 |            |  |        |                              |               |                    |
| _        |  | ļ.            |                |               |                 |             |                 | <i>a</i> : |  |        |                              |               |                    |
|          | PURPOSE<br>OF  | (a)           | Category (S    |               |                 |             | edule)          | (D)        | Description                            | OLIFO: | do of Toyer C                | omploto Cab - | dulo T             |
|          | EXPENDITURE  | 1             | Salaries/Wa    | ages/Cont     | ract Laboi      | r           |                 |            | Check if travel Check if Austin        |        |                              |               | uule I.            |
|          |  | 1             |                |               |                 |             |                 |            | Campaign co                            |        |                              | 3             |                    |
|          |  |               |                |               |                 |             |                 |            |  |        |                              |               |                    |
|          | Complete ONLY if direct  |               | Candidate/Offi | ceholder n    | ame             | C           | I<br>Office sou | ght        |  |        | Office                       | held          |                    |
|          | expenditure to benefit C/OI  | Н             |                |               |                 |             |                 |            |  |        |                              |               |                    |
| F        | Date   |               | Payee name     |               |                 |             |                 |            |  |        |                              |               |                    |
|          | 11/28/2023   |               | Nemecek, N     | Melissa       |                 |             |                 |            |  |        |                              |               |                    |
|          | Amount (\$)  | $\vdash$      | Payee addre    |               | <i>ı</i> .      | State:      | Zip Co          | de         |  |        |                              |               |                    |
|          | \$200.00   |               | 505 Green      |               |                 | Jidie,      | Z.p 00          | ac         |  |        |                              |               |                    |
|          | φ200.00  |               | JUJ GIEEII     | vaney CO      | ve              |             |                 |            |  |        |                              |               |                    |
|          |  |               | Dflugordla     | TV 7060       | <b>1</b>        |             |                 |            |  |        |                              |               |                    |
|          |  |               | Pflugerville,  |               |                 |             | <del></del> i   |            |  |        |                              |               |                    |
|          | PURPOSE<br>OF  | (a)           | Category (S    |               |                 |             | edule)          | (b)        | Description                            | OUto:  | do of Towar C                | omplote Cake  | dulo T             |
|          | EXPENDITURE  | 1             | Salaries/Wa    | ages/Cont     | ract Laboi      | r           |                 |            | Check if travel Check if Austin        |        |                              |               | uuid I.            |
|          |  | 1             |                |               |                 |             |                 |            | Campaign co                            |        |                              | .9 2APONOO    |                    |
|          |  |               |                |               |                 |             |                 |            |  |        |                              |               |                    |
|          | Complete ONLY if direct  | <u> </u>      | Candidate/Offi | ceholder n    | ame             | C           | Office sou      | ght        |  |        | Office                       | held          |                    |
|          | expenditure to benefit C/OI  |               |                |               | ·- <del>-</del> |             | 000             | J •        |  |        | 250                          |               |                    |
|          |  |               |                |               |                 |             |                 |            |  |        |                              |               |                    |
|          |  |               |                |               |                 |             |                 |            |  |        |                              |               |                    |
|          |  |               |                |               |                 |             |                 |            |  |        |                              |               |                    |

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

| Candidate/Officeholder/Political C<br>Credit Card Payment | Committee Legal Services Salaries/Wages/Contract  The Instruction Guide explains how to complete this form | ,  |
|---|--|--|
| 1 Total pages Schedule F1: 2                              | P. FILER NAME  | 3 Filer ID (Ethics Commission Filers)  |
| Sch: 34/46 Rpt:   | Stucky, Lynn D. (The Honorable)  | 00080276   |
| 4 Date 5  | Payee name   |  |
| 07/11/2023  | Overturf, Jordan   |  |
| 6 Amount (\$) 7<br>\$2,500.00                             | Payee address; City; State; Zip Code 15619 Pebble Bend Drive  Houston, TX 77068                            |  |
| 8 PURPOSE (a  | a) Category (See Categories listed at the top of this schedule) (b) Descrip                                |  |
| EXPENDITURE   | Chec   | ik if travel outside of Texas. Complete Schedule T.<br>ik if Austin, TX, officeholder living expense<br>aign contract labor    |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name Office sought  | Office held  |
| Date  | Payee name   |  |
| 07/24/2023  | Overturf, Jordan   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| \$2,500.00  | 15619 Pebble Bend Drive  |  |
|   | Houston, TX 77068  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Chec   | ntion  k if travel outside of Texas. Complete Schedule T.  k if Austin, TX, officeholder living expense  aign contract labor   |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name Office sought  | Office held  |
| Date  | Payee name   |  |
| 09/05/2023  | Overturf, Jordan   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| \$2,500.00  | 15619 Pebble Bend Drive  |  |
|   | Houston, TX 77068  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Chec   | otion  ck if travel outside of Texas. Complete Schedule T.  ck if Austin, TX, officeholder living expense  aign contract labor |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name Office sought  | Office held  |
|   |  |  |

# SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| ordan dara r ayınısın                                  | The Instruction Guide explains how to co   | omplete this form.   |
|--|--|--|
| 1 Total pages Schedule F1:<br>Sch: 35/46 Rpt:          | 2 FILER NAME Stucky, Lynn D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers) 00080276   |
| <b>4</b> Date 09/28/2023                               | 5 Payee name<br>Overturf, Jordan   |  |
| 6 Amount (\$)<br>\$2,500.00                            | 7 Payee address; City; State; Zip Co<br>15619 Pebble Bend Drive                                | ode  |
|  | Houston, TX 77068  |  |
| 8 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<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sou   | ught Office held   |
| Date<br>11/01/2023                                     | Payee name<br>Overturf, Jordan   |  |
| Amount (\$)<br>\$2,500.00                              | Payee address; City; State; Zip Co<br>15619 Pebble Bend Drive                                  | ode  |
|  | Houston, TX 77068  |  |
| PURPOSE<br>OF<br>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 sou   | ught Office held   |
| Date<br>11/29/2023                                     | Payee name<br>Overturf, Jordan   |  |
| Amount (\$)<br>\$2,500.00                              | Payee address; City; State; Zip Co<br>15619 Pebble Bend Drive                                  | ode  |
|  | Houston, TX 77068  |  |
| PURPOSE<br>OF<br>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 sou<br>H  | I<br>ught Office held  |
|  |  |  |

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |  |  |
| Sch: 36/46 Rpt:  | Stucky, Lynn D. (The Honorable)  00080276   |  |  |  |  |  |  |
| 4 Date   | 5 Payee name  |  |  |  |  |  |  |
| 11/28/2023   | Overturf, Jordan  |  |  |  |  |  |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |  |
| \$1,000.00   | 15619 Pebble Bend Drive   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | Houston, TX 77068   |  |  |  |  |  |  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                        |  |  |  |  |  |  |
| OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.                   |  |  |  |  |  |  |
|  | Campaign contract labor   |  |  |  |  |  |  |
|  | Campaigh contract labor   |  |  |  |  |  |  |
| O Commission ONLY if allowed   | On all data (Office health a news   |  |  |  |  |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Date   | Payee name  |  |  |  |  |  |  |
| 07/03/2023   | Residential Condos at Brazos Place Owners Association   |  |  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |  |
| \$592.80   | 8310-1 N. Capital of Texas Highway  |  |  |  |  |  |  |
|  | Suite 225   |  |  |  |  |  |  |
|  | Austin, TX 78731  |  |  |  |  |  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                        |  |  |  |  |  |  |
| OF   | Office Overhead/Rental Expense  Cry Description  Check if travel outside of Texas. Complete Schedule T. |  |  |  |  |  |  |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |  |
|  | Homeowner association dues for Officeholder's   |  |  |  |  |  |  |
|  | apartment in Austin   |  |  |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                  | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |
| Date   | Payes name  |  |  |  |  |  |  |
| 07/27/2023   | Payee name Residential Condos at Brazos Place Owners Association  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |  |
| \$300.90   | 8310-1 N. Capital of Texas Highway  |  |  |  |  |  |  |
|  | Suite 225   |  |  |  |  |  |  |
|  | Austin, TX 78731  |  |  |  |  |  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                        |  |  |  |  |  |  |
| OF<br>EXPENDITURE  | Office Overhead/Rental Expense  |  |  |  |  |  |  |
|  | X Check if Austin, TX, officeholder living expense  |  |  |  |  |  |  |
|  | Homeowner association dues for Officeholder's apartment in Austin                                       |  |  |  |  |  |  |
| Operation Children   |   |  |  |  |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                               | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |
| p = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense 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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 37/46 Rpt: 00080276 Stucky, Lynn D. (The Honorable) 4 Date Payee name 08/02/2023 Residential Condos at Brazos Place Owners Association 6 Amount (\$) Payee address; City; State; Zip Code \$592.80 8310-1 N. Capital of Texas Highway Suite 225 Austin, TX 78731 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Homeowner association dues for Officeholder's apartment in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/07/2023 Residential Condos at Brazos Place Owners Association Amount (\$) Payee address; City; State; Zip Code \$592.80 8310-1 N. Capital of Texas Highway Suite 225 Austin, TX 78731 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Homeowner association dues for Officeholder's apartment in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/02/2023 Residential Condos at Brazos Place Owners Association Amount (\$) Payee address: City: State: Zip Code \$592.80 8310-1 N. Capital of Texas Highway Suite 225 Austin, TX 78731 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Homeowner association dues for Officeholder's apartment in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# 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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | al 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: 38/46 Rpt:  | Stucky, Lynn D. (The Honorable) 00080276   |
| 4 | Date   | 5 Payee name   |
|   | 11/13/2023   | Residential Condos at Brazos Place Owners Association  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$592.80   | 8310-1 N. Capital of Texas Highway   |
|   |  | Suite 225  |
|   |  | Austin, TX 78731   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | X Check if Austin, TX, officeholder living expense Homeowner association dues for Officeholder's   |
|   |  | apartment in Austin  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            | <b>п</b>   |
|   | Date   | Payee name   |
|   | 12/04/2023   | Residential Condos at Brazos Place Owners Association  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$592.80   | 8310-1 N. Capital of Texas Highway   |
|   |  | Suite 225  |
|   |  | Austin, TX 78731   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense   |
|   |  | X Check if Austin, TX, officeholder living expense Homeowner association dues for Officeholder's   |
|   |  | apartment in Austin  |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held  |
|   | experialitire to benefit C/OI                          |  |
|   | Date   | Payee name   |
|   | 09/14/2023   | Robson Ranch Republican Club   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$44.00  | 8804 Crestview Dr  |
|   |  |  |
|   |  | Denton, TX 76207   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Fees Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  Fee for fall luncheon  |
|   |  |  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            |  |
|   |  |  |
|   |  |  |

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| _ | Tatal assess Calcadala E4.   |   |
| 1 | Total pages Schedule F1:<br>Sch: 39/46 Rpt:  | 2 FILER NAME Stucky, Lynn D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080276  |
| 4 | Date   | 5 Payee name  |
|   | 10/30/2023   | Robson Ranch Republican Club  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$500.00   | 8804 Crestview Dr   |
|   |  | Denton, TX 76207  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By   |
|   | LAI LINDITORE  | Candidate/Officeholder/Political Committee  |
|   |  | Sponsorship for Christmas gala  |
|   |  |   |
| 9 | Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 10/13/2023   | Sanger Chamber of Commerce  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$100.00   | 300 Bolivar   |
|   |  |   |
|   |  | Sanger, TX 76266  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense Sponsorship for Chamber breakfast  |
|   |  | Sponsors in the strainsor strainast   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  | 1   |
|   | Date   | Payee name  |
|   | 11/28/2023   | Seay, Rob   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$2,200.00   | 2004 Winding Creek Blvd   |
|   |  |   |
|   |  | Flower Mound, TX 75022  |
|   | PURPOSE<br>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   |
|   |  | Campaign Contract labor   |
| _ | 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 Comm

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<br>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: 40/46 Rpt:  | Stucky, Lynn D. (The Honorable) 00080276  |
| 4        | Date   | 5 Payee name  |
|          | 07/31/2023   | TDCJ  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$136.40   | PO Box 4013   |
|          |  |   |
|          |  | Huntsville, TX 77342-4013   |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|          |  | Candidate/Officeholder/Political Committee  |
|          |  | Taronaco or roskor for oriantasio fantarasor  |
| 9        | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
| 9        | expenditure to benefit C/O                                 |   |
| $\vdash$ | Date   | Davies same   |
|          | 12/05/2023   | Payee name  |
|          |  | TDCJ  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$181.86   | PO Box 4013   |
|          |  |   |
|          |  | Huntsville, TX 77342-4013   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE  | Contributions/Donations Made By   |
|          |  | Candidate/Officeholder/Political Committee  |
|          |  | Purchase of items for charitable fundraiser   |
|          | Operation ONLY if allowed                                  | On didn't Office helds  |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|          |  |   |
|          | Date   | Payee name  |
|          | 12/05/2023   | TDCJ  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$245.50   | PO Box 4013   |
|          |  |   |
|          |  | Huntsville, TX 77342-4013   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE  | Contributions/Donations Made By   |
|          |  | Candidate/Officeholder/Political Committee  |
|          |  | Purchase of items for charitable fundraiser   |
| _        | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|          | Complete ONLY if direct 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 C

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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| • | Sch: 41/46 Rpt:  | Stucky, Lynn D. (The Honorable)  00080276   |
| 4 | Date   | 5 Payee name  |
|   | 07/13/2023   | TFRW Convention 2023 PAC  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$360.00   | 13740 N Highway 183   |
|   |  | Suite J4  |
|   |  | Austin, TX 78750  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF   | Advertising Expense   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|   |  | Campaign advertising at TFRW convention   |
|   |  |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 07/25/2023   | Texas Strong Republican Women's Club  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,000.00   | PO Box 549  |
|   |  |   |
|   |  | Argyle, TX 76226  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | 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  |
|   |  | event   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  |   |
|   | Date   | Payee name  |
|   | 11/13/2023   | The Republican Party of Texas   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$750.00   | PO Box 2206   |
|   |  |   |
|   |  | Austin, TX 78768  |
|   | PURPOSE<br>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  Fee for election filing   |
|   |  | i de foi diection ming  |
| _ | Complete ONLY if direct  | Candidate/Officeholder name Office sought   |
|   | Complete <u>ONLY</u> 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

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |   | Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form. |   |                      |                    | OTHER (enter a category not listed above) |        |                  |       |                         |                 |                 |
|---|---|---|---|----------------------|--------------------|---|--------|------------------|-------|-------------------------|-----------------|-----------------|
|   |   |   |   |                      | Guide explai       | ns now to co                              | mpie   | ete tnis form.   | _     |                         |                 |                 |
| 1   | Total pages Schedule F1:                            | 2   | FILER NAME                                  |                      |                    |   |        |                  | 3     | Filer ID                | (Ethics Com     | mission Filers) |
|   | Sch: 42/46 Rpt:                                     |   | Stucky, Lyn                                 | n D. (The Ho         | norable)           |   |        |                  |       | 00080276                | <b>5</b>        |                 |
| 4   | Date  | 5   | Payee name                                  |                      |                    |   |        |                  |       |                         |                 |                 |
|   | 09/01/2023  |   | Vanguard F                                  | ield Strategie       | S                  |   |        |                  |       |                         |                 |                 |
| 6   | Amount (\$)   | 7   | Payee addres                                | ss; City;            | Sta                | ate; Zip Co                               | ode    |                  |       |                         |                 |                 |
|   | \$22,500.00   |   | 800 W 47th St                               |                      |                    |   |        |                  |       |                         |                 |                 |
|   |   |   | Ste 200                                     |                      |                    |   |        |                  |       |                         |                 |                 |
|   |   |   | Kansas City                                 | , MO 76201           |                    |   |        |                  |       |                         |                 |                 |
| 8   | PURPOSE   | (a)   | Category (Se                                | ee Categories listed | at the top of this | schedule)                                 | (b)    | Description      |       |                         |                 |                 |
|   | OF<br>EXPENDITURE                                   |   | Advertising                                 |                      |                    |   |        | Check if travel  | outsi | de of Texas. Co         | mplete Schedule | г.              |
|   | EXPENDITURE   |   | · ·   | •                    |                    |   |        | Check if Austin, | , TX, | officeholder livi       | ng expense      |                 |
|   |   |   |   |                      |                    |   |        | Fee for block    | wa    | ılking cam <sub>l</sub> | oaign           |                 |
|   |   |   |   |                      |                    |   |        |                  |       |                         |                 |                 |
| 9   | Complete ONLY if direct expenditure to benefit C/OH |   | Candidate/Offic                             | ceholder name        |                    | Office sou                                | ıght   |                  |       | Office                  | held            |                 |
|   | experience to benefit of or                         |   |   |                      |                    |   |        |                  |       |                         |                 |                 |
|   | Date  |   | Payee name                                  |                      |                    |   |        |                  |       |                         |                 |                 |
|   | 10/03/2023  |   | Vanguard F                                  | ield Strategie       | S                  |   |        |                  |       |                         |                 |                 |
|   | Amount (\$)   |   | Payee addres                                | ss; City;            | Sta                | ate; Zip Co                               | ode    |                  |       |                         |                 |                 |
|   | \$19,500.00   |   | 800 W 47th                                  | St                   |                    |   |        |                  |       |                         |                 |                 |
|   |   |   | Ste 200                                     |                      |                    |   |        |                  |       |                         |                 |                 |
|   |   |   | Kansas City                                 | , MO 76201           |                    |   |        |                  |       |                         |                 |                 |
|   | PURPOSE   | (a)   | Category (Se                                | e Categories listed  | at the top of this | schedule)                                 | (b)    | Description      |       |                         |                 |                 |
|   | OF<br>EXPENDITURE                                   |   | Advertising                                 | Expense              |                    |   |        |                  |       |                         | mplete Schedule | г.              |
|   |   |   |   |                      |                    |   |        | Check if Austin, |       |                         |                 |                 |
|   |   |   |   |                      |                    |   |        | Fee for block    | vvo   | uking cam               | Jaigii          |                 |
|   | Complete ONLY if direct                             | <u> </u>  | Candidate/Offi                              | ceholder name        |                    | Office sou                                | ıaht   |                  |       | Office                  | held            |                 |
|   | expenditure to benefit C/O                          |   | 2011 G. |                      |                    | 000 000                                   | .9     |                  |       | 000                     |                 |                 |
| $\vdash$  | Date  | Π   | Payee name                                  |                      |                    |   |        |                  |       |                         |                 |                 |
|   | 11/14/2023  |   | -   | ield Strategie       | e                  |   |        |                  |       |                         |                 |                 |
|   |   |   |   |                      |                    | -ta: 7:- Ca                               |        |                  |       |                         |                 |                 |
|   | Amount (\$)   |   | Payee addres                                |                      | Sta                | ate; Zip Co                               | oae    |                  |       |                         |                 |                 |
|   | \$19,500.00   |   | 800 W 47th                                  | Si                   |                    |   |        |                  |       |                         |                 |                 |
|   |   |   | Ste 200                                     |                      |                    |   |        |                  |       |                         |                 |                 |
|   |   |   | Kansas City                                 | , MO 76201           |                    |   |        |                  |       |                         |                 |                 |
|   | PURPOSE   | (a)   | Category (Se                                | e Categories listed  | at the top of this | schedule)                                 | (b)    | Description      |       |                         |                 |                 |
|   | OF<br>EXPENDITURE                                   |   | Advertising                                 | Expense              |                    |   |        |                  |       |                         | mplete Schedule | г.              |
|   |   |   |   |                      |                    |   |        | Check if Austin, |       |                         |                 |                 |
|   |   |   |   |                      |                    |   |        | Fee for block    | wa    | uking cam               | oaign           |                 |
| _   | Complete CNII V if allows                           | Ļ   | Condidate /Off                              | aabalda              |                    | Office                                    | 10 P t |                  |       | Off: -                  | hald            |                 |
|   | Complete ONLY if direct expenditure to benefit C/OI |   | zariuidatė/Offic                            | ceholder name        |                    | Office sou                                | ignt   |                  |       | Office                  | nelu            |                 |
|   |   |   |   |                      |                    |   |        |                  |       |                         |                 |                 |
|   |   |   |   |                      |                    |   |        |                  |       |                         |                 |                 |
|   |   |   |   |                      |                    |   |        |                  |       |                         |                 |                 |

## SCHEDULE F1

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|---|--|--|
| 1 | Total pages Schedule F1:<br>Sch: 43/46 Rpt:  | 2 FILER NAME Stucky, Lynn D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080276   |
| 4 | Date<br>12/04/2023   | 5 Payee name<br>Vanguard Field Strategies  |
| 6 | Amount (\$)<br>\$19,500.00   | 7 Payee address; City; State; Zip Code<br>800 W 47th St<br>Ste 200<br>Kansas City, MO 76201  |
| 8 | PURPOSE<br>OF<br>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  Fee for block walking campaign  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                 | Candidate/Officeholder name Office sought Office held  |
|   | Date<br>11/30/2023   | Payee name Wise Choices Pregnancy Resource Center  |
|   | Amount (\$)<br>\$750.00  | Payee address; City; State; Zip Code 604 N Trinity St  Decatur, TX 76234   |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign charitable contribution |
|   | Complete ONLY if direct expenditure to benefit C/Ol  | Candidate/Officeholder name Office sought Office held  |
|   | Date<br>12/21/2023   | Payee name<br>Wise County Chamber of Commerce  |
|   | Amount (\$)<br>\$630.00  | Payee address; City; State; Zip Code 301 E Main St Ste. C Decatur, TX 76234  |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship and tickets for Chamber annual awards banquet  |
|   | 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

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |     |                  | Food/Beverage Expe<br>Gift/Awards/Memoria<br>Legal Services<br>The Instruction ( | als Expense            |            | Expens<br>Wages | se<br>s/Contract Labor     |       | Travel in District<br>Travel Out of Dis<br>OTHER (enter a | strict<br>category not listed above)    |   |
|---|---|-----|------------------|--|------------------------|------------|-----------------|----------------------------|-------|---|---|---|
| 1 | Total pages Schedule F1:  | 2   |                  |  |                        |            |                 |                            | 3     | Filer ID  | (Ethics Commission Filers)              |   |
|   | Sch: 44/46 Rpt:   |     | Stucky, Lyn      | n D. (The Hon  | orable)                |            |                 |                            |       | 00080276  |   |   |
| 4 | Date  | 5   | Payee name       |  |                        |            |                 |                            |       |   |   |   |
|   | 07/25/2023  |     | Wise Count       | y Republican I   | Party                  |            |                 |                            |       |   |   |   |
| 6 | Amount (\$)   | 7   | Payee addres     | ss; City;  | State;                 | ; Zip C    | ode             |                            |       |   |   |   |
|   | \$2,250.00  |     | PO Box 152       | 21   |                        |            |                 |                            |       |   |   |   |
|   |   |     |                  |  |                        |            |                 |                            |       |   |   |   |
|   |   |     | Decatur, DE      | 76234  |                        |            |                 |                            |       |   |   |   |
| 8 | PURPOSE   | (a) | Category (Se     | ee Categories listed a   | at the top of this sch | edule)     | (b)             | Description                |       |   |   |   |
|   | OF<br>EXPENDITURE   |     |                  | ıs/Donations N   |                        | ,          |                 | Check if travel            | outsi | de of Texas. Com  | plete Schedule T.                       |   |
|   | LAFENDITORE   |     | Candidate/C      | Officeholder/Po  | olitical Comm          | ittee      |                 | <b>—</b>                   |       | officeholder living                                       |   |   |
|   |   |     |                  |  |                        |            |                 | Sponsorship Patriot Dinner |       | ne Wise Co  | unty Republican Party                   |   |
|   |   |     |                  |  |                        |            |                 | T direct Dirine            | '     |   |   |   |
| 9 | Complete ONLY if direct expenditure to benefit C/O  |     | Candidate/Offic  | ceholder name  |                        | Office sou | ught            |                            |       | Office he   | eld                                     |   |
|   | Date  |     | Payee name       |  |                        |            |                 |                            |       |   |   |   |
|   | 08/17/2023  |     | Wise Repub       | olican Women   |                        |            |                 |                            |       |   |   |   |
|   | Amount (\$)   |     | Payee addres     | ss; City;  | State;                 | ; Zip C    | ode             |                            |       |   |   |   |
|   | \$40.00   |     | PO Box 1375      |  |                        |            |                 |                            |       |   |   |   |
|   |   |     |                  |  |                        |            |                 |                            |       |   |   |   |
|   |   |     | Decatur, TX      | 76234  |                        |            |                 |                            |       |   |   |   |
|   | PURPOSE   | (a) | Category (Se     | ee Categories listed a   | at the top of this sch | edule)     | (b)             | Description                |       |   |   | _ |
|   | OF<br>EXPENDITURE   |     |                  | ns/Donations N   |                        | ,          |                 |                            |       | de of Texas. Com  |   |   |
|   | EXI ENDITORE  |     | Candidate/C      | Officeholder/Po  | olitical Comm          | ittee      |                 | ш                          |       | officeholder living                                       |   |   |
|   |   |     |                  |  |                        |            |                 | Payment for s<br>Women     | shir  | ts supportin  | g Wise Republican                       |   |
|   |   | L   |                  |  |                        |            | <u> </u>        |                            |       |   |   |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |     | Candidate/Office | ceholder name  | C                      | Office sou | ught            |                            |       | Office he   | eld                                     |   |
|   | •   | _   |                  |  |                        |            |                 |                            |       |   |   |   |
|   | Date  |     | Payee name       |  |                        |            |                 |                            |       |   |   |   |
|   | 07/03/2023  |     | Yardi            |  |                        |            |                 |                            |       |   |   |   |
|   | Amount (\$)   |     | Payee addres     |  | State;                 | ; Zip C    | ode             |                            |       |   |   |   |
|   | \$0.95  |     | 430 S Fairvi     | iew Avenue   |                        |            |                 |                            |       |   |   |   |
|   |   |     |                  |  |                        |            |                 |                            |       |   |   |   |
|   |   |     | Santa Barba      | ara, CA 93117  | ,                      |            |                 |                            |       |   |   |   |
|   | PURPOSE   | (a) | Category (Se     | ee Categories listed a   | at the top of this sch | edule)     | (b)             | Description                |       |   |   |   |
|   | OF<br>EXPENDITURE   |     | Fees             |  |                        |            |                 |                            |       | de of Texas. Com  |   |   |
|   | _/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |     |                  |  |                        |            |                 | _                          |       | officeholder living                                       |   |   |
|   |   |     |                  |  |                        |            |                 |                            |       |   | omeowner association<br>tment in Austin |   |
|   | Complete ONLY if direct   | Ļ   | andidate/Offi    | ceholder name  |                        | Office sou | lap+            |                            |       | Office he   |   | _ |
|   | expenditure to benefit C/O  |     | a iuiuale/OIII   | cendidel Haille  |                        | טוווכל 20נ | agrit           |                            |       | Office He   | aiu .                                   |   |
|   |   |     |                  |  |                        |            |                 |                            |       |   |   |   |
|   |   |     |                  |  |                        |            |                 |                            |       |   |   |   |
|   |   |     |                  |  |                        |            |                 |                            |       |   |   |   |

# 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

|   | 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: 45/46 Rpt:  | Stucky, Lynn D. (The Honorable)  | 00080276                              |  |  |  |  |
| 4 | Date   | 5 Payee name   |                                       | •  |  |  |  |
|   | 07/27/2023   | Yardi  |                                       |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Co                                   | de                                    |  |  |  |  |
|   | \$0.95   | 430 S Fairview Avenue  |                                       |  |  |  |  |
|   |  |  |                                       |  |  |  |  |
|   |  | Santa Barbara, CA 93117  |                                       |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule)       | (b)                                   | Description  |  |  |  |
|   | OF<br>EXPENDITURE  | Fees   |                                       | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |
|   | LAI ENDITORE   |  |                                       | Check if Austin, TX, officeholder living expense   |  |  |  |
|   |  |  |                                       | Fee for online payment of homeowner association dues for Officeholder's apartment in Austin      |  |  |  |
| _ | Opening ONE V if direct  | Oscalidate IOW as hald a result  | 14                                    | ·  |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol                            | Candidate/Officeholder name Office sould                               | gnt                                   | Office held  |  |  |  |
| _ |  |  |                                       |  |  |  |  |
|   | Date   | Payee name   |                                       |  |  |  |  |
|   | 08/02/2023   | Yardi  |                                       |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Co                                     | de                                    |  |  |  |  |
|   | \$0.95   | 430 S Fairview Avenue  |                                       |  |  |  |  |
|   |  |  |                                       |  |  |  |  |
|   |  | Santa Barbara, CA 93117  |                                       |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule)       | (b)                                   | Description  |  |  |  |
|   | OF<br>EXPENDITURE  | Fees   |                                       | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |
|   |  |  |                                       | Check if Austin, TX, officeholder living expense Fee for online payment of homeowner association |  |  |  |
|   |  |  |                                       | dues for Officeholder's apartment in Austin  |  |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sou                                 | aht                                   | Office held  |  |  |  |
|   | expenditure to benefit C/O   |  | 9                                     |  |  |  |  |
|   | Date   | Payee name   |                                       |  |  |  |  |
|   | 09/07/2023   | Yardi  |                                       |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Co                                     | de                                    |  |  |  |  |
|   | \$0.95   | 430 S Fairview Avenue  | uc                                    |  |  |  |  |
|   | φ0.00  | iso or anytowy worlds  |                                       |  |  |  |  |
|   |  | Santa Barbara, CA 93117  |                                       |  |  |  |  |
|   | DUDDOCE  | / N =  | (b)                                   | Paradiation.   |  |  |  |
|   | PURPOSE<br>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   |  |  |  |
|   |  |  |                                       | Fee for online payment of homeowner association  |  |  |  |
|   |  |  |                                       | dues for Officeholder's apartment in Austin  |  |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sou                                 | ght                                   | Office held  |  |  |  |
|   | expenditure to benefit C/O   | 1  |                                       |  |  |  |  |
|   |  |  |                                       |  |  |  |  |
|   |  |  |                                       |  |  |  |  |

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

|   | Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form.   |
|---|---------------------------------|---|
| 1 | Total pages Schedule F1:        |   |
|   | Sch: 46/46 Rpt:                 | Stucky, Lynn D. (The Honorable) 00080276  |
| 4 | Date                            | 5 Payee name  |
|   | 11/02/2023                      | Yardi   |
| 6 | Amount (\$)                     | 7 Payee address; City; State; Zip Code  |
|   | \$0.95                          | 430 S Fairview Avenue   |
|   |                                 |   |
|   |                                 | Santa Barbara, CA 93117   |
| 8 | PURPOSE                         | (a) Category (See Categories listed at the top of this schedule) (b) Description                  |
|   | OF<br>EXPENDITURE               | Fees Check if travel outside of Texas. Complete Schedule T.                                       |
|   |                                 | Check if Austin, TX, officeholder living expense  Fee for online payment of homeowner association |
|   |                                 | dues for Officeholder's apartment in Austin   |
| 9 | Complete ONLY if direct         | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O      |   |
|   | Date                            | Payee name  |
|   | 11/13/2023                      | Yardi   |
|   | Amount (\$)                     | Payee address; City; State; Zip Code  |
|   | \$0.95                          | 430 S Fairview Avenue   |
|   |                                 |   |
|   |                                 | Santa Barbara, CA 93117   |
|   | PURPOSE                         | (a) Category (See Categories listed at the top of this schedule) (b) Description                  |
|   | OF<br>EXPENDITURE               | Fees Check if travel outside of Texas. Complete Schedule T.                                       |
|   |                                 | Check if Austin, TX, officeholder living expense  Fee for online payment of homeowner association |
|   |                                 | dues for Officeholder's apartment in Austin   |
|   | Complete ONLY if direct         | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O      |   |
|   | Date                            | Payee name  |
|   | 12/04/2023                      | Yardi   |
|   | Amount (\$)                     | Payee address; City; State; Zip Code  |
|   | \$0.95                          | 430 S Fairview Avenue   |
|   |                                 |   |
|   |                                 | Santa Barbara, CA 93117   |
|   | PURPOSE                         | (a) Category (See Categories listed at the top of this schedule) (b) Description                  |
|   | OF<br>EXPENDITURE               | Fees Check if travel outside of Texas. Complete Schedule T.                                       |
|   |                                 | Check if Austin, TX, officeholder living expense  Fee for online payment of homeowner association |
|   |                                 | dues for Officeholder's apartment in Austin   |
|   | Complete ONLY if direct         | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O      | <b>y</b>  |
|   |                                 |   |
|   |                                 |   |
|   |                                 |   |

# SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Instruction Guide explains how to complete this form.                                      |   |                                |   |                                       |  |  |  |  |  |
|---|--|---|--------------------------------|---|---------------------------------------|--|--|--|--|--|
| 1 | Total pages Schedule F4:   | 2 FILER NAME  |                                |   | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |  |
|   | Sch: 1/60 Rpt: 98/157  | Stucky, Lynn D. (Th                                       | ne Honorable)                  | 00080276  |                                       |  |  |  |  |  |
| 4 | CREDIT CARD<br>ISSUER  | Name of final   | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD        | \$                                    |  |  |  |  |  |
| 6 | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue   | r Paid                                |  |  |  |  |  |
|   |  | \$508.78  | 08/01/2023                     |   |                                       |  |  |  |  |  |
| 7 | PAYEE  | (a) Payee name  |                                | (b) Payee address; City, State, Zip Co                                      |                                       |  |  |  |  |  |
|   |  | ABM Parking Servi   | ces                            | 701 Brazos<br>Suite GRG<br>Austin, TX 78701                                 | Suite GRG                             |  |  |  |  |  |
| 8 | PURPOSE OF   | (a) Category  |                                | (b) Description   |                                       |  |  |  |  |  |
|   | EXPENDITURE  X Political   | (See Categories listed at the top<br>Office Overhead/Rent |                                | Monthly parking fee for O   | fficeholder's apartment in Austin     |  |  |  |  |  |
|   | Non-Political  | (c) Check if travel outside                               | of Texas. Complete Schedule T. | X Check if Austin, TX,  | officeholder living expense           |  |  |  |  |  |
| 9 | Complete ONLY if direct  | Candidate/Officeholder                                    | name Office                    | e sought  | Office held                           |  |  |  |  |  |
| е | expenditure to benefit C/OH  |   |                                |   |                                       |  |  |  |  |  |
|   | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue   | r Paid                                |  |  |  |  |  |
|   |  | \$254.39  | 09/01/2023                     |   |                                       |  |  |  |  |  |
|   | PAYEE  | (a) Payee name  |                                | (b) Payee address;  | City, State, Zip Code                 |  |  |  |  |  |
|   |  | ADM Davidson Cami   |                                | 701 Brazos  |                                       |  |  |  |  |  |
|   |  | ABM Parking Servi   | ces                            | Suite GRG   |                                       |  |  |  |  |  |
| L |  |   |                                | Austin, TX 78701  |                                       |  |  |  |  |  |
|   | PURPOSE OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top            | •                              | (b) Description  Monthly parking fee for Officeholder's apartment in Austin |                                       |  |  |  |  |  |
|   | X Political  | Office Overhead/Rent                                      | iai Experise                   |   |                                       |  |  |  |  |  |
|   | Non-Political  | (c) Check if travel outside                               | of Texas. Complete Schedule T. | X Check if Austin, TX, officeholder living expense                          |                                       |  |  |  |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder                                    | name Office                    | e sought Office held  |                                       |  |  |  |  |  |
| е | expenditure to benefit C/OH  |   |                                |   |                                       |  |  |  |  |  |
|   | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue   | r Paid                                |  |  |  |  |  |
|   |  | \$254.39  | 10/01/2023                     |   |                                       |  |  |  |  |  |
| Г | PAYEE  | (a) Payee name  |                                | (b) Payee address;  | City, State, Zip Code                 |  |  |  |  |  |
|   |  | ADM Destination   |                                | 701 Brazos  |                                       |  |  |  |  |  |
|   |  | ABM Parking Servi   | ces                            | Suite GRG   |                                       |  |  |  |  |  |
| L |  |   |                                | Austin, TX 78701  |                                       |  |  |  |  |  |
|   | PURPOSE OF   | (a) Category  | of this cohodule)              | (b) Description   |                                       |  |  |  |  |  |
|   | EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense |   |                                | Monthly parking fee for Of  | fficeholder's apartment in Austin     |  |  |  |  |  |
|   | X Political  |   | <u> </u>                       |   |                                       |  |  |  |  |  |
| L | Non-Political  | (c) Check if travel outside                               | of Texas. Complete Schedule T. | X Check if Austin, TX, officeholder living expense                          |                                       |  |  |  |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder                                    | name Office                    | e sought  | Office held                           |  |  |  |  |  |
| е | expenditure to benefit C/OH  |   |                                |   |                                       |  |  |  |  |  |

# SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|  | The Instruction Guide explains how to complete this form.  |                                |   |                           |            |              |  |  |  |  |
|--|--|--------------------------------|---|---------------------------|------------|--------------|--|--|--|--|
| 1 Total pages Schedule F4:   | 2 FILER NAME   |                                |   | 3 Filer ID (Ethic         | cs Commiss | sion Filers) |  |  |  |  |
| Sch: 2/60 Rpt: 99/157  | Stucky, Lynn D. (Th  | ne Honorable)                  |   | 00080276                  |            |              |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER  | Name of final  | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                        |            |              |  |  |  |  |
| 6 PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | er Paid                   |            |              |  |  |  |  |
|  | \$254.39   | 11/01/2023                     |   |                           |            |              |  |  |  |  |
| 7 PAYEE  | (a) Payee name   |                                | (b) Payee address;  | City,                     | State,     | Zip Code     |  |  |  |  |
|  | ABM Parking Services  701 Brazos Suite GRG Austin, TX 78701  |                                |   |                           |            |              |  |  |  |  |
| 8 PURPOSE OF   | (a) Category (b) Description   |                                |   |                           |            |              |  |  |  |  |
| EXPENDITURE  X Political   | (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Monthly parking fee for Of |                                |   | officeholder's ap         | artment i  | n Austin     |  |  |  |  |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin |  |                                | X Check if Austin, TX                                       | , officeholder living exp | ense       |              |  |  |  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held               |            |              |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                           |            |              |  |  |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | er Paid                   |            |              |  |  |  |  |
| \$254.39   |  | 12/01/2023                     |   |                           |            |              |  |  |  |  |
| PAYEE  | (a) Payee name   |                                | (b) Payee address;  | City,                     | State,     | Zip Code     |  |  |  |  |
|  | ADM Darking Continue   |                                | 701 Brazos  |                           |            |              |  |  |  |  |
|  | ABM Parking Servi  | ces                            | Suite GRG   |                           |            |              |  |  |  |  |
|  |  |                                | Austin, TX 78701  |                           |            |              |  |  |  |  |
| PURPOSE OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top   | of this schedule)              | (b) Description   | office healderle en       |            | in Accetio   |  |  |  |  |
| X Political  | Office Overhead/Ren  |                                | Monthly parking fee for O                                   | miceriolder's ap          | artmenti   | in Ausun     |  |  |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T. | X Check if Austin, TX                                       | , officeholder living exp | ense       |              |  |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held               |            |              |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                           |            |              |  |  |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | er Paid                   |            |              |  |  |  |  |
|  | \$446.85   | 08/11/2023                     |   |                           |            |              |  |  |  |  |
| PAYEE  | (a) Payee name   |                                | (b) Payee address;  | City,                     | State,     | Zip Code     |  |  |  |  |
|  | Alpha Craphics   |                                | 521 S Loop 288  |                           |            |              |  |  |  |  |
|  | Alpha Graphics   |                                |   |                           |            |              |  |  |  |  |
|  |  |                                | Denton , TX 76205   |                           |            |              |  |  |  |  |
| PURPOSE OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top   | of this schedule)              | (b) Description   |                           |            |              |  |  |  |  |
| l  | Office Overhead/Ren  |                                | Campaign stationery "Tha                                    | ank you" cards            |            |              |  |  |  |  |
| X Political  |  |                                |   |                           |            |              |  |  |  |  |
| Non-Political  | (1)  | of Texas. Complete Schedule T. |   | , officeholder living exp | ense       |              |  |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held               |            |              |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                           |            |              |  |  |  |  |

# SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|  | The Instruction Guide explains how to complete this form.                            |                                |   |                             |              |  |  |  |  |  |
|--|--|--------------------------------|---|-----------------------------|--------------|--|--|--|--|--|
| 1 Total pages Schedule F4:   | 2 FILER NAME   |                                |   | 3 Filer ID (Ethics Commis   | sion Filers) |  |  |  |  |  |
| Sch: 3/60 Rpt:   | Stucky, Lynn D. (Th  | ne Honorable)                  |   | 00080276                    |              |  |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER  | Name of final  | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                          |              |  |  |  |  |  |
| 6 PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | Paid                        |              |  |  |  |  |  |
|  | \$49.95  | 07/15/2023                     |   |                             |              |  |  |  |  |  |
| 7 PAYEE  | (a) Payee name   |                                | (b) Payee address;  | City, State,                | Zip Code     |  |  |  |  |  |
|  | Amazon.Com   |                                | 410 Terry Ave North   |                             |              |  |  |  |  |  |
|  | Seattle, WA 98109  |                                |   |                             |              |  |  |  |  |  |
| 8 PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule) Campaign supplies |  |                                |   |                             |              |  |  |  |  |  |
| EXPENDITURE  | EXPENDITURE (See Categories listed at the top of this schedule)  Advertising Expense |                                |   |                             |              |  |  |  |  |  |
| X Political  | · · · · · · · · · · · · · · · · · · ·  |                                |   |                             |              |  |  |  |  |  |
| Non-Political  | (C) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense |              |  |  |  |  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held                 |              |  |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                             |              |  |  |  |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | Paid                        |              |  |  |  |  |  |
|  | \$877.61   | 07/21/2023                     |   |                             |              |  |  |  |  |  |
| PAYEE  | (a) Payee name   |                                | (b) Payee address;  | City, State,                | Zip Code     |  |  |  |  |  |
|  | Amazon.Com   |                                | 410 Terry Ave North   |                             |              |  |  |  |  |  |
|  |  |                                | Seattle, WA 98109   |                             |              |  |  |  |  |  |
| PURPOSE OF   | (a) Category   |                                | (b) Description   |                             |              |  |  |  |  |  |
| EXPENDITURE  | (See Categories listed at the top Advertising Expense                                | of this schedule)              | Gas powered post driver for campaign signs                  |                             |              |  |  |  |  |  |
| X Political  | Advertising Expense  |                                |   |                             |              |  |  |  |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense |              |  |  |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held                 |              |  |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                             |              |  |  |  |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | Paid                        |              |  |  |  |  |  |
|  | \$165.72   | 07/21/2023                     |   |                             |              |  |  |  |  |  |
| PAYEE  | (a) Payee name   | I                              | (b) Payee address;  | City, State,                | Zip Code     |  |  |  |  |  |
|  |  |                                | 410 Terry Ave North   |                             |              |  |  |  |  |  |
|  | Amazon.Com   |                                |   |                             |              |  |  |  |  |  |
|  |  |                                | Seattle, WA 98109   |                             |              |  |  |  |  |  |
| PURPOSE OF   | (a) Category   |                                | (b) Description   |                             |              |  |  |  |  |  |
| EXPENDITURE  | (See Categories listed at the top Advertising Expense                                | of this schedule)              | Supplies for campaign sig                                   | ns                          |              |  |  |  |  |  |
| X Political  | , laverusing Expense   |                                |   |                             |              |  |  |  |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense |              |  |  |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held                 |              |  |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                             |              |  |  |  |  |  |

# SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Instruction Guide explains how to complete this form.                                 |   |                               |                             |        |             |  |  |  |
|---|---|---|-------------------------------|-----------------------------|--------|-------------|--|--|--|
| 1 Total pages Schedule F4:                          | 1 Total pages Schedule F4: 2 FILER NAME 3   |   |                               |                             |        | ion Filers) |  |  |  |
| Sch: 4/60 Rpt:                                      | Stucky, Lynn D. (Th   | ne Honorable)   |                               | 00080276                    |        |             |  |  |  |
| 4 CREDIT CARD<br>ISSUER                             | Name of financial institution  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD |   |                               | \$                          |        |             |  |  |  |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge  | (c) Date(s) Credit Card Issue | r Paid                      |        |             |  |  |  |
|   | \$116.86  | .86 07/22/2023  |                               |                             |        |             |  |  |  |
| 7 PAYEE   | (a) Payee name  | •   | (b) Payee address;            | City,                       | State, | Zip Code    |  |  |  |
|   | Amazon.Com  |   | 410 Terry Ave North           |                             |        |             |  |  |  |
|   |   |   | Seattle, WA 98109             |                             |        |             |  |  |  |
| 8 PURPOSE OF EXPENDITURE                            | (a) Category (See Categories listed at the top  | of this schedule)   | (b) Description               |                             |        |             |  |  |  |
| X Political   | Advertising Expense   | (See Categories listed at the top of this schedule)  Advertising Expense  Supplies for campaign |                               |                             |        |             |  |  |  |
| Non-Political                                       | (c) Check if travel outside   | C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,                  |                               |                             | e      |             |  |  |  |
| 9 Complete ONLY if direct                           | Candidate/Officeholder  | name Office   | e sought                      | Office held                 |        |             |  |  |  |
| expenditure to benefit C/OH                         |   |   |                               |                             |        |             |  |  |  |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge  | (c) Date(s) Credit Card Issue | r Paid                      |        |             |  |  |  |
|   | \$16.41   | 09/04/2023  |                               |                             |        |             |  |  |  |
| PAYEE   | (a) Payee name  |   | (b) Payee address;            | City,                       | State, | Zip Code    |  |  |  |
|   | Amazon.Com  |   | 410 Terry Ave North           |                             |        |             |  |  |  |
|   |   |   | Seattle, WA 98109             |                             |        |             |  |  |  |
| PURPOSE OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top  | of this schedule)   | (b) Description               |                             |        |             |  |  |  |
| _   | Advertising Expense   | or this scriedale)  | Supplies for campaign         |                             |        |             |  |  |  |
| X Political   |   |   | <u></u>                       |                             |        |             |  |  |  |
| Non-Political                                       | · · · · · · · · · · · · · · · · · · ·   | of Texas. Complete Schedule T.  | <u> </u>                      | officeholder living expense | е      |             |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder  | name Office   | e sought                      | Office held                 |        |             |  |  |  |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge  | (c) Data(s) Cradit Card Issue | r Daid                      |        |             |  |  |  |
| PATMENT   |   |   | (c) Date(s) Credit Card Issue | i Faiu                      |        |             |  |  |  |
|   | \$23.75   | 09/14/2023  |                               |                             |        |             |  |  |  |
| PAYEE   | (a) Payee name  |   | (b) Payee address;            | City,                       | State, | Zip Code    |  |  |  |
|   | Amazon.Com  |   | 410 Terry Ave North           |                             |        |             |  |  |  |
|   | 741102011.00111   |   | Seattle, WA 98109             |                             |        |             |  |  |  |
| PURPOSE OF  | (a) Category  |   | (b) Description               |                             |        |             |  |  |  |
| EXPENDITURE   | (See Categories listed at the top Advertising Expense                                     | of this schedule)   | Supplies for campaign         |                             |        |             |  |  |  |
| X Political   |   |   |                               |                             |        |             |  |  |  |
| Non-Political                                       | (c) Check if travel outside   | of Texas. Complete Schedule T.  | Check if Austin, TX,          | officeholder living expense | 9      |             |  |  |  |
| Complete ONLY if direct                             | Candidate/Officeholder  | name Office   | e sought                      | Office held                 |        |             |  |  |  |
| expenditure to benefit C/OH                         |   |   |                               |                             |        |             |  |  |  |
|   |   |   |                               |                             |        |             |  |  |  |

# SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Inst  | ruction Guide explains how     | to complete this form.                                       |                                  |             |              |
|---|---|--------------------------------|--|----------------------------------|-------------|--------------|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                |  | 3 Filer ID (Eth                  | ics Commiss | sion Filers) |
| Sch: 5/60 Rpt:  | Stucky, Lynn D. (Th                                   | ne Honorable)                  |  | 00080276                         |             |              |
| 4 CREDIT CARD ISSUER  | Name of final   | ncial institution              | 5 TOTAL OF UNITEM<br>EXPENDITURES<br>CHARGED TO A CF<br>CARD | \$                               |             |              |
| 6 PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card                                      | Issuer Paid                      |             |              |
|   | \$10.47   | 10/04/2023                     |  |                                  |             |              |
| 7 PAYEE   | (a) Payee name  |                                | (b) Payee address;   | City,                            | State,      | Zip Code     |
|   | Anala Food Mort                                       |                                | 800 Brazos St  |                                  |             |              |
|   | Ana's Food Mart                                       |                                | Ste 200  |                                  |             |              |
| A   |   |                                | Austin, TX 78701   |                                  |             |              |
|   |   |                                | (b) Description  |                                  |             |              |
| EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense |   |                                | Ice for meeting with   | Capitol staff                    |             |              |
| X Political   | T Ood/Beverage Expe                                   |                                |  |                                  |             |              |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T.              |   |                                | Check if Au  | stin, TX, officeholder living ex | pense       |              |
| 9 Complete ONLY if direct   | Candidate/Officeholder                                | name Office                    | e sought   | Office held                      |             |              |
| expenditure to benefit C/OH   |   |                                |  |                                  |             |              |
| PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card                                      | Issuer Paid                      |             |              |
| \$34.04 11/30/2023  |   | 11/30/2023                     |  |                                  |             |              |
| PAYEE   | (a) Payee name  | L                              | (b) Payee address;   | City,                            | State,      | Zip Code     |
|   | At Home Store   |                                | 2855 W University D  | )r                               |             |              |
|   |   |                                | Denton, TX 76201   |                                  |             |              |
| PURPOSE OF  | (a) Category  |                                | (b) Description  |                                  |             |              |
| EXPENDITURE   | (See Categories listed at the top Advertising Expense | of this schedule)              | Campaign supplies  |                                  |             |              |
| X Political   | Advertising Expense                                   |                                |  |                                  |             |              |
| Non-Political   | (c) Check if travel outside                           | of Texas. Complete Schedule T. | Check if Au  | stin, TX, officeholder living ex | pense       |              |
| Complete ONLY if direct   | Candidate/Officeholder                                | name Office                    | e sought   | Office held                      |             |              |
| expenditure to benefit C/OH   |   |                                |  |                                  |             |              |
| PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card                                      | Issuer Paid                      |             |              |
|   | \$31.91   | 07/18/2023                     |  |                                  |             |              |
| PAYEE   | (a) Payee name  | <u> </u>                       | (b) Payee address;   | City,                            | State,      | Zip Code     |
|   |   |                                | 1113 Halsell St  |                                  |             |              |
|   | Baja Street Mexica                                    | n Grill                        |  |                                  |             |              |
|   |   |                                | Bridgeport, TX 7642  | 6                                |             |              |
| PURPOSE OF  | (a) Category  |                                | (b) Description  |                                  |             |              |
| EXPENDITURE   | (See Categories listed at the top Food/Beverage Expe  | ,                              | Food for meeting with  |                                  | constituer  | nt to        |
| X Political   | - 1 Journe verage Expe                                | 1100                           | discuss legislative is                                       | ssues                            |             |              |
| Non-Political   | (C) Check if travel outside                           | of Texas. Complete Schedule T. | Check if Au  | stin, TX, officeholder living ex | pense       |              |
| Complete ONLY if direct   | Candidate/Officeholder                                | name Office                    | e sought   | Office held                      |             |              |
| expenditure to benefit C/OH   |   |                                |  |                                  |             |              |

# SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Instruction Guide explains how to complete this form. |   |                                 |   |  |                         |            |              |  |
|---|---|---|---------------------------------|---|--|-------------------------|------------|--------------|--|
| 1 | Total pages Schedule F4:                                  | 2 FILER NAME  |                                 |   |  | 3 Filer ID (Ethi        | cs Commiss | sion Filers) |  |
|   | Sch: 6/60 Rpt:  | Stucky, Lynn D. (Th                                       | Stucky, Lynn D. (The Honorable) |   |  | 00080276                |            |              |  |
| 4 | CREDIT CARD<br>ISSUER                                     | Name of final   | ncial institution               | EXPENDI   | F UNITEMIZED<br>TURES<br>D TO A CREDIT | \$                      |            |              |  |
| 6 | PAYMENT   | (a) Amount Charged  | (b) Date of Charge              | (c) Date(s) C   | redit Card Issuer                      | r Paid                  |            |              |  |
|   |   | \$33.55   | 09/04/2023                      |   |  |                         |            |              |  |
| 7 | PAYEE   | (a) Payee name  |                                 | (b) Payee ad  | dress;                                 | City,                   | State,     | Zip Code     |  |
|   |   | Big Lots  | Big Lots                        |   | 2249 S Loop 288                        |                         |            |              |  |
|   |   |   |                                 | Denton, TX  |  |                         |            |              |  |
| 8 | PURPOSE OF  | (a) Category  | of this cobodule)               | (b) Description   |  |                         |            |              |  |
|   | EXPENDITURE   | (See Categories listed at the top<br>Office Overhead/Rent |                                 | Supplies fo   | r Denton office                        |                         |            |              |  |
|   | X Political   |   |                                 |   |  |                         |            |              |  |
|   | Non-Political   | (c) Check if travel outside                               | of Texas. Complete Schedule T.  |   | Check if Austin, TX,                   | officeholder living exp | ense       |              |  |
| 9 | Complete ONLY if direct                                   | Candidate/Officeholder                                    | name Office                     | e sought  |  | Office held             |            |              |  |
| е | expenditure to benefit C/OH                               |   |                                 |   |  |                         |            |              |  |
|   | PAYMENT   | (a) Amount Charged  | (b) Date of Charge              | (c) Date(s) C   | redit Card Issuer                      | r Paid                  |            |              |  |
|   |   | \$75.00   | 08/16/2023                      |   |  |                         |            |              |  |
|   | PAYEE   | (a) Payee name  |                                 | (b) Payee ad  | dress;                                 | City,                   | State,     | Zip Code     |  |
|   |   | Bridgeport Chambe   | er of                           | 812 Halsell   | Ave                                    |                         |            |              |  |
|   |   |   |                                 | Bridgeport,   | TX 76426                               |                         |            |              |  |
|   | PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top            | of this schedule)               | (b) Description Fee for Officeholder and staff to attend luncheon |  |                         |            |              |  |
|   | X Political   | Fees  |                                 |   |  |                         |            |              |  |
|   | Non-Political   | (c) Check if travel outside                               | of Texas. Complete Schedule T.  |   | Check if Austin, TX,                   | officeholder living exp | ense       |              |  |
|   | Complete ONLY if direct                                   | Candidate/Officeholder                                    | name Office                     | e sought  | _                                      | Office held             |            |              |  |
| е | expenditure to benefit C/OH                               |   |                                 |   |  |                         |            |              |  |
|   | PAYMENT   | (a) Amount Charged  | (b) Date of Charge              | (c) Date(s) C   | redit Card Issuer                      | r Paid                  |            |              |  |
|   |   | \$15.00   | 09/08/2023                      |   |  |                         |            |              |  |
|   | PAYEE   | (a) Payee name  | <u> </u>                        | (b) Payee ad  | dress;                                 | City,                   | State,     | Zip Code     |  |
| l |   |   |                                 | 812 Halsell   | Ave                                    |                         |            |              |  |
|   |   | Bridgeport Chambe   | er of                           |   |  |                         |            |              |  |
|   |   |   |                                 | Bridgeport,   | TX 76426                               |                         |            |              |  |
|   | PURPOSE OF  | (a) Category  | -f.4b-i                         | (b) Description   |  |                         |            |              |  |
|   | EXPENDITURE   | (See Categories listed at the top                         | oi uiis scriedule)              | Fee for Dis   | trict staff to atte                    | end luncheon            |            |              |  |
|   | X Political   |   |                                 |   |  |                         |            |              |  |
| L | Non-Political   | (c) Check if travel outside                               | of Texas. Complete Schedule T.  |   | Check if Austin, TX,                   | officeholder living exp | ense       |              |  |
|   | Complete ONLY if direct                                   | Candidate/Officeholder                                    | name Office                     | e sought  |  | Office held             |            |              |  |
| е | expenditure to benefit C/OH                               |   |                                 |   |  |                         |            |              |  |

# SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|       |   | The Insti                                      | ruction Guide explains how     | to complete t   | his form.                                  |                         |            |              |
|-------|---|--|--------------------------------|---|--|-------------------------|------------|--------------|
| 1     | Total pages Schedule F4:                            | 2 FILER NAME                                   |                                |   |  | 3 Filer ID (Ethi        | cs Commiss | sion Filers) |
|       | Sch: 7/60 Rpt:                                      | Stucky, Lynn D. (Th                            | ne Honorable)                  |   |  | 00080276                |            |              |
| 4     | CREDIT CARD<br>ISSUER                               | Name of finar                                  | ncial institution              | EXPEN   | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                      |            |              |
| 6     | PAYMENT   | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s)   | Credit Card Issuer                         | r Paid                  |            |              |
|       |   | \$500.00                                       | 09/15/2023                     |   |  |                         |            |              |
| 7     | PAYEE   | (a) Payee name                                 |                                | (b) Payee a   | address;                                   | City,                   | State,     | Zip Code     |
|       |   | Bridgeport Chamber of 812 Halsell Ave          |                                |   |  |                         |            |              |
|       |   |  |                                |   | t, TX 76426                                |                         |            |              |
| 8     | PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descrip   |  | T                       |            |              |
|       |   | Contributions/Donatio                          |                                | Sponsors  | hip of Chamber <sup>-</sup>                | laste of Bridge         | eport      |              |
|       | X Political   | Candidate/Officeholde                          | er/Political Committee         |   |  |                         |            |              |
|       | Non-Political                                       | · · · · · · · · · · · · · · · · · · ·          | of Texas. Complete Schedule T. |   | Check if Austin, TX,                       | officeholder living exp | ense       |              |
|       | Complete ONLY if direct                             | Candidate/Officeholder                         | name Office                    | sought  |  | Office held             |            |              |
| e     | xpenditure to benefit C/OH                          | (-) A  | (l-) D-+                       | (-) D-+-(-)   | 0  | - D-id                  |            |              |
|       | PAYMENT   | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s)   | Credit Card Issuer                         | Pald                    |            |              |
|       |   | \$15.00  | 09/19/2023                     |   |  |                         |            |              |
| PAYEE |   | (a) Payee name                                 |                                | (b) Payee a   | address;                                   | City,                   | State,     | Zip Code     |
|       |   | Bridgeport Chambe                              | r of                           | 812 Halsell Ave   |  |                         |            |              |
|       |   |  |                                | Bridgepor   | t, TX 76426                                |                         |            |              |
|       | PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top | of this schedule)              | (b) Description Fee for District staff to attend Chamber luncheon |  |                         |            |              |
|       | X Political   | Fees   |                                |   |  |                         |            |              |
|       | Non-Political                                       | (C) Check if travel outside                    | of Texas. Complete Schedule T. |   | Check if Austin, TX,                       | officeholder living exp | ense       |              |
|       | Complete ONLY if direct                             | Candidate/Officeholder                         | name Office                    | sought  |  | Office held             |            |              |
| e     | xpenditure to benefit C/OH                          |  |                                |   |  |                         |            |              |
|       | PAYMENT   | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s)   | Credit Card Issuer                         | r Paid                  |            |              |
|       |   | \$50.00  | 12/06/2023                     |   |  |                         |            |              |
|       | PAYEE   | (a) Payee name                                 |                                | (b) Payee a   | address;                                   | City,                   | State,     | Zip Code     |
|       |   | Bridgeport Chembe                              | or of                          | 812 Halse   | ell Ave                                    |                         |            |              |
|       |   | Bridgeport Chambe                              | 1 01                           |   |  |                         |            |              |
|       |   |  |                                |   | t, TX 76426                                |                         |            |              |
|       | PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descrip   |  |                         |            |              |
|       | X Political   | Fees   | 50.100010)                     | Annuai m  | embership dues                             |                         |            |              |
|       | Non-Political                                       | (c) Check if travel outside                    | of Texas. Complete Schedule T. | . [   | Check if Austin, TX,                       | officeholder living exp | ense       |              |
| e     | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                         | name Office                    | e sought  | <del>_</del>                               | Office held             |            |              |
|       | •   |  |                                |   |  |                         |            |              |

# SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                             | The Instruction Guide explains how to complete this form. |                                |   |                             |               |  |  |  |  |  |
|-----------------------------|---|--------------------------------|---|-----------------------------|---------------|--|--|--|--|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                |   | 3 Filer ID (Ethics Commis   | ssion Filers) |  |  |  |  |  |
| Sch: 8/60 Rpt:              | Stucky, Lynn D. (Th                                       | ne Honorable)                  |   | 00080276                    |               |  |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER     | Name of final   | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                          |               |  |  |  |  |  |
| 6 PAYMENT                   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | r Paid                      |               |  |  |  |  |  |
|                             | \$62.42   | 07/24/2023                     |   |                             |               |  |  |  |  |  |
| 7 PAYEE                     | (a) Payee name (b) Payee address;                         |                                |   | City, State,                | Zip Code      |  |  |  |  |  |
|                             | Buc-ee's  |                                | 2800 S Interstate 35 E                                      |                             |               |  |  |  |  |  |
|                             |   |                                | Denton, TX 76210  |                             |               |  |  |  |  |  |
| 8 PURPOSE OF                | (a) Category  | of this calcadula)             | (b) Description   |                             |               |  |  |  |  |  |
| EXPENDITURE                 | (See Categories listed at the top Advertising Expense     | of this scriedule)             | Fuel for post driver to put                                 | up campaign signs           |               |  |  |  |  |  |
| X Political                 | · · · · · · · · · · · · · · · · · · ·                     |                                |   |                             |               |  |  |  |  |  |
| Non-Political               | (c) Check if travel outside                               | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense |               |  |  |  |  |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder                                    | name Office                    | e sought  | Office held                 |               |  |  |  |  |  |
| expenditure to benefit C/OH |   |                                |   |                             |               |  |  |  |  |  |
| PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | r Paid                      |               |  |  |  |  |  |
|                             | \$29.75   | 09/27/2023                     |   |                             |               |  |  |  |  |  |
| PAYEE                       | (a) Payee name  | L                              | (b) Payee address;  | City, State,                | Zip Code      |  |  |  |  |  |
|                             | Buc-ee's  |                                | 2800 S Interstate 35 E                                      |                             |               |  |  |  |  |  |
|                             |   |                                | Denton, TX 76210  |                             |               |  |  |  |  |  |
| PURPOSE OF                  | (a) Category  |                                | (b) Description   |                             |               |  |  |  |  |  |
| EXPENDITURE                 | (See Categories listed at the top <b>Event Expense</b>    | of this schedule)              | Ice for Cars and BBQ fundraising event                      |                             |               |  |  |  |  |  |
| X Political                 | Event Expense   |                                |   |                             |               |  |  |  |  |  |
| Non-Political               | (c) Check if travel outside                               | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense |               |  |  |  |  |  |
| Complete ONLY if direct     | Candidate/Officeholder                                    | name Office                    | e sought  | Office held                 |               |  |  |  |  |  |
| expenditure to benefit C/OH |   |                                |   |                             |               |  |  |  |  |  |
| PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | r Paid                      |               |  |  |  |  |  |
|                             | \$407.88  | 08/04/2023                     |   |                             |               |  |  |  |  |  |
| PAYEE                       | (a) Payee name  |                                | (b) Payee address;  | City, State,                | Zip Code      |  |  |  |  |  |
|                             |   |                                | 11525A Stonehollow Dr.                                      |                             |               |  |  |  |  |  |
|                             | Buildasign.com  |                                | Suite 100   |                             |               |  |  |  |  |  |
|                             |   |                                | Austin, TX 78758  |                             |               |  |  |  |  |  |
| PURPOSE OF                  | (a) Category  | of this cohodule)              | (b) Description   |                             |               |  |  |  |  |  |
| EXPENDITURE<br>             | (See Categories listed at the top Advertising Expense     | of this schedule)              | Campaign signs  |                             |               |  |  |  |  |  |
| X Political                 |   |                                |   |                             |               |  |  |  |  |  |
| Non-Political               | (c) Check if travel outside                               | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense |               |  |  |  |  |  |
| Complete ONLY if direct     | Candidate/Officeholder                                    | name Office                    | e sought  | Office held                 |               |  |  |  |  |  |
| expenditure to benefit C/OH |   |                                |   |                             |               |  |  |  |  |  |

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| Candidate/Onicerolden/Folitica          | · ·  | ruction Guide explains how     | to complete thi                    |  | THEN (enter a categ   | ory not listed at | bove)        |
|---|--|--------------------------------|------------------------------------|--|-----------------------|-------------------|--------------|
| 1 Total pages Schedule F4: 2 FILER NAME |  |                                |                                    |  | 3 Filer ID (Etl       | hics Commiss      | sion Filers) |
| Sch: 9/60 Rpt:                          | Stucky, Lynn D. (Th                                | ne Honorable)                  |                                    |  | 00080276              |                   |              |
| 4 CREDIT CARD<br>ISSUER                 | Name of final                                      | ncial institution              | EXPENDI                            | F UNITEMIZED<br>TURES<br>D TO A CREDIT | \$                    |                   |              |
| 6 PAYMENT                               | (a) Amount Charged                                 | (b) Date of Charge             | (c) Date(s) C                      | redit Card Issuer                      | r Paid                |                   |              |
|   | \$185.49   | 10/09/2023                     |                                    |  |                       |                   |              |
| 7 PAYEE                                 | (a) Payee name                                     | •                              | (b) Payee ad                       | dress;                                 | City,                 | State,            | Zip Code     |
|   |  |                                | 11525A Sto                         | onehollow Dr.                          |                       |                   |              |
|   | Buildasign.com                                     |                                | Suite 100                          |  |                       |                   |              |
|   |  |                                | Austin, TX                         | 78758                                  |                       |                   |              |
| 8 PURPOSE OF                            | (a) Category                                       |                                | (b) Description                    | on                                     |                       |                   |              |
| EXPENDITURE                             | (See Categories listed at the top                  | of this schedule)              | Campaign                           | signs                                  |                       |                   |              |
| X Political                             | Advertising Expense                                |                                |                                    |  |                       |                   |              |
| Non-Political                           | (c) Check if travel outside                        | of Texas. Complete Schedule T. |                                    | Check if Austin, TX,                   | officeholder living e | xpense            |              |
| 9 Complete ONLY if direct               | Candidate/Officeholder                             |                                | e sought                           | 1                                      | Office held           |                   |              |
| expenditure to benefit C/OH             |  |                                | -                                  |  |                       |                   |              |
| PAYMENT                                 | (a) Amount Charged                                 | (b) Date of Charge             | (c) Date(s) C                      | redit Card Issuer                      | r Paid                |                   |              |
|   | \$1,000.00   | 10/30/2023                     |                                    |  |                       |                   |              |
| PAYEE                                   | (a) Payee name                                     |                                | (b) Payee ad                       | dress;                                 | City,                 | State,            | Zip Code     |
|   |  |                                | 1854 Cain                          |  | •                     |                   | ·            |
|   | Children's Advocac                                 | y Center for                   |                                    |  |                       |                   |              |
|   |  |                                | Lewisville,                        | TX 75077                               |                       |                   |              |
| PURPOSE OF                              | (a) Category                                       |                                | (b) Description                    |  |                       |                   |              |
| EXPENDITURE                             | (See Categories listed at the top                  |                                | Fee for sponsorship of annual gala |  |                       |                   |              |
| X Political                             | Contributions/Donation Candidate/Officeholde       |                                |                                    |  |                       |                   |              |
| Non-Political                           |  | of Texas. Complete Schedule T. | Ι Γ                                | Check if Austin, TX,                   | officeholder living e | xpense            |              |
| Complete ONLY if direct                 | Candidate/Officeholder                             | name Offic                     | e sought                           | •                                      | Office held           |                   |              |
| expenditure to benefit C/OH             |  |                                |                                    |  |                       |                   |              |
| PAYMENT                                 | (a) Amount Charged                                 | (b) Date of Charge             | (c) Date(s) C                      | redit Card Issuer                      | r Paid                |                   |              |
|   | \$250.00   | 11/29/2023                     |                                    |  |                       |                   |              |
| PAYEE                                   | (a) Payee name                                     |                                | (b) Payee ad                       | dress:                                 | City,                 | State,            | Zip Code     |
|   | (3) . 4) 55  |                                | 1854 Cain                          |  | J,                    | Juno,             | p 0000       |
|   | Children's Advocac                                 | y Center for                   | 1004 04111                         | Dilve                                  |                       |                   |              |
|   |  |                                | Lewisville,                        | TX 75077                               |                       |                   |              |
| PURPOSE OF                              | (a) Category                                       |                                | (b) Description                    |  |                       |                   |              |
| EXPENDITURE                             | (See Categories listed at the top                  |                                |                                    | charitable cont                        | ribution              |                   |              |
| X Political                             | Contributions/Donation Candidate/Officeholde       | - · · · · · ·                  |                                    |  |                       |                   |              |
| Non-Political                           |  | of Texas. Complete Schedule T. |                                    | Check if Austin, TX,                   | officeholder living o | ynonco            |              |
| Complete ONLY if direct                 | (c) Check if travel outside Candidate/Officeholder | <u> </u>                       |                                    | Crieck ii Austili, TX,                 | Office held           | vhelise           |              |
| expenditure to benefit C/OH             | Sandado Sinocholdel                                |                                | o oougiit                          |  | Omoc nou              |                   |              |
| and the position of other               | l  |                                |                                    |  |                       |                   |              |

### SCHEDULE F4

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

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

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

Printing Expense

|                             | Candidate/Officerolder/Folitica                           |   | ruction Guide explains how     | •   | THEN (enter a category not listed a     | .bove)   |  |  |
|-----------------------------|---|---|--------------------------------|---|---|----------|--|--|
| 1                           | Total pages Schedule F4:                                  | 2 FILER NAME  | 3 Filer ID (Ethics Commiss     | sion Filers)  |   |          |  |  |
|                             | Sch: 10/60 Rpt:   | Stucky, Lynn D. (Th                                       | ne Honorable)                  |   | 00080276                                |          |  |  |
| 4                           | CREDIT CARD<br>ISSUER                                     |   | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                                      |          |  |  |
| 6                           | PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Paid                                  |          |  |  |
|                             |   | \$43.30   | 10/11/2023                     |   |   |          |  |  |
| 7                           | PAYEE   | (a) Payee name  Capitol Extension C                       | Gift Shop                      | (b) Payee address;<br>1400 Congress Ave<br>Austin, TX 78701 | City, State,                            | Zip Code |  |  |
| 8                           | PURPOSE OF  | (a) Category  |                                | (b) Description   |   |          |  |  |
|                             | EXPENDITURE  X Political                                  | (See Categories listed at the top<br>Gift/Awards/Memorial |                                | Gifts for staff, volunteers a                               | and constituents                        |          |  |  |
|                             | Non-Political   | (c) Check if travel outside                               | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense             |          |  |  |
| 9                           | Complete ONLY if direct                                   | Candidate/Officeholder                                    | name Office                    | e sought  | Office held                             |          |  |  |
| е                           | xpenditure to benefit C/OH                                |   |                                |   |   |          |  |  |
| PAYMENT                     |   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Paid                                  |          |  |  |
|                             |   | \$189.44  | 10/19/2023                     |   |   |          |  |  |
|                             | PAYEE   | (a) Payee name  |                                | (b) Payee address;  | City, State,                            | Zip Code |  |  |
|                             |   | Capitol Extension 0                                       | Gift Shop                      | 1400 Congress Ave   |   |          |  |  |
| L                           |   |   |                                | Austin, TX 78701  |   |          |  |  |
| l                           | PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top            | of this schedule)              | (b) Description   |   |          |  |  |
|                             | X Political   | Gift/Awards/Memorial                                      |                                | Gifts for staff, volunteers a                               | and constituents                        |          |  |  |
|                             | Non-Political   | () <b>[</b> ]   |                                | <u> </u>  |   |          |  |  |
| ⊢                           |   | (c) Check if travel outside Candidate/Officeholder        | of Texas. Complete Schedule T. | e sought  | officeholder living expense Office held |          |  |  |
| е                           | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeriolder                                   | name Office                    | e sought  | Office field                            |          |  |  |
|                             | PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Paid                                  |          |  |  |
|                             |   | \$162.38  | 11/07/2023                     |   |   |          |  |  |
|                             | PAYEE   | (a) Payee name  |                                | (b) Payee address;  | City, State,                            | Zip Code |  |  |
| Capitol Extension Gift Shop |   | 1400 Congress Ave   |                                |   |   |          |  |  |
| 1                           |   |   |                                | Austin, TX 78701  |   |          |  |  |
| Г                           | PURPOSE OF  | (a) Category  |                                | (b) Description   |   |          |  |  |
|                             | EXPENDITURE   | (See Categories listed at the top Gift/Awards/Memorial    | •                              | Gifts for staff, volunteers a                               | and constituents                        |          |  |  |
| l                           | X Political   | Oney war do, women an                                     | io Expono                      |   |   |          |  |  |
| L                           | Non-Political   | (c) Check if travel outside                               | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense             |          |  |  |
| е                           | Complete ONLY if direct xpenditure to benefit C/OH        | Candidate/Officeholder                                    | name Office                    | e sought  | Office held                             |          |  |  |
|                             |   |   |                                |   |   |          |  |  |

# SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

| Candidate/Officeholder/Politica       |  |                                | laries/Wages/Cont  |                        | THER (enter a catego   | ory not listed al | bove)      |
|---------------------------------------|--|--------------------------------|--|------------------------|------------------------|-------------------|------------|
| 4. Tatal as a second of Education 54. |  | ruction Guide explains how     | to complete tr   | iis iorm.              | a File ID (Fth         | .: 0:             | -: =::     |
| 1 Total pages Schedule F4:            |  |                                |  | 3 Filer ID (Eth        | lics Commiss           | sion Filers)      |            |
| Sch: 11/60 Rpt:                       | 2        |                                |  | 00080276               |                        |                   |            |
| 4 CREDIT CARD ISSUER                  | Name of finar                                  | ncial institution              |  | OF UNITEMIZED DITURES  | \$                     |                   |            |
| ISSUER                                |  |                                |  | ED TO A CREDIT         |                        |                   |            |
|                                       |  |                                | CARD   |                        |                        |                   |            |
| 6 PAYMENT                             | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s)  | Credit Card Issue      | r Paid                 |                   |            |
|                                       | \$144.00                                       | 09/15/2023                     |  |                        |                        |                   |            |
|                                       |  |                                |  |                        |                        |                   |            |
| 7 PAYEE                               | (a) Payee name                                 |                                | (b) Payee a  | ıddress;               | City,                  | State,            | Zip Code   |
|                                       |  |                                | 2708 FM 5  | 51                     |                        |                   |            |
|                                       | Casa Torres Mexica                             | an Restaurant                  |  |                        |                        |                   |            |
|                                       |  |                                | Decatur, 7   | TX 76234               |                        |                   |            |
| 8 PURPOSE OF                          | (a) Category                                   |                                | (b) Descript   |                        |                        |                   |            |
| EXPENDITURE                           | (See Categories listed at the top              |                                | Food for n   | neeting betweer        | n officeholder         | and const         | ituents    |
| X Political                           | Food/Beverage Expe                             | nse                            |  |                        |                        |                   |            |
| Non-Political                         | (c) Check if travel outside                    | of Texas. Complete Schedule T. | Г  | Check if Austin TX     | officeholder living ex | mense             |            |
| 9 Complete ONLY if direct             | Candidate/Officeholder                         |                                | e sought   | Check ii Addilli, 174, | Office held            | фензе             |            |
| expenditure to benefit C/OH           | Gariaracco, Ginicornolaci                      | name omo                       | o oougin   |                        | Omoc noid              |                   |            |
| PAYMENT                               | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s)  | Credit Card Issue      | r Paid                 |                   |            |
| ''                                    |  |                                | (0) Dato(0)  | ordan dara 15546       | . r cac                |                   |            |
|                                       | \$54.64  | 12/03/2023                     |  |                        |                        |                   |            |
| PAYEE                                 | (a) Dayoo nama                                 |                                | (b) Dayon a  | uddrocc:               | City                   | Ctoto             | Zip Code   |
| TAILE                                 | (a) Payee name                                 |                                | (b) Payee a  |                        | City,                  | State,            | Zip Code   |
|                                       | Cheddars                                       |                                | 3240 N III   | terstate 35            |                        |                   |            |
|                                       |  |                                | Denton, T  | V 76201                |                        |                   |            |
| PURPOSE OF                            | (a) Category                                   |                                | (b) Descript   |                        |                        |                   |            |
| EXPENDITURE                           | (See Categories listed at the top              | of this schedule)              | Food for meeting between District Director and constituent   |                        |                        | onstituent        |            |
| X Political                           | Food/Beverage Expe                             | nse                            | Food for frieeding between District Director and Constituent |                        |                        |                   | on outdone |
| I <u>=</u>                            |  |                                |  | _                      |                        |                   |            |
| Non-Political                         | (1)  | of Texas. Complete Schedule T. |  | Check if Austin, TX,   | officeholder living ex | pense             |            |
| Complete ONLY if direct               | Candidate/Officeholder                         | name Offic                     | e sought   |                        | Office held            |                   |            |
| expenditure to benefit C/OH           | ( ) 4 ( ) 4                                    | [ (1) D ( ) (0)                | 1() 5 ( ()   | 0 1: 0 11              | 5 :1                   |                   |            |
| PAYMENT                               | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s)  | Credit Card Issue      | r Paid                 |                   |            |
|                                       | \$131.72                                       | 08/30/2023                     |  |                        |                        |                   |            |
|                                       |  |                                |  |                        |                        |                   |            |
| PAYEE                                 | (a) Payee name                                 |                                | (b) Payee a  | ıddress;               | City,                  | State,            | Zip Code   |
|                                       | Coopers Copies                                 |                                | 1014 Dalla   | as Dr                  |                        |                   |            |
|                                       | Coopers Copies                                 |                                |  |                        |                        |                   |            |
|                                       |  |                                | Denton, T  |                        |                        |                   |            |
| PURPOSE OF                            | (a) Category (See Categories listed at the top | of this schodule)              | (b) Descript   |                        |                        |                   |            |
| EXPENDITURE                           | Advertising Expense                            | or and somedule)               | Campaign   | inserts for loca       | ı newspaper            |                   |            |
| X Political                           | 9 = 4 = 100                                    |                                |  |                        |                        |                   |            |
| Non-Political                         | (C) Check if travel outside                    | of Texas. Complete Schedule T. |  | Check if Austin, TX,   | officeholder living ex | pense             |            |
| Complete ONLY if direct               | Candidate/Officeholder                         | name Offic                     | e sought   | <del></del>            | Office held            |                   |            |
| expenditure to benefit C/OH           |  |                                |  |                        |                        |                   |            |
|                                       |  |                                |  |                        |                        |                   |            |

### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

|  | Candidate/Officerolder/Folitica                    | ŭ   | ruction Guide explains how                       | to complete th                       |  | TTIER (enter a categor  | y not listed a | bove)        |  |  |
|--|--|---|--|--------------------------------------|--|-------------------------|----------------|--------------|--|--|
| 1  | Total pages Schedule F4:                           |   | <u> </u>   | •                                    |  | 3 Filer ID (Ethic       | s Commis       | sion Filers) |  |  |
|  | Sch: 12/60 Rpt:                                    | Stucky, Lynn D. (Th                                   | ne Honorable)                                    |                                      |  | 00080276                |                | ,            |  |  |
| 4  | CREDIT CARD<br>ISSUER                              |   | ncial institution                                | EXPEND                               | DF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                      |                |              |  |  |
| 6  | PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge                               | (c) Date(s) (                        | Credit Card Issue                          | r Paid                  |                |              |  |  |
|  |  | \$179.38  | 09/27/2023                                       |                                      |  |                         |                |              |  |  |
| 7  | PAYEE  | (a) Payee name  |  | (b) Payee a                          | ddress;                                    | City,                   | State,         | Zip Code     |  |  |
|  |  | Coopers Copies  |  | 1014 Dalla                           | as Dr                                      |                         |                |              |  |  |
| L  |  |   |  | Denton, T                            |  |                         |                |              |  |  |
| 8  | PURPOSE OF EXPENDITURE                             | (a) Category (See Categories listed at the top        | of this schodulo)                                | (b) Descripti                        |  |                         |                |              |  |  |
|  |  | Advertising Expense                                   | of this schedule)                                | Campaign inserts for local newspaper |  |                         |                |              |  |  |
|  | x Political  |   |  |                                      |  |                         |                |              |  |  |
|  | Non-Political                                      | (c) Check if travel outside                           | of Texas. Complete Schedule T.                   |                                      | Check if Austin, TX,                       | officeholder living exp | ense           |              |  |  |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sough |  |   | e sought   |                                      | Office held                                |                         |                |              |  |  |
| е  | xpenditure to benefit C/OH                         |   |  |                                      |  |                         |                |              |  |  |
|  | PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge                               | (c) Date(s) (                        | Credit Card Issue                          | r Paid                  |                |              |  |  |
|  |  | \$436.86  | 10/05/2023                                       |                                      |  |                         |                |              |  |  |
|  | PAYEE  | (a) Payee name  | •  | (b) Payee a                          | ddress;                                    | City,                   | State,         | Zip Code     |  |  |
|  |  | Coopers Copies  |  | 1014 Dalla                           | as Dr                                      |                         |                |              |  |  |
|  |  |   |  | Denton, T                            | X 76205                                    |                         |                |              |  |  |
|  | PURPOSE OF   | (a) Category  |  | (b) Descripti                        | ion  |                         |                |              |  |  |
|  | EXPENDITURE  |   | e Categories listed at the top of this schedule) |                                      | campaign                                   |                         |                |              |  |  |
|  | X Political  | Advertising Expense                                   |  |                                      |  |                         |                |              |  |  |
|  | Non-Political                                      | (c) Check if travel outside                           | of Texas. Complete Schedule T.                   | Γ                                    | Check if Austin, TX,                       | officeholder living exp | ense           |              |  |  |
|  | Complete ONLY if direct                            | Candidate/Officeholder                                | name Office                                      | e sought                             |  | Office held             |                |              |  |  |
| е  | xpenditure to benefit C/OH                         |   |  |                                      |  |                         |                |              |  |  |
| Г  | PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge                               | (c) Date(s) (                        | Credit Card Issue                          | r Paid                  |                |              |  |  |
|  |  | \$89.17   | 11/09/2023                                       |                                      |  |                         |                |              |  |  |
| Г  | PAYEE  | (a) Payee name  |  | (b) Payee a                          | ddress;                                    | City,                   | State,         | Zip Code     |  |  |
|  |  |   |  | 1014 Dalla                           | as Dr                                      |                         |                |              |  |  |
|  |  | Coopers Copies  |  |                                      |  |                         |                |              |  |  |
|  |  |   |  | Denton, T                            | X 76205                                    |                         |                |              |  |  |
|  | PURPOSE OF   | (a) Category  | of this cohodule)                                | (b) Descripti                        |  |                         |                |              |  |  |
|  | EXPENDITURE  | (See Categories listed at the top Advertising Expense | or uns scriedule)                                | Campaign                             | inserts for loca                           | I newspaper             |                |              |  |  |
|  | X Political  |   |  |                                      |  |                         |                |              |  |  |
| L  | Non-Political                                      | (c) Check if travel outside                           | of Texas. Complete Schedule T.                   |                                      | Check if Austin, TX,                       | officeholder living exp | ense           |              |  |  |
| е  | Complete ONLY if direct xpenditure to benefit C/OH | name Office   | e sought   |                                      | Office held                                |                         |                |              |  |  |
|  |  | •   |  |                                      |  |                         |                |              |  |  |

### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

|                             |  | The Inst   | ruction Guide explains how     | to complete  | this form.                                   | (* ** ** ****************************** | ,        | ,            |
|-----------------------------|--|--|--------------------------------|--|--|---|----------|--------------|
| 1                           | Total pages Schedule F4:                                   | 2 FILER NAME   |                                |  |  | 3 Filer ID (Ethic                       | s Commis | sion Filers) |
|                             | Sch: 13/60 Rpt:  | Stucky, Lynn D. (Th                                    | ne Honorable)                  |  |  | 00080276                                |          |              |
| 4                           | CREDIT CARD<br>ISSUER                                      | Name of final  | ncial institution              | EXPEN  | OF UNITEMIZED<br>IDITURES<br>GED TO A CREDIT | \$                                      |          |              |
| 6                           | PAYMENT  | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s   | ) Credit Card Issue                          | r Paid                                  |          |              |
|                             |  | \$400.00   | 08/03/2023                     |  |  |   |          |              |
| 7                           | PAYEE  | (a) Payee name  Decatur Chamber of                     | of Commerce                    | (b) Payee<br>106 S Tr                                    | inity St                                     | City,                                   | State,   | Zip Code     |
| Ļ                           | DUDDOCE OF   | (a) Category   |                                | (b) Descri   | TX 76234                                     |   |          |              |
| 8                           | PURPOSE OF<br>EXPENDITURE                                  | (See Categories listed at the top                      | of this schedule)              |  | ship for Chamber                             | fundraising ev                          | ent      |              |
|                             | X Political  | Contributions/Donatio                                  |                                | Оропоот  | omp for Chamber                              | randraising ev                          | CIT      |              |
|                             | Non-Political  | <b>—</b>   | er/Political Committee         |  |  |   |          |              |
| 9                           | Complete ONLY if direct                                    | (c) Check if travel outside Candidate/Officeholder     | of Texas. Complete Schedule T. | e sought   | Check if Austin, TX,                         | Office held                             | ense     |              |
| expenditure to benefit C/OH |  |  |                                | Office field   |  |   |          |              |
| H                           | PAYMENT  | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s   | ) Credit Card Issue                          | r Paid                                  |          |              |
|                             |  | \$100.00   | 08/16/2023                     |  | •  |   |          |              |
|                             | PAYEE  | (a) Payee name   |                                | (b) Payee  | address;                                     | City,                                   | State,   | Zip Code     |
|                             |  | Decatur Chamber o                                      | of Commerce                    | 106 S Tr   | inity St                                     |   |          |              |
|                             |  |  |                                | Decatur,   | TX 76234                                     |   |          |              |
|                             | PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top Fees    | of this schedule)              | (b) Descri<br>Fee for C                                  | ption<br>Officeholder and s                  | staff to attend C                       | hamber   | luncheon     |
|                             | X Political  |  |                                |  |  |   |          |              |
|                             | Non-Political  | ` ' =  | of Texas. Complete Schedule T. |  | Check if Austin, TX,                         | officeholder living exp                 | ense     |              |
| e                           | Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder                                 | name Office                    | e sought   |  | Office held                             |          |              |
|                             | PAYMENT  | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s   | ) Credit Card Issue                          | r Paid                                  |          |              |
|                             |  | \$20.00  | 09/14/2023                     |  |  |   |          |              |
|                             | PAYEE  | (a) Payee name   | •                              | (b) Payee  | address;                                     | City,                                   | State,   | Zip Code     |
|                             |  | Decatur Chamber o                                      | of Commerce                    | 106 S Tr   | inity St                                     |   |          |              |
| L                           |  |  |                                | Decatur,   | TX 76234                                     |   |          |              |
|                             | PURPOSE OF EXPENDITURE                                     | RE (See Categories listed at the top of this schedule) |                                | (b) Description Fee for staff to attend Chamber luncheon |  |   |          |              |
|                             | X Political  | Fees   |                                |  |  |   |          |              |
|                             | Non-Political  | (c) Check if travel outside                            | of Texas. Complete Schedule T. | •  | Check if Austin, TX,                         | officeholder living exp                 | ense     |              |
|                             | Complete ONLY if direct Candidate/Officeholder name Office |  |                                |  | ·  | Office held                             |          |              |
| E                           | expenditure to benefit C/OH                                |  |                                |  |  |   |          |              |
| l _                         |  |  |                                |  |  |   |          | <u></u>      |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Inst  | ruction Guide explains how     | to complete th                                 | is form.                                  |  |           |              |  |
|---|---|--------------------------------|--|---|--|-----------|--------------|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                |  |   | 3 Filer ID (Ethic  | s Commiss | sion Filers) |  |
| Sch: 14/60 Rpt:   | Stucky, Lynn D. (Th   | ne Honorable)                  |  |   | 00080276   |           |              |  |
| 4 CREDIT CARD<br>ISSUER   | Name of fina  | ncial institution              | EXPEND   | OF UNITEMIZED<br>ITURES<br>ED TO A CREDIT | \$   |           |              |  |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) (                                  | Credit Card Issuer                        | Paid   |           |              |  |
|   | \$20.00   | 09/26/2023                     |  |   |  |           |              |  |
| 7 PAYEE   | (a) Payee name  | -                              | (b) Payee a                                    | ddress;                                   | City,  | State,    | Zip Code     |  |
|   | Decatur Chamber o   | of Commerce                    | 106 S Trin                                     |   |  |           |              |  |
|   | ( ) 0 :   |                                | Decatur, T                                     |   |  |           |              |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top                          | of this schedule)              | (b) Descripti                                  | on<br>ıff to attend Cha                   | mbor lunchoor  | 2         |              |  |
| X Political   | Fees  | ,                              | ree ioi sta                                    | iii to atteriu Cria                       | umber idricheor  |           |              |  |
| Non-Political   | (c) Check if travel outside   | of Texas. Complete Schedule T. |  | Check if Austin, TX,                      | officeholder living exp                                  | ense      |              |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder  | name Office                    | e sought                                       |   | Office held  |           |              |  |
| expenditure to benefit C/OH   |   |                                |  |   |  |           |              |  |
| PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card I |   |                                | Credit Card Issuer                             | Paid                                      |  |           |              |  |
|   | \$350.00  | 09/14/2023                     |  |   |  |           |              |  |
| PAYEE   | (a) Payee name  | •                              | (b) Payee a                                    | ddress;                                   | City,  | State,    | Zip Code     |  |
|   | Donton Chambar a  | f Commoroo                     | 414 W Par                                      | kway St                                   |  |           |              |  |
|   | Denton Chamber o  | Commerce                       |  |   |  |           |              |  |
|   |   |                                | Denton, T                                      |   |  |           |              |  |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top Fees                     | of this schedule)              | (b) Description Annual Chamber membership dues |   |  |           |              |  |
| X Political   | 1 000   |                                |  |   |  |           |              |  |
| Non-Political   | (C) Check if travel outside   | of Texas. Complete Schedule T. |  | Check if Austin, TX,                      | officeholder living exp                                  | ense      |              |  |
| Complete ONLY if direct   | Candidate/Officeholder  | name Offic                     | e sought                                       |   | Office held  |           |              |  |
| expenditure to benefit C/OH   |   |                                |  |   |  |           |              |  |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) (                                  | Credit Card Issue                         | Paid   |           |              |  |
|   | \$150.00  | 12/04/2023                     |  |   |  |           |              |  |
| PAYEE   | (a) Payee name  | ı                              | (b) Payee a                                    | ddress;                                   | City,  | State,    | Zip Code     |  |
|   |   |                                | 414 W Par                                      | kway St                                   |  |           |              |  |
|   | Denton Chamber o  | f Commerce                     |  |   |  |           |              |  |
|   |   |                                | Denton, T                                      | X 76202                                   |  |           |              |  |
| PURPOSE OF  | (a) Category  | of this cohodula)              | (b) Descripti                                  |   |  |           |              |  |
| EXPENDITURE   | (See Categories listed at the top Fees                                  | of this scriedule)             | Fee for Off                                    | ficeholder and s                          | staff to attend C  | hamber    | legislative  |  |
| X Political   |   |                                | iuncheon                                       |   |  |           |              |  |
| Non-Political   | Non-Political (c) Check if travel outside of Texas. Complete Schedule T |                                |  |   | dule T. Check if Austin, TX, officeholder living expense |           |              |  |
| Complete ONLY if direct   | Candidate/Officeholder  | name Office                    | e sought                                       |   | Office held  |           |              |  |
| expenditure to benefit C/OH   |   |                                |  |   |  |           |              |  |

# SCHEDULE F4

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

| Candidate/Officenoider/Politica                            | -  | ruction Guide explains how     |  | THER (enter a category not listed above) |
|--|--|--------------------------------|--|--|
| 1 Total pages Schedule F4:                                 | 2 FILER NAME   |                                |  | 3 Filer ID (Ethics Commission Filers)    |
| Sch: 15/60 Rpt:  | Stucky, Lynn D. (Th  | ne Honorable)                  |  | 00080276                                 |
| 4 CREDIT CARD<br>ISSUER                                    |  | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD            | \$                                       |
| 6 PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issuer   | r Paid                                   |
|  | \$364.90   | 10/24/2023                     |  |  |
| 7 PAYEE  | (a) Payee name  Denton County Rep  | oublican Party                 | (b) Payee address;<br>2921 Country Club Rd<br>#102<br>Denton, TX 76210 | City, State, Zip Code                    |
| 8 PURPOSE OF   | (a) Category   | -f.4l-:ll1-\                   | (b) Description  |  |
| EXPENDITURE  X Political                                   | (See Categories listed at the top<br>Contributions/Donatic<br>Candidate/Officehold |                                | Fee for sponsorship of DC  | CRP volunteer appreciation lunch         |
| Non-Political  | (C) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX,   | officeholder living expense              |
| 9 Complete ONLY if direct Candidate/Officeholder name Offi |  |                                | e sought   | Office held                              |
| expenditure to benefit C/OH                                |  |                                |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                                   |
|  | \$55.00  | 08/16/2023                     |  |  |
| PAYEE  | (a) Payee name   | •                              | (b) Payee address;   | City, State, Zip Code                    |
|  | Denton Republican Women's  |                                | PO Box 2624  |  |
|  |  |                                | Denton, TX 76202   |  |
| PURPOSE OF<br>EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule)                   |                                | (b) Description  |  |
|  | Fees   | Fee for Officehold             |  | spouse membership dues                   |
| X Political  |  |                                |  |  |
| Non-Political  | (*) <b>L</b>   | of Texas. Complete Schedule T. | <u> </u>   | officeholder living expense              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder   | name Office                    | e sought   | Office held                              |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                                   |
|  | \$30.00  | 12/06/2023                     |  |  |
| PAYEE  | (a) Payee name   |                                | (b) Payee address;   | City, State, Zip Code                    |
|  | Denton Republican  | Women's                        | PO Box 2624  |  |
|  |  |                                | Denton, TX 76202   |  |
| PURPOSE OF   | (a) Category   | -f.4b-ibb                      | (b) Description  |  |
| EXPENDITURE  | (See Categories listed at the top  | of this scriedule)             | Fee for District staff memb  | bership dues                             |
| X Political  |  |                                |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX,   | officeholder living expense              |
| Complete ONLY if direct                                    | Complete ONLY if direct Candidate/Officeholder name Office                         |                                |  | Office held                              |
| expenditure to benefit C/OH                                | xpenditure to benefit C/OH   |                                |  |  |
|  |  |                                |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

|                             | The Instruction Guide explains how to complete this form.                      |                                |  |                           |            |              |  |  |  |  |
|-----------------------------|--|--------------------------------|--|---------------------------|------------|--------------|--|--|--|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME   |                                |  | 3 Filer ID (Ethio         | cs Commiss | sion Filers) |  |  |  |  |
| Sch: 16/60 Rpt:             | Stucky, Lynn D. (Th  | ne Honorable)                  |  | 00080276                  |            |              |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER     | Name of fina   | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$                        |            |              |  |  |  |  |
| 6 PAYMENT                   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Paid                   |            |              |  |  |  |  |
|                             | \$92.77  | 11/20/2023                     |  |                           |            |              |  |  |  |  |
| 7 PAYEE                     | (a) Payee name  Denton Trophy Hou  | use                            | (b) Payee address;<br>201 S Elm St                                   | City,                     | State,     | Zip Code     |  |  |  |  |
|                             |  |                                | Denton, TX 76201   |                           |            |              |  |  |  |  |
| 8 PURPOSE OF EXPENDITURE    | (a) Category (See Categories listed at the top                                 | of this schedule)              | (b) Description  |                           |            |              |  |  |  |  |
| l <u> </u>                  | Advertising Expense  | or and concadio,               | Campaign supplies  |                           |            |              |  |  |  |  |
| X Political                 |  |                                |  |                           |            |              |  |  |  |  |
| Non-Political               | \ \frac{1}{2} \ \frac{1}{2} \  | of Texas. Complete Schedule T. |  | , officeholder living exp | ense       |              |  |  |  |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder   | name Office                    | e sought   | Office held               |            |              |  |  |  |  |
| expenditure to benefit C/OH | (a) Amount Charged   | (b) Data of Charge             | (a) Data(a) Cradit Card Issue  | r Doid                    |            |              |  |  |  |  |
| PAYMENT                     | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Palu                   |            |              |  |  |  |  |
|                             | \$142.01   | 07/04/2023                     |  |                           |            |              |  |  |  |  |
| PAYEE                       | (a) Payee name   | L                              | (b) Payee address;   | City,                     | State,     | Zip Code     |  |  |  |  |
|                             | Direct TV  |                                | PO Box 105249  |                           |            |              |  |  |  |  |
|                             |  |                                | Atlanta, GA 30348  |                           |            |              |  |  |  |  |
| PURPOSE OF                  | (a) Category   |                                | (b) Description  |                           |            |              |  |  |  |  |
| EXPENDITURE                 | (See Categories listed at the top  |                                | Cable TV for District office in Denton                               |                           |            |              |  |  |  |  |
| X Political                 | Office Overhead/Ren  | iai Expense                    |  |                           |            |              |  |  |  |  |
| Non-Political               | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX  | , officeholder living exp | ense       |              |  |  |  |  |
| Complete ONLY if direct     | Candidate/Officeholder   | name Office                    | e sought   | Office held               |            |              |  |  |  |  |
| expenditure to benefit C/OH |  |                                |  |                           |            |              |  |  |  |  |
| PAYMENT                     | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Paid                   |            |              |  |  |  |  |
|                             | \$142.01   | 08/04/2023                     |  |                           |            |              |  |  |  |  |
| PAYEE                       | (a) Payee name   | l                              | (b) Payee address;   | City,                     | State,     | Zip Code     |  |  |  |  |
|                             |  |                                | PO Box 105249  |                           |            |              |  |  |  |  |
|                             | Direct TV  |                                |  |                           |            |              |  |  |  |  |
|                             |  |                                | Atlanta, GA 30348  |                           |            |              |  |  |  |  |
| PURPOSE OF                  | (a) Category   |                                | (b) Description  |                           |            |              |  |  |  |  |
| EXPENDITURE                 | (See Categories listed at the top  Office Overhead/Ren                         |                                | Cable TV for District office   | e in Denton               |            |              |  |  |  |  |
| X Political                 | X Political Office Overhead/Nertal Expense                                     |                                |  |                           |            |              |  |  |  |  |
| Non-Political               | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check |                                |  | , officeholder living exp | ense       |              |  |  |  |  |
| Complete ONLY if direct     | Candidate/Officeholder   | name Office                    | e sought   | Office held               |            |              |  |  |  |  |
| expenditure to benefit C/OH |  |                                |  |                           |            |              |  |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   |   | The Inst   | ruction Guide explains how     | to complete thi  | is form.                                |                         |           |              |
|---|---|--|--------------------------------|--|---|-------------------------|-----------|--------------|
| 1 | Total pages Schedule F4:                            | 2 FILER NAME   |                                |  |   | 3 Filer ID (Ethio       | cs Commis | sion Filers) |
|   | Sch: 17/60 Rpt:                                     | Stucky, Lynn D. (Th                                      | ne Honorable)                  |  |   | 00080276                |           |              |
| 4 | CREDIT CARD<br>ISSUER                               | Name of fina   | ncial institution              | EXPEND   | F UNITEMIZED<br>ITURES<br>D TO A CREDIT | \$                      |           |              |
| 6 | PAYMENT   | (a) Amount Charged                                       | (b) Date of Charge             | (c) Date(s) C  | Credit Card Issuer                      | Paid                    |           |              |
|   |   | \$142.01   | 09/04/2023                     |  |   |                         |           |              |
| 7 | PAYEE   | (a) Payee name   |                                | (b) Payee ac   | ldress;                                 | City,                   | State,    | Zip Code     |
|   |   | Direct TV  |                                | PO Box 10  | 5249                                    |                         |           |              |
|   |   |  |                                | Atlanta, GA  | A 30348                                 |                         |           |              |
| 8 | PURPOSE OF  | (a) Category   | <b>7</b> 01. 1 11.             | (b) Description  |   |                         |           |              |
|   | EXPENDITURE   | (See Categories listed at the top<br>Office Overhead/Ren |                                | Cable TV f   | or District office                      | e in Denton             |           |              |
|   | X Political   | omoo o vorrioud, resi                                    | tai Experies                   |  |   |                         |           |              |
|   | Non-Political                                       | (c) Check if travel outside                              | of Texas. Complete Schedule T. |  | Check if Austin, TX,                    | officeholder living exp | ense      |              |
| 9 |   |  |                                | e sought   |   | Office held             |           |              |
| Ŀ | expenditure to benefit C/OH                         |  |                                |  |   |                         |           |              |
|   | PAYMENT   | (a) Amount Charged                                       | (b) Date of Charge             | (c) Date(s) C  | redit Card Issuer                       | r Paid                  |           |              |
|   |   | \$142.01   | 10/04/2023                     |  |   |                         |           |              |
| r | PAYEE (a) Payee name                                |  | L                              | (b) Payee ac   | ldress;                                 | City,                   | State,    | Zip Code     |
|   |   | Direct TV  |                                | PO Box 10  | 5249                                    |                         |           |              |
|   |   |  |                                | Atlanta, GA  | A 30348                                 |                         |           |              |
|   | PURPOSE OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top           |                                | (b) Description Cable TV for District office in Denton   |   |                         |           |              |
|   | X Political   | Office Overhead/Ren                                      | tal Expense                    |  |   |                         |           |              |
| L | Non-Political                                       | (7)  | of Texas. Complete Schedule T. |  | Check if Austin, TX,                    | officeholder living exp | ense      |              |
| Ę | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                                   | name Office                    | e sought   |   | Office held             |           |              |
|   | PAYMENT   | (a) Amount Charged                                       | (b) Date of Charge             | (c) Date(s) C  | Credit Card Issuer                      | r Paid                  |           |              |
|   |   | \$142.01   | 11/04/2023                     |  |   |                         |           |              |
| Г | PAYEE   | (a) Payee name   |                                | (b) Payee ac   | ldress;                                 | City,                   | State,    | Zip Code     |
|   |   | Divo et TV   |                                | PO Box 10  | 5249                                    |                         |           |              |
|   |   | Direct TV  |                                |  |   |                         |           |              |
| L |   |  |                                | Atlanta, GA  |   |                         |           |              |
|   | PURPOSE OF  | (a) Category (See Categories listed at the top           | of this schodulo)              | (b) Description  |   |                         |           |              |
|   | X Political   | Office Overhead/Ren                                      |                                | Cable TV for District office in Denton                   |   |                         |           |              |
| 1 | Non-Political                                       | (c) Check if travel outside                              | of Texas. Complete Schedule T. | dule T. Check if Austin, TX, officeholder living expense |   |                         |           |              |
| H | Complete ONLY if direct                             | Candidate/Officeholder                                   | <u> </u>                       | e sought   | <u> </u>                                | Office held             |           |              |
| 6 | expenditure to benefit C/OH                         |  |                                |  |   |                         |           |              |

### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   |  | The Insti   | ruction Guide explains how     | to complete           | this form.                                  | (* · · · · · · · · · · · · · · · · · · · | ,        | ,          |  |  |
|---|--|---|--------------------------------|-----------------------|---|--|----------|------------|--|--|
| 1 | Total pages Schedule F4:                           | 2 FILER NAME  |                                |                       |   | 3 Filer ID (Ethics Commission Filers)    |          |            |  |  |
|   | Sch: 18/60 Rpt:                                    | Stucky, Lynn D. (Th                                       | ne Honorable)                  |                       |   | 00080276                                 |          |            |  |  |
| 4 | CREDIT CARD<br>ISSUER                              | Name of finar   | ncial institution              | EXPEN                 | OF UNITEMIZED<br>DITURES<br>SED TO A CREDIT | \$                                       |          |            |  |  |
| 6 | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)           | Credit Card Issuer                          | Paid                                     |          |            |  |  |
|   |  | \$142.01  | 12/04/2023                     |                       |   |  |          |            |  |  |
| 7 | PAYEE  | (a) Payee name Direct TV                                  |                                | (b) Payee<br>PO Box 1 |   | City,                                    | State,   | Zip Code   |  |  |
|   |  |   |                                | Atlanta. C            | GA 30348                                    |  |          |            |  |  |
| 8 | PURPOSE OF   | (a) Category  |                                | (b) Descrip           |   |  |          |            |  |  |
|   | EXPENDITURE  X Political                           | (See Categories listed at the top<br>Office Overhead/Rent |                                | Cable TV              | for District office                         | in Denton                                |          |            |  |  |
|   | Non-Political                                      | (C) Check if travel outside                               | of Texas. Complete Schedule T. |                       | Check if Austin, TX,                        | X, officeholder living expense           |          |            |  |  |
| 9 | Complete ONLY if direct                            | Candidate/Officeholder                                    | name Office                    | e sought              |   | Office held                              |          |            |  |  |
| е | xpenditure to benefit C/OH                         |   |                                | _                     |   |  |          |            |  |  |
|   | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)           | Credit Card Issuer                          | Paid                                     |          |            |  |  |
|   |  | \$6.77  | 12/02/2023                     |                       |   |  |          |            |  |  |
|   | PAYEE (a) Payee name (b) Payee address;            |   |                                | address;              | City,                                       | State,                                   | Zip Code |            |  |  |
|   |  | Dollar Tree   |                                | 1200 S F              | M 51  |  |          |            |  |  |
|   |  |   |                                | Decatur,              | TX 76234                                    |  |          |            |  |  |
|   | PURPOSE OF   | (a) Category  |                                | (b) Descrip           |   |  |          |            |  |  |
|   | EXPENDITURE  X Political                           | (See Categories listed at the top<br>Advertising Expense  | or this schedule)              | Decor for             | campaign vehicl                             | e in local parad                         | de       |            |  |  |
|   | Non-Political                                      | (c) Check if travel outside                               | of Texas. Complete Schedule T. |                       | Check if Austin, TX,                        | officeholder living exp                  | ense     |            |  |  |
| e | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeholder                                    | name Office                    | e sought              |   | Office held                              |          |            |  |  |
|   | PAYMENT  | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)           | Credit Card Issuer                          | · Paid                                   |          |            |  |  |
|   |  | \$44.03   | 07/21/2023                     |                       |   |  |          |            |  |  |
|   | PAYEE  | (a) Payee name  |                                | (b) Payee             | address;                                    | City,                                    | State,   | Zip Code   |  |  |
|   |  | Dos Chilis Grandes  |                                | 105 Lake              | Rd  |  |          |            |  |  |
|   |  |   |                                | Bridgepo              | rt, TX 76426                                |  |          |            |  |  |
|   | PURPOSE OF   | (a) Category  |                                | (b) Descrip           | otion                                       |  |          |            |  |  |
|   | EXPENDITURE  | (See Categories listed at the top Food/Beverage Expe      |                                |                       | meeting between                             | Officeholder a                           | nd cons  | tituent to |  |  |
|   | X Political  | . Joan Borolago Expoi                                     |                                | aiscuss le            | egislative issues                           |  |          |            |  |  |
|   | Non-Political                                      | (C) Check if travel outside                               | of Texas. Complete Schedule T. |                       | Check if Austin, TX,                        | officeholder living exp                  | ense     |            |  |  |
|   | Complete ONLY if direct                            | Candidate/Officeholder                                    | name Office                    | e sought              |   | Office held                              |          |            |  |  |
| е | xpenditure to benefit C/OH                         |   |                                |                       |   |  |          |            |  |  |
|   |  |   |                                |                       |   |  |          |            |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                             |   | The Inst   | ruction Guide explains how     | to complete th  | is form.                                  |                                 |           |              |  |  |
|-----------------------------|---|--|--------------------------------|---|---|---------------------------------|-----------|--------------|--|--|
| 1                           | Total pages Schedule F4:                | 2 FILER NAME   |                                |   |   | 3 Filer ID (Ethio               | s Commiss | sion Filers) |  |  |
|                             | Sch: 19/60 Rpt:                         | Stucky, Lynn D. (Th                                  | ne Honorable)                  |   |   | 00080276                        |           |              |  |  |
| 4                           | CREDIT CARD<br>ISSUER                   | Name of final  | ncial institution              | EXPEND  | OF UNITEMIZED<br>ITURES<br>ED TO A CREDIT | \$                              |           |              |  |  |
| 6                           | PAYMENT                                 | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) (   | Credit Card Issuer                        | r Paid                          |           |              |  |  |
|                             |   | \$20.77  | 08/16/2023                     |   |   |                                 |           |              |  |  |
| 7                           | PAYEE                                   | (a) Payee name                                       |                                | (b) Payee a   | ddress;                                   | City,                           | State,    | Zip Code     |  |  |
|                             |   | Dos Chilis Grandes                                   | :                              | 105 Lake I  |   |                                 |           |              |  |  |
| L                           |   |  |                                |   | , TX 76426                                |                                 |           |              |  |  |
| 8                           | PURPOSE OF EXPENDITURE                  | (a) Category (See Categories listed at the top       | of this schedule)              | (b) Descripti   |   |                                 |           |              |  |  |
|                             | X Political                             | Food/Beverage Expe                                   |                                | Food for ca   | ampaign staff to                          | attend local R                  | epublica  | n luncheor   |  |  |
|                             | Non-Political                           | (c) Check if travel outside                          | of Texas. Complete Schedule T. |   | Check if Austin, TX,                      | TX, officeholder living expense |           |              |  |  |
| 9                           | Complete ONLY if direct                 | Candidate/Officeholder                               | name Office                    | e sought  |   | Office held                     |           |              |  |  |
| expenditure to benefit C/OH |   |  |                                |   |   |                                 |           |              |  |  |
|                             | PAYMENT                                 | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) (   | Credit Card Issue                         | r Paid                          |           |              |  |  |
|                             |   | \$55.23  | 10/20/2023                     |   |   |                                 |           |              |  |  |
|                             | PAYEE (a) Payee name (b) Payee address; |  |                                | ddress;   | City,                                     | State,                          | Zip Code  |              |  |  |
|                             |   | Dos Chilis Grandes                                   |                                | 105 Lake I  | ₹d  |                                 |           |              |  |  |
|                             |   |  |                                | Bridgeport  | , TX 76426                                |                                 |           |              |  |  |
|                             | PURPOSE OF                              | (a) Category   |                                | (b) Descripti   |   |                                 |           |              |  |  |
|                             | EXPENDITURE                             | (See Categories listed at the top Food/Beverage Expe |                                | Food for meeting between Officeholder and constituent to discuss legislative issues |   |                                 |           |              |  |  |
|                             | X Political                             | J 1  |                                | นเรเนธร เซเ   | Jisialive issues                          |                                 |           |              |  |  |
|                             | Non-Political                           | (c) Check if travel outside                          | of Texas. Complete Schedule T. |   | Check if Austin, TX,                      | officeholder living exp         | ense      |              |  |  |
|                             | Complete ONLY if direct                 | Candidate/Officeholder                               | name Office                    | e sought  |   | Office held                     |           |              |  |  |
| е                           | xpenditure to benefit C/OH              |  | T                              | T   |   |                                 |           |              |  |  |
|                             | PAYMENT                                 | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) (   | Credit Card Issuer                        | r Paid                          |           |              |  |  |
|                             |   | \$58.23  | 08/16/2023                     |   |   |                                 |           |              |  |  |
|                             | PAYEE                                   | (a) Payee name                                       |                                | (b) Payee a   | ddress;                                   | City,                           | State,    | Zip Code     |  |  |
| l                           |   | El Chanarral Crill                                   |                                | 324 E Mck   | Cinney                                    |                                 |           |              |  |  |
| l                           |   | El Chaparral Grill                                   |                                | Suite 102   |   |                                 |           |              |  |  |
| L                           |   |  |                                | Denton, T   | X 76201                                   |                                 |           |              |  |  |
|                             | PURPOSE OF EXPENDITURE                  | (a) Category (See Categories listed at the top       | of this cahadula)              | (b) Descripti   |   |                                 |           |              |  |  |
|                             |   | Food/Beverage Expe                                   | ,                              | Food for m  | neeting with Dis                          | trict staff to disc             | cuss legi | slative      |  |  |
|                             | X Political                             |  |                                | เออนตอ  |   |                                 |           |              |  |  |
|                             | Non-Political                           | (c) Check if travel outside                          | of Texas. Complete Schedule T. |   | Check if Austin, TX,                      | officeholder living exp         | ense      |              |  |  |
|                             | Complete ONLY if direct                 | name Office  | e sought                       |   | Office held                               |                                 |           |              |  |  |
| е                           | xpenditure to benefit C/OH              |  |                                |   |   |                                 |           |              |  |  |
|                             |   |  |                                |   |   |                                 |           |              |  |  |

### SCHEDULE F4

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

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

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

Printing Expense

|          | The Instruction Guide explains how to complete this form.                              |  |                                |  |                                       |  |  |  |  |  |  |
|----------|--|--|--------------------------------|--|---------------------------------------|--|--|--|--|--|--|
| 1        | Total pages Schedule F4:   | 2 FILER NAME   | <u> </u>                       |  | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |  |  |
|          | Sch: 20/60 Rpt:  | Stucky, Lynn D. (Th                                  | ne Honorable)                  |  | 00080276                              |  |  |  |  |  |  |
| 4        | CREDIT CARD<br>ISSUER  | Name of final  | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$                                    |  |  |  |  |  |  |
| 6        | PAYMENT  | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                                |  |  |  |  |  |  |
|          |  | \$14.56  | 10/18/2023                     |  |                                       |  |  |  |  |  |  |
| 7        | PAYEE  | (a) Payee name                                       |                                | (b) Payee address;   | City, State, Zip Code                 |  |  |  |  |  |  |
|          |  | El Chaparral Grill                                   |                                | 324 E McKinney Suite 102 Denton, TX 76201                            |                                       |  |  |  |  |  |  |
| 8        | PURPOSE OF   | (a) Category   |                                | (b) Description  |                                       |  |  |  |  |  |  |
|          | EXPENDITURE  X Political   | (See Categories listed at the top Food/Beverage Expe |                                | Food for District Director attending Republican Women's luncheon     |                                       |  |  |  |  |  |  |
|          | Non-Political  | (c) Check if travel outside                          | of Texas. Complete Schedule T. | Check if Austin, TX,   | officeholder living expense           |  |  |  |  |  |  |
| 9        | Complete ONLY if direct  | Candidate/Officeholder                               | name Office                    | e sought   | Office held                           |  |  |  |  |  |  |
| е        | xpenditure to benefit C/OH   |  |                                |  |                                       |  |  |  |  |  |  |
|          | PAYMENT  | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                                |  |  |  |  |  |  |
|          |  | \$14.56  | 12/06/2023                     |  |                                       |  |  |  |  |  |  |
|          | PAYEE  | (a) Payee name                                       |                                | (b) Payee address;   | City, State, Zip Code                 |  |  |  |  |  |  |
|          |  | El Chaparral Grill                                   |                                | 324 E McKinney   |                                       |  |  |  |  |  |  |
|          |  | El Chapatral Gilli                                   |                                | Suite 102  |                                       |  |  |  |  |  |  |
| L        |  |  |                                | Denton, TX 76201   |                                       |  |  |  |  |  |  |
|          | PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top       | of this schedule)              | (b) Description  | ettending Denuklieen Mensenle         |  |  |  |  |  |  |
|          |  | Food/Beverage Expe                                   |                                | Food for District Director attending Republican Women's luncheon     |                                       |  |  |  |  |  |  |
|          | X Political  |  |                                |  |                                       |  |  |  |  |  |  |
|          | Non-Political  | (*)  | of Texas. Complete Schedule T. | <u> </u>   | officeholder living expense           |  |  |  |  |  |  |
| е        | Complete ONLY if direct xpenditure to benefit C/OH                                     | Candidate/Officeholder                               |                                | e sought   | Office held                           |  |  |  |  |  |  |
|          | PAYMENT  | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                                |  |  |  |  |  |  |
|          |  | \$400.00   | 07/09/2023                     |  |                                       |  |  |  |  |  |  |
|          | PAYEE  | (a) Payee name                                       |                                | (b) Payee address;   | City, State, Zip Code                 |  |  |  |  |  |  |
|          |  | Facebook   |                                | 1 Hacker Way   |                                       |  |  |  |  |  |  |
|          |  | 1 accook   |                                |  |                                       |  |  |  |  |  |  |
| L        | DUDDOS 05  | (a) Cataman  |                                | Menlo Park, TX 94025   |                                       |  |  |  |  |  |  |
|          | PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top       | of this schedule)              | (b) Description  | lvertisement on Facebook              |  |  |  |  |  |  |
|          | Y Political  | Advertising Expense                                  |                                | ayment for campaign ac   | ivertisement on racebook              |  |  |  |  |  |  |
| 1        | X Political  Non-Political  (c) Check if travel outside of Texas. Complete Schedule T. |  |                                | D objective access to the  | officeholder living evenes-           |  |  |  |  |  |  |
| $\vdash$ | Ш  | (c) Check if travel outside Candidate/Officeholder   | Check if Austin, TX,           | officeholder living expense Office held                              |                                       |  |  |  |  |  |  |
| е        | Complete ONLY if direct xpenditure to benefit C/OH                                     | Canadate/Onicendide                                  | manic Office                   | Jougni   | Smot Hold                             |  |  |  |  |  |  |
|          |  | l  |                                |  |                                       |  |  |  |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Insti   | ruction Guide explains how     | to complete the   | nis form.                                  |                          |            |              |  |
|---|---|--------------------------------|---|--|--------------------------|------------|--------------|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                |   |  | 3 Filer ID (Ethi         | cs Commiss | sion Filers) |  |
| Sch: 21/60 Rpt:   | Stucky, Lynn D. (Th                                   | ne Honorable)                  |   |  | 00080276                 |            |              |  |
| 4 CREDIT CARD<br>ISSUER   | Name of finar   | ncial institution              | EXPEND  | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                       |            |              |  |
| 6 PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s)   | Credit Card Issue                          | r Paid                   |            |              |  |
|   | \$250.00  | 07/31/2023                     |   |  |                          |            |              |  |
| 7 PAYEE   | (a) Payee name  | •                              | (b) Payee a   | ddress;                                    | City,                    | State,     | Zip Code     |  |
|   | Facebook  |                                | 1 Hacker  | Way  |                          |            |              |  |
|   |   |                                | Menlo Pai   | rk, TX 94025                               |                          |            |              |  |
| 8 PURPOSE OF  | (a) Category  |                                | (b) Descript  |  |                          |            |              |  |
| EXPENDITURE  X Political  | (See Categories listed at the top Advertising Expense | or this schedule)              | Payment 1   | for campaign ad                            | dvertisement on Facebook |            |              |  |
| Non-Political   | (c) Check if travel outside                           | of Texas. Complete Schedule T. |   | Check if Austin, TX,                       | officeholder living exp  | ense       |              |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder                                | name Office                    | e sought  |  | Office held              |            |              |  |
| expenditure to benefit C/OH   |   |                                |   |  |                          |            |              |  |
| PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s)   | Credit Card Issue                          | r Paid                   |            |              |  |
|   | \$590.05  | 09/30/2023                     |   |  |                          |            |              |  |
| PAYEE   | (a) Payee name  | •                              | (b) Payee a   | ddress;                                    | City,                    | State,     | Zip Code     |  |
|   | Facebook  |                                | 1 Hacker  | Way  |                          |            |              |  |
|   |   |                                | Menlo Pai   | rk, TX 94025                               |                          |            |              |  |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top        | of this schedule)              | (b) Description  Payment for campaign advertisement on Facebook |  |                          |            |              |  |
| X Political   | Advertising Expense                                   |                                |   |  |                          |            |              |  |
| Non-Political   | (C) Check if travel outside                           | of Texas. Complete Schedule T. |   | Check if Austin, TX,                       | officeholder living exp  | ense       |              |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder                                | name Office                    | e sought  |  | Office held              |            |              |  |
| PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s)   | Credit Card Issue                          | r Paid                   |            |              |  |
|   | \$832.14  | 10/31/2023                     |   |  |                          |            |              |  |
| PAYEE   | (a) Payee name  |                                | (b) Payee a   | ıddress;                                   | City,                    | State,     | Zip Code     |  |
|   |   |                                | 1 Hacker  | Way  |                          |            |              |  |
|   | Facebook  |                                |   |  |                          |            |              |  |
|   |   |                                | Menlo Pai   | rk, TX 94025                               |                          |            |              |  |
| PURPOSE OF  | (a) Category  |                                | (b) Descript  |  |                          |            |              |  |
| EXPENDITURE   | (See Categories listed at the top Advertising Expense | of this schedule)              | Payment 1   | for campaign ad                            | vertisement on           | ı Faceboo  | эk           |  |
| X Political   | . Svortioning Experior                                |                                |   |  |                          |            |              |  |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T |   |                                |   | Check if Austin, TX,                       | officeholder living exp  | ense       |              |  |
| Complete ONLY if direct Candidate/Officeholder name Office sought                           |   |                                |   |  | Office held              |            |              |  |
| expenditure to benefit C/OH   |   |                                |   |  |                          |            |              |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Inst  | ruction Guide explains how     | to complete th                                 | nis form.                                  |                        |             |              |
|---|---|--------------------------------|--|--|------------------------|-------------|--------------|
| 1 Total pages Schedule F4:                          | 2 FILER NAME  |                                |  |  | 3 Filer ID (Eth        | ics Commiss | sion Filers) |
| Sch: 22/60 Rpt:                                     | Stucky, Lynn D. (Th                                       | ne Honorable)                  |  |  | 00080276               |             |              |
| 4 CREDIT CARD<br>ISSUER                             | Name of final   | ncial institution              | EXPEND   | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                     |             |              |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)                                    | Credit Card Issue                          | r Paid                 |             |              |
|   | \$339.31  | 11/30/2023                     |  |  |                        |             |              |
| 7 PAYEE   | (a) Payee name  |                                | (b) Payee a                                    | ddress;                                    | City,                  | State,      | Zip Code     |
|   | Facebook  |                                | 1 Hacker \                                     | •  |                        |             |              |
|   |   |                                |  | k, TX 94025                                |                        |             |              |
| 8 PURPOSE OF EXPENDITURE                            | (a) Category (See Categories listed at the top            | of this echodulo)              | (b) Descript                                   |  |                        |             |              |
| X Political   | Advertising Expense                                       |                                |  | vertisement o                              | n Faceboo              | OK          |              |
| Non-Political                                       | (c) Check if travel outside                               | of Texas. Complete Schedule T. | . [  | Check if Austin, TX,                       | officeholder living ex | pense       |              |
| 9 Complete ONLY if direct                           | Candidate/Officeholder                                    | name Office                    | e sought                                       |  | Office held            |             |              |
| expenditure to benefit C/OH                         |   |                                |  |  |                        |             |              |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)                                    | Credit Card Issue                          | r Paid                 |             |              |
|   | \$3,908.32  | 12/31/2023                     |  |  |                        |             |              |
| PAYEE   | (a) Payee name  |                                | (b) Payee a                                    | ddress;                                    | City,                  | State,      | Zip Code     |
|   | Facebook  |                                | 1 Hacker \                                     | Way  |                        |             |              |
|   |   |                                | Menlo Par                                      | k, TX 94025                                |                        |             |              |
| PURPOSE OF  | (a) Category  |                                | (b) Descript                                   | ion  |                        |             |              |
| EXPENDITURE   | (See Categories listed at the top Advertising Expense     | of this schedule)              | Payment for campaign advertisement on Facebook |  |                        |             |              |
| X Political   | · .   |                                |  |  |                        |             |              |
| Non-Political                                       | (c) Check if travel outside                               | of Texas. Complete Schedule T. |  | Check if Austin, TX,                       | officeholder living ex | pense       |              |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                                    | name Office                    | e sought                                       |  | Office held            |             |              |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s)                                    | Credit Card Issuer                         | r Paid                 |             |              |
|   | \$17.83   | 11/30/2023                     | (-,(-,   |  |                        |             |              |
| PAYEE   | (a) Payee name  | <u> </u>                       | (b) Payee a                                    | ddress;                                    | City,                  | State,      | Zip Code     |
|   |   |                                | 2640 W U                                       | niversity Dr                               |                        |             |              |
|   | Five Below  |                                | #1260  | -  |                        |             |              |
|   |   |                                | Denton, T                                      | X 76201                                    |                        |             |              |
| PURPOSE OF  | (a) Category  |                                | (b) Descript                                   | ion  |                        |             |              |
| EXPENDITURE   | (See Categories listed at the top<br>Office Overhead/Rent | •                              | Office sup                                     | plies for District                         | office in Dent         | on          |              |
| X Political   | onice overnead/iveni                                      | tai Experise                   |  |  |                        |             |              |
| Non-Political                                       | (c) Check if travel outside                               | of Texas. Complete Schedule T. | . г  | Check if Austin, TX,                       | officeholder living ex | pense       |              |
| Complete ONLY if direct                             | Candidate/Officeholder                                    | name Office                    | e sought                                       |  | Office held            |             |              |
| expenditure to benefit C/OH                         |   |                                |  |  |                        |             |              |
|   | •   |                                |  |  |                        |             |              |

## SCHEDULE F4

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

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

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

|                             | The Inst                                       | ruction Guide explains how     | to complete this form.                                      |                             |               |  |  |  |  |
|-----------------------------|--|--------------------------------|---|-----------------------------|---------------|--|--|--|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME                                   |                                |   | 3 Filer ID (Ethics Commis   | ssion Filers) |  |  |  |  |
| Sch: 23/60 Rpt:             | Stucky, Lynn D. (Th                            | ne Honorable)                  |   | 00080276                    |               |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER     | Name of final                                  | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                          |               |  |  |  |  |
| 6 PAYMENT                   | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | r Paid                      |               |  |  |  |  |
|                             | \$7,083.79                                     | 10/06/2023                     |   |                             |               |  |  |  |  |
| 7 PAYEE                     | (a) Payee name                                 |                                | (b) Payee address;  | City, State,                | Zip Code      |  |  |  |  |
|                             | Fossil Pointe                                  |                                | 7282 FM 51  |                             |               |  |  |  |  |
|                             |  |                                | Decatur, TX 76234   |                             |               |  |  |  |  |
| 8 PURPOSE OF EXPENDITURE    | (a) Category (See Categories listed at the top | of this schedule)              | (b) Description   |                             |               |  |  |  |  |
| l <u> </u>                  | Event Expense                                  | of this schedule)              | Facility fee for Lonestar S                                 | shoot-Out fundraising e     | vent          |  |  |  |  |
| X Political                 |  |                                |   |                             |               |  |  |  |  |
| Non-Political               | \(\frac{1}{2}\)                                | of Texas. Complete Schedule T. |   |                             |               |  |  |  |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder                         | name Offic                     | e sought  | Office held                 |               |  |  |  |  |
| expenditure to benefit C/OH | (a) A  | (h) Data at Obarra             | (-) D-+-(-) Our-dit Od I                                    | - D-id                      |               |  |  |  |  |
| PAYMENT                     | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Pala                      |               |  |  |  |  |
|                             | \$198.00                                       | 07/25/2023                     |   |                             |               |  |  |  |  |
| PAYEE                       | (a) Payee name                                 |                                | (b) Payee address;  | City, State,                | Zip Code      |  |  |  |  |
|                             | Frontier Airlines                              |                                | 4545 Airport Way,   |                             |               |  |  |  |  |
|                             |  |                                | Denver, CO 80239  |                             |               |  |  |  |  |
| PURPOSE OF                  | (a) Category                                   |                                | (b) Description   |                             |               |  |  |  |  |
| EXPENDITURE                 | (See Categories listed at the top              | of this schedule)              | Baggage fee for flight to ALEC conference                   |                             |               |  |  |  |  |
| X Political                 | 1 003  |                                |   |                             |               |  |  |  |  |
| Non-Political               | (c) Check if travel outside                    | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense |               |  |  |  |  |
| Complete ONLY if direct     | Candidate/Officeholder                         | name Offic                     | e sought  | Office held                 |               |  |  |  |  |
| expenditure to benefit C/OH |  |                                |   |                             |               |  |  |  |  |
| PAYMENT                     | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Paid                      |               |  |  |  |  |
|                             | \$132.00                                       | 07/28/2023                     |   |                             |               |  |  |  |  |
| PAYEE                       | (a) Payee name                                 | <u> </u>                       | (b) Payee address;  | City, State,                | Zip Code      |  |  |  |  |
|                             |  |                                | 4545 Airport Way,   |                             |               |  |  |  |  |
|                             | Frontier Airlines                              |                                |   |                             |               |  |  |  |  |
|                             |  |                                | Denver, CO 80239  |                             |               |  |  |  |  |
| PURPOSE OF                  | (a) Category                                   | -f.Ab.;                        | (b) Description   |                             |               |  |  |  |  |
| EXPENDITURE                 | (See Categories listed at the top              | or this schedule)              | Baggage fee for flight to A                                 | ALEC conference             |               |  |  |  |  |
| X Political                 |  |                                |   |                             |               |  |  |  |  |
| Non-Political               | (c) Check if travel outside                    | of Texas. Complete Schedule T. | <u> </u>  | officeholder living expense |               |  |  |  |  |
| Complete ONLY if direct     | Candidate/Officeholder                         | name Offic                     | e sought  | Office held                 |               |  |  |  |  |
| expenditure to benefit C/OH |  |                                |   |                             |               |  |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                              | The Inst  | ruction Guide explains how     | to complete this form.                                       |                             |               |  |  |  |
|------------------------------|---|--------------------------------|--|-----------------------------|---------------|--|--|--|
| 1 Total pages Schedule F4:   | 2 FILER NAME  |                                |  | 3 Filer ID (Ethics Commis   | ssion Filers) |  |  |  |
| Sch: 24/60 Rpt:              | Stucky, Lynn D. (Th                                     | ne Honorable)                  |  | 00080276                    |               |  |  |  |
| 4 CREDIT CARD<br>ISSUER      | Name of final   | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  | \$                          |               |  |  |  |
| 6 PAYMENT                    | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                               | r Paid                      |               |  |  |  |
|                              | \$9.95  | 07/28/2023                     |  |                             |               |  |  |  |
| 7 PAYEE                      | (a) Payee name  |                                | (b) Payee address;   | City, State,                | Zip Code      |  |  |  |
|                              | Grab-N-Go   |                                | 8500 Pena Blvd   |                             |               |  |  |  |
|                              |   |                                | Denver, CO 80249   |                             |               |  |  |  |
| 8 PURPOSE OF                 | (a) Category  | (4)                            | (b) Description  |                             |               |  |  |  |
| EXPENDITURE    X   Political | (See Categories listed at the top Food/Beverage Expe    |                                | Food while travelling out of state to attend ALEC Conference |                             |               |  |  |  |
| Non-Political                | (c) Check if travel outside                             | of Texas. Complete Schedule T. | Check if Austin, TX,   | officeholder living expense |               |  |  |  |
| 9 Complete ONLY if direct    | Candidate/Officeholder                                  | name Office                    | e sought   | Office held                 |               |  |  |  |
| expenditure to benefit C/OH  |   |                                |  |                             |               |  |  |  |
| PAYMENT                      | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                               | r Paid                      |               |  |  |  |
|                              | \$307.50  | 08/30/2023                     |  |                             |               |  |  |  |
| PAYEE (a) Payee name         |   |                                | (b) Payee address;   | City, State,                | Zip Code      |  |  |  |
|                              |   |                                | 306 N Loop 288   |                             |               |  |  |  |
|                              | Grace Like Rain   |                                | Ste 112  |                             |               |  |  |  |
|                              |   |                                | Denton, TX 76209   |                             |               |  |  |  |
| PURPOSE OF<br>EXPENDITURE    | (a) Category (See Categories listed at the top          | of this schodulo)              | (b) Description  |                             |               |  |  |  |
| X Political                  | Contributions/Donatio                                   | ns Made By                     | Campaign charitable contribution                             |                             |               |  |  |  |
| Non-Political                | (c) Check if travel outside                             | of Texas. Complete Schedule T. | Check if Austin, TX,   | officeholder living expense |               |  |  |  |
| Complete ONLY if direct      | Candidate/Officeholder                                  | name Office                    | e sought   | Office held                 |               |  |  |  |
| expenditure to benefit C/OH  |   |                                |  |                             |               |  |  |  |
| PAYMENT                      | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issue                                | r Paid                      |               |  |  |  |
|                              | \$100.00  | 10/14/2023                     |  |                             |               |  |  |  |
| PAYEE                        | (a) Payee name  | l                              | (b) Payee address;   | City, State,                | Zip Code      |  |  |  |
|                              |   |                                | 714 County Road 2740   |                             |               |  |  |  |
|                              | Greenwood Slidell                                       |                                |  |                             |               |  |  |  |
|                              |   |                                | Decatur, TX 76234  |                             |               |  |  |  |
| PURPOSE OF                   | (a) Category  | -f.4b-ibd-1-)                  | (b) Description  |                             |               |  |  |  |
| EXPENDITURE                  | (See Categories listed at the top Contributions/Donatio | •                              | Campaign charitable cont                                     | ribution                    |               |  |  |  |
| X Political                  | Candidate/Officeholde                                   |                                |  |                             |               |  |  |  |
| Non-Political                | (c) Check if travel outside                             | Check if Austin, TX,           | officeholder living expense                                  |                             |               |  |  |  |
| Complete ONLY if direct      | Candidate/Officeholder                                  | name Office                    | e sought   | Office held                 |               |  |  |  |
| expenditure to benefit C/OH  |   |                                |  |                             |               |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Instruction Guide explains how to complete this form. |   |                                |                                       |  |                         |            |              |  |  |
|---|---|---|--------------------------------|---------------------------------------|--|-------------------------|------------|--------------|--|--|
| 1 | Total pages Schedule F4:                                  | 2 FILER NAME  |                                |                                       |  | 3 Filer ID (Ethi        | cs Commiss | sion Filers) |  |  |
|   | Sch: 25/60 Rpt:   | Stucky, Lynn D. (Th                                     | ne Honorable)                  |                                       |  | 00080276                |            |              |  |  |
| 4 | CREDIT CARD<br>ISSUER                                     | Name of final   | ncial institution              | EXPEND                                | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                      |            |              |  |  |
| 6 | PAYMENT   | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s)                           | Credit Card Issue                          | r Paid                  |            |              |  |  |
|   |   | \$29.22   | 11/04/2023                     |                                       |  |                         |            |              |  |  |
| 7 | PAYEE   | (a) Payee name  |                                | (b) Payee a                           | ddress;                                    | City,                   | State,     | Zip Code     |  |  |
| l |   | Harbor Freight Too                                      | le.                            | 2231 S Lo                             | op 288                                     |                         |            |              |  |  |
| l |   | Harbor Freight 100                                      | 15                             | #131                                  |  |                         |            |              |  |  |
|   |   |   |                                | Denton, T.                            |  |                         |            |              |  |  |
| 8 | PURPOSE OF  | (a) Category  | of this calcadida              | (b) Descript                          |  |                         |            |              |  |  |
|   | EXPENDITURE   | (See Categories listed at the top Advertising Expense   | or this schedule)              | Campaign                              | supplies                                   |                         |            |              |  |  |
| l | X Political   | Triavortioning Expense                                  |                                |                                       |  |                         |            |              |  |  |
| l | Non-Political   | (c) Check if travel outside                             | of Texas. Complete Schedule T. |                                       | Check if Austin, TX,                       | officeholder living exp | ense       |              |  |  |
| 9 | Complete ONLY if direct                                   | Candidate/Officeholder                                  | name Office                    | e sought                              |  | Office held             |            |              |  |  |
| е | expenditure to benefit C/OH                               |   |                                |                                       |  |                         |            |              |  |  |
| Г | PAYMENT   | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s)                           | Credit Card Issue                          | r Paid                  |            |              |  |  |
|   |   | \$8.11  | 12/02/2023                     |                                       |  |                         |            |              |  |  |
|   | PAYEE   | (a) Payee name  |                                | (b) Payee a                           | ddress;                                    | City,                   | State,     | Zip Code     |  |  |
|   |   |   |                                | 2231 S Lo                             | op 288                                     |                         |            |              |  |  |
|   |   | Harbor Freight Too                                      | S                              | #131                                  |  |                         |            |              |  |  |
| l |   |   |                                | Denton, T                             | X 76205                                    |                         |            |              |  |  |
|   | PURPOSE OF  | (a) Category  |                                | (b) Descript                          | ion  |                         |            |              |  |  |
|   | EXPENDITURE   | (See Categories listed at the top Advertising Expense   | of this schedule)              | Campaign                              | supplies                                   |                         |            |              |  |  |
|   | X Political   | Advertising Expense                                     |                                |                                       |  |                         |            |              |  |  |
|   | Non-Political   | (c) Check if travel outside                             | of Texas. Complete Schedule T. | Г                                     | Check if Austin, TX,                       | officeholder living exp | ense       |              |  |  |
| Г | Complete ONLY if direct                                   | Candidate/Officeholder                                  | name Office                    | e sought                              | _  | Office held             |            |              |  |  |
| e | expenditure to benefit C/OH                               |   |                                |                                       |  |                         |            |              |  |  |
| Г | PAYMENT   | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s)                           | Credit Card Issue                          | r Paid                  |            |              |  |  |
| l |   | \$204.56  | 07/24/2023                     |                                       |  |                         |            |              |  |  |
|   |   |   |                                |                                       |  |                         |            |              |  |  |
|   | PAYEE   | (a) Payee name  |                                | (b) Payee a                           | ddress;                                    | City,                   | State,     | Zip Code     |  |  |
| l |   |   |                                | PO Box 39                             | 90   |                         |            |              |  |  |
| l |   | Heart of Town Com                                       | imunity Clinic                 |                                       |  |                         |            |              |  |  |
| l |   |   |                                | Brideport,                            | TX 76426                                   |                         |            |              |  |  |
|   | PURPOSE OF  | (a) Category  |                                | (b) Descript                          |  |                         |            |              |  |  |
| l | EXPENDITURE   | (See Categories listed at the top Contributions/Donatio | •                              | Campaign                              | charitable cont                            | ribution                |            |              |  |  |
|   | X Political   | Candidate/Officeholde                                   |                                |                                       |  |                         |            |              |  |  |
|   | Non-Political   | (c) Check if travel outside                             | of Texas. Complete Schedule T. |                                       | Check if Austin, TX,                       | officeholder living exp | ense       |              |  |  |
|   | Complete ONLY if direct                                   | Candidate/Officeholder                                  | name Office                    | e sought                              |  | Office held             |            |              |  |  |
| е | expenditure to benefit C/OH                               |   |                                |                                       |  |                         |            |              |  |  |
| _ |   |   |                                | · · · · · · · · · · · · · · · · · · · |  |                         |            |              |  |  |

# SCHEDULE F4

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

| Candidate/Officenoider/Politica | •  | ruction Guide explains how       | ı to complete thi                          |  | THER (enter a cate  | egory not listed at | oove)        |
|---------------------------------|--|----------------------------------|--|--|---------------------|---------------------|--------------|
| 1 Total pages Schedule F4:      | 2 FILER NAME   |                                  |  |  | 3 Filer ID (E       | Ethics Commiss      | sion Filers) |
| Sch: 26/60 Rpt:                 | Stucky, Lynn D. (Th                                    | ne Honorable)                    |  |  | 00080276            |                     |              |
| 4 CREDIT CARD<br>ISSUER         |  | ncial institution                | EXPENDI                                    | F UNITEMIZED<br>TURES<br>D TO A CREDIT | \$                  |                     |              |
| 6 PAYMENT                       | (a) Amount Charged                                     | (b) Date of Charge               | (c) Date(s) C                              | redit Card Issue                       | r Paid              |                     |              |
|                                 | \$10.21  | 07/13/2023                       |  |  |                     |                     |              |
| 7 PAYEE                         | (a) Payee name  Hobby Lobby                            |                                  | (b) Payee ac<br>2217 S Loc                 |  | City,               | State,              | Zip Code     |
|                                 |  |                                  | Denton, TX                                 |  |                     |                     |              |
| 8 PURPOSE OF<br>EXPENDITURE     | (a) Category (See Categories listed at the top         | of this schedule)                | (b) Description                            |  |                     |                     |              |
| _                               | Advertising Expense                                    | or this schedule)                | Campaign                                   | supplies                               |                     |                     |              |
| X Political                     |  |                                  |  |  |                     |                     |              |
| Non-Political                   | ( <sup>9</sup>   | of Texas. Complete Schedule T.   |  | Check if Austin, TX,                   |                     | expense             |              |
| 9 Complete ONLY if direct       | Candidate/Officeholder                                 | name Offic                       | e sought                                   |  | Office held         |                     |              |
| expenditure to benefit C/OH     | (a) A  | (h) D-++ Ol                      | (-) D-+-(-) C                              |  | - D-id              |                     |              |
| PAYMENT                         | (a) Amount Charged<br>\$22.58                          | (b) Date of Charge<br>08/30/2023 | (c) Date(s) C                              | redit Card Issue                       | r Palu              |                     |              |
| PAYEE                           | (a) Payee name   |                                  | (b) Payee ac                               | ldress:                                | City,               | State,              | Zip Code     |
|                                 |  |                                  | 2217 S Loc                                 | •                                      | J.,                 | Otato,              | p            |
|                                 | Hobby Lobby  |                                  |  |  |                     |                     |              |
|                                 |  |                                  | Denton, TX                                 | 76208                                  |                     |                     |              |
| PURPOSE OF                      | (a) Category (See Categories listed at the top         | of this schodule)                | (b) Description                            |  |                     |                     |              |
| EXPENDITURE  X Political        | Advertising Expense                                    | of this scriedule)               | Decor for campaign vehicle in local parade |  |                     |                     |              |
| Non-Political                   | (c) Check if travel outside                            | of Texas. Complete Schedule T.   |  | Check if Austin, TX,                   | officeholder living | expense             |              |
| Complete ONLY if direct         | Candidate/Officeholder                                 | name Offic                       | e sought                                   | <del>-</del>                           | Office held         |                     |              |
| expenditure to benefit C/OH     |  |                                  |  |  |                     |                     |              |
| PAYMENT                         | (a) Amount Charged                                     | (b) Date of Charge               | (c) Date(s) C                              | redit Card Issue                       | r Paid              |                     |              |
|                                 | \$12.93  | 10/05/2023                       |  |  |                     |                     |              |
| PAYEE                           | (a) Payee name   | l                                | (b) Payee ac                               | ldress;                                | City,               | State,              | Zip Code     |
|                                 |  |                                  | 2217 S Loc                                 | p 288                                  |                     |                     |              |
|                                 | Hobby Lobby  |                                  |  |  |                     |                     |              |
|                                 |  |                                  | Denton, TX                                 | 76208                                  |                     |                     |              |
| PURPOSE OF                      | (a) Category   |                                  | (b) Description                            |  |                     |                     |              |
| EXPENDITURE<br>                 | (See Categories listed at the top  Advertising Expense | ot this schedule)                | Campaign                                   | supplies                               |                     |                     |              |
| X Political                     | , ravertioning Expense                                 |                                  |  |  |                     |                     |              |
| Non-Political                   | (c) Check if travel outside                            | of Texas. Complete Schedule T.   |  | Check if Austin, TX,                   | officeholder living | expense             |              |
| Complete ONLY if direct         | Candidate/Officeholder                                 | name Offic                       | e sought                                   |  | Office held         |                     |              |
| expenditure to benefit C/OH     |  |                                  |  |  |                     |                     |              |
| i                               |  |                                  |  |  |                     |                     |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|     |                             | The Inst                                       | ruction Guide explains how     | to complete this                                    | form.                |                         |            |              |
|-----|-----------------------------|--|--------------------------------|---|----------------------|-------------------------|------------|--------------|
| 1   | Total pages Schedule F4:    | 2 FILER NAME                                   |                                |   |                      | 3 Filer ID (Ethic       | s Commiss  | sion Filers) |
|     | Sch: 27/60 Rpt:             | Stucky, Lynn D. (Th                            | ne Honorable)                  |   |                      | 00080276                |            |              |
| 4   | CREDIT CARD<br>ISSUER       | Name of final                                  | ncial institution              | 5 TOTAL OF<br>EXPENDIT<br>CHARGED<br>CARD           |                      | \$                      |            |              |
| 6   | PAYMENT                     | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Cre                                     | edit Card Issuer     | Paid                    |            |              |
|     |                             | \$39.71  | 11/10/2023                     |   |                      |                         |            |              |
| 7   | PAYEE                       | (a) Payee name                                 |                                | (b) Payee add                                       | ress;                | City,                   | State,     | Zip Code     |
|     |                             | Hobby Lobby                                    |                                | 2217 S Loop   | 288                  |                         |            |              |
| L   |                             |  |                                | Denton, TX  |                      |                         |            |              |
| 8   | PURPOSE OF                  | (a) Category (See Categories listed at the top | of this cohodule)              | (b) Description                                     |                      |                         |            |              |
|     | EXPENDITURE                 | Advertising Expense                            | of this scriedule)             | Campaign s  | upplies              |                         |            |              |
|     | X Political                 | 3 1  |                                |   |                      |                         |            |              |
|     | Non-Political               | (c) Check if travel outside                    | of Texas. Complete Schedule T. |   | Check if Austin, TX, | officeholder living exp | ense       |              |
|     | Complete ONLY if direct     | Candidate/Officeholder                         | name Office                    | e sought  |                      | Office held             |            |              |
| Œ   | expenditure to benefit C/OH |  |                                |   |                      |                         |            |              |
|     | PAYMENT                     | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Cre                                     | edit Card Issuer     | Paid                    |            |              |
|     |                             | \$23.20  | 12/02/2023                     |   |                      |                         |            |              |
| Г   | PAYEE (a) Payee name        |  | (b) Payee add                  | ress;   | City,                | State,                  | Zip Code   |              |
|     |                             | Hobby Lobby                                    |                                | 2217 S Loop   | 288                  |                         |            |              |
|     |                             |  |                                | Denton, TX  | 76208                |                         |            |              |
|     | PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top | of this schedule)              | (b) Description Campaign su                         |                      |                         |            |              |
|     | X Political                 | Advertising Expense                            |                                |   |                      |                         |            |              |
| L   | Non-Political               | · · · · · · · · · · · · · · · · · · ·          | of Texas. Complete Schedule T. |   | Check if Austin, TX, | officeholder living exp | ense       |              |
|     | Complete ONLY if direct     | Candidate/Officeholder                         | name Office                    | e sought  |                      | Office held             |            |              |
| _ e | expenditure to benefit C/OH |  |                                |   |                      |                         |            |              |
|     | PAYMENT                     | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Cre                                     | edit Card Issuer     | Paid                    |            |              |
|     |                             | \$100.00                                       | 09/28/2023                     |   |                      |                         |            |              |
| Г   | PAYEE                       | (a) Payee name                                 |                                | (b) Payee add                                       | ress;                | City,                   | State,     | Zip Code     |
|     |                             | l la d'Una na                                  |                                | 3100 Town 0   | Center Trail         |                         |            |              |
|     |                             | Houlihans                                      |                                |   |                      |                         |            |              |
| L   |                             |  |                                | Denton, TX  |                      |                         |            |              |
|     | PURPOSE OF EXPENDITURE      | (a) Category (See Categories listed at the top | of this echodulo)              | (b) Description                                     |                      |                         |            |              |
|     | X Political                 | Food/Beverage Expe                             |                                | Food for Dis  | trict staff mee      | ting to discuss         | legislativ | e issues     |
| 1   | Non-Political               | (c) Check if travel outside                    | of Texas. Complete Schedule T. | T. Check if Austin, TX, officeholder living expense |                      |                         |            |              |
| Г   | Complete ONLY if direct     | Candidate/Officeholder                         | name Office                    | e sought  |                      | Office held             |            |              |
| 6   | expenditure to benefit C/OH |  |                                |   |                      |                         |            |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   |                            | The Inst   | ruction Guide explains how     | to complete th   | nis form.                                  |   |            |              |
|---|----------------------------|--|--------------------------------|--|--|---|------------|--------------|
| 1 | Total pages Schedule F4:   | 2 FILER NAME   |                                |  |  | 3 Filer ID (Ethio                       | cs Commiss | sion Filers) |
|   | Sch: 28/60 Rpt:            | Stucky, Lynn D. (Th                                  | ne Honorable)                  |  |  | 00080276                                |            |              |
| 4 | CREDIT CARD<br>ISSUER      | Name of final  | ncial institution              | EXPEND   | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                                      |            |              |
| 6 | PAYMENT                    | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s)  | Credit Card Issuer                         | Paid                                    |            |              |
|   |                            | \$71.40  | 10/03/2023                     |  |  |   |            |              |
| 7 | PAYEE                      | (a) Payee name                                       |                                | (b) Payee a  | ddress;                                    | City,                                   | State,     | Zip Code     |
|   |                            | Houlihans  |                                |  | n Center Trail                             |   |            |              |
|   |                            | ( ) -  |                                | Denton, T  |  |   |            |              |
| 8 | PURPOSE OF EXPENDITURE     | (a) Category (See Categories listed at the top       | of this schedule)              | (b) Descript   |  | wist Dissets as                         |            |              |
|   | X Political                | Food/Beverage Expe                                   |                                |  | gislative issues                           | District Director and constituent to es |            |              |
|   | Non-Political              | (c) Check if travel outside                          | of Texas. Complete Schedule T. |  | Check if Austin, TX,                       | officeholder living exp                 | ense       |              |
|   |                            | Candidate/Officeholder                               | name Office                    | e sought   |  | Office held                             |            |              |
| е | xpenditure to benefit C/OH |  |                                | _  |  |   |            |              |
|   | PAYMENT                    | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s)  | Credit Card Issuer                         | Paid                                    |            |              |
|   |                            | \$100.53   | 11/15/2023                     |  |  |   |            |              |
|   | PAYEE (a) Payee name       |  |                                | (b) Payee a  | ddress;                                    | City,                                   | State,     | Zip Code     |
|   |                            | Houlihans  |                                | 3100 Tow   | n Center Trail                             |   |            |              |
|   |                            |  |                                | Denton, T  | X 76201                                    |   |            |              |
|   | PURPOSE OF                 | (a) Category   | (II)                           | (b) Descript   |  |   |            |              |
|   | EXPENDITURE                | (See Categories listed at the top Food/Beverage Expe |                                | Food for meeting with District Director and constituent to |  |   |            |              |
|   | X Political                |  |                                | discuss legislative issues                                 |  |   |            |              |
|   | Non-Political              | (c) Check if travel outside                          | of Texas. Complete Schedule T. | ]  | Check if Austin, TX,                       | officeholder living exp                 | ense       |              |
|   | Complete ONLY if direct    | Candidate/Officeholder                               | name Office                    | e sought   |  | Office held                             |            |              |
| е | xpenditure to benefit C/OH |  |                                |  |  |   |            |              |
|   | PAYMENT                    | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s)  | Credit Card Issuer                         | Paid                                    |            |              |
|   |                            | \$203.00   | 12/19/2023                     |  |  |   |            |              |
| H | PAYEE                      | (a) Payee name                                       | l                              | (b) Payee a  | ddress;                                    | City,                                   | State,     | Zip Code     |
|   |                            |  |                                | 3100 Tow   | n Center Trail                             |   |            |              |
|   |                            | Houlihans  |                                |  |  |   |            |              |
|   |                            |  |                                | Denton, T  | X 76201                                    |   |            |              |
|   | PURPOSE OF                 | (a) Category   |                                | (b) Descript   | ion  |   |            |              |
|   | EXPENDITURE                | (See Categories listed at the top Food/Beverage Expe | •                              |  | Christmas lunch                            | with District St                        | aff and ca | ampaign      |
|   | X Political                | i oourbeverage Exper                                 | 136                            | volunteers   |  |   |            |              |
|   | Non-Political              | (c) Check if travel outside                          | of Texas. Complete Schedule T. | <u>.</u> Г   | Check if Austin, TX,                       | officeholder living exp                 | ense       |              |
|   | Complete ONLY if direct    | Candidate/Officeholder                               | name Office                    | e sought   | <del></del>                                | Office held                             |            |              |
| е | xpenditure to benefit C/OH |  |                                |  |  |   |            |              |
|   |                            | •  |                                |  |  |   |            |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                             | The Inst   | ruction Guide explains how     | to complete this fo                                 | orm.                |                         |            |             |
|-----------------------------|--|--------------------------------|---|---------------------|-------------------------|------------|-------------|
| 1 Total pages Schedule F4:  | 2 FILER NAME   |                                |   |                     | 3 Filer ID (Ethi        | cs Commiss | ion Filers) |
| Sch: 29/60 Rpt:             | Stucky, Lynn D. (Th                                    | he Honorable)                  |   |                     | 00080276                |            |             |
| 4 CREDIT CARD<br>ISSUER     | Name of final  | ncial institution              | 5 TOTAL OF U<br>EXPENDITU<br>CHARGED T<br>CARD      | RES                 | \$                      |            |             |
| 6 PAYMENT                   | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s) Cred                                    | lit Card Issuer     | Paid                    |            |             |
|                             | \$12.00  | 09/20/2023                     |   |                     |                         |            |             |
| 7 PAYEE                     | (a) Payee name   |                                | (b) Payee addre                                     | ess;                | City,                   | State,     | Zip Code    |
|                             | Irving Convention C                                    | Center                         | 500 W Las C   |                     |                         |            |             |
|                             | ( ) 0 :  |                                | Irving , TX 750                                     | 039                 |                         |            |             |
| 8 PURPOSE OF EXPENDITURE    | (a) Category (See Categories listed at the top         | of this schedule)              | (b) Description                                     | r mooting           |                         |            |             |
| X Political                 | Fees   | ,                              | Parking fee for meeting                             |                     |                         |            |             |
| Non-Political               | (c) Check if travel outside                            | of Texas. Complete Schedule T. | Cr  | neck if Austin, TX, | officeholder living exp | ense       |             |
| 9 Complete ONLY if direct   | Candidate/Officeholder                                 | r name Offic                   | e sought  |                     | Office held             |            |             |
| expenditure to benefit C/OH |  |                                |   |                     |                         |            |             |
| PAYMENT                     | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s) Cred                                    | lit Card Issuer     | Paid                    |            |             |
|                             | \$200.00   | 09/26/2023                     |   |                     |                         |            |             |
| PAYEE (a) Payee name        |  | (b) Payee addre                | ess;  | City,               | State,                  | Zip Code   |             |
|                             | Kroger   |                                | 3400 FM407 E  | ≣                   |                         |            |             |
|                             |  |                                | Bartonville, T                                      | K 76226             |                         |            |             |
| PURPOSE OF                  | (a) Category   |                                | (b) Description                                     |                     |                         |            |             |
| EXPENDITURE                 | (See Categories listed at the top <b>Event Expense</b> | of this schedule)              | Supplies for Lonestar Shoot-Out campaign fundraiser |                     |                         |            |             |
| X Political                 | Event Expense  |                                |   |                     |                         |            |             |
| Non-Political               | (c) Check if travel outside                            | of Texas. Complete Schedule T. | Cr  | neck if Austin, TX, | officeholder living exp | oense      |             |
| Complete ONLY if direct     | Candidate/Officeholder                                 | r name Offic                   | e sought  |                     | Office held             |            |             |
| expenditure to benefit C/OH |  |                                |   |                     |                         |            |             |
| PAYMENT                     | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s) Cred                                    | lit Card Issuer     | Paid                    |            |             |
|                             | \$168.03   | 10/05/2023                     |   |                     |                         |            |             |
| PAYEE                       | (a) Payee name   | ı                              | (b) Payee addre                                     | ess;                | City,                   | State,     | Zip Code    |
|                             | l Karana   |                                | 3400 FM407 F  | Ξ                   |                         |            |             |
|                             | Kroger   |                                |   |                     |                         |            |             |
|                             |  |                                | Bartonville, T                                      | K 76226             |                         |            |             |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top         | of this cohodulo)              | (b) Description                                     |                     |                         |            |             |
| l <u> </u>                  | Event Expense  | or tris scriedule)             | Supplies for L                                      | onestar Sho         | ot-Out campai           | gn fundra  | iser        |
| X Political                 | ,  |                                |   |                     |                         |            |             |
| Non-Political               | \(\frac{1}{2}\)   \(\frac{1}{2}\)                      | of Texas. Complete Schedule T. |   | neck if Austin, TX, | officeholder living exp | ense       |             |
| Complete ONLY if direct     | Candidate/Officeholder                                 | r name Offic                   | e sought  |                     | Office held             |            |             |
| expenditure to benefit C/OH | xpenditure to benefit C/OH                             |                                |   |                     |                         |            |             |

### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

|   | The Inst   | ruction Guide explains how     | to complete this form.   |   | ,             |  |  |
|---|--|--------------------------------|--|---|---------------|--|--|
| 1 Total pages Schedule F4:                          | 2 FILER NAME   |                                |  | 3 Filer ID (Ethics Commi                | ssion Filers) |  |  |
| Sch: 30/60 Rpt:                                     | Stucky, Lynn D. (Th                                  | ne Honorable)                  |  | 00080276                                |               |  |  |
| 4 CREDIT CARD<br>ISSUER                             | Name of final  | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$                                      |               |  |  |
| 6 PAYMENT   | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                                  |               |  |  |
|   | \$234.52   | 07/21/2023                     |  |   |               |  |  |
| 7 PAYEE   | (a) Payee name                                       |                                | (b) Payee address;   | City, State                             | Zip Code      |  |  |
|   | Mailahiman   |                                | Ponce City Market  |   |               |  |  |
|   | Mailchimp  |                                | 675 Ponce De Leon Ave  | NE E178                                 |               |  |  |
|   |  |                                | Atlanta, GA 30308  |   |               |  |  |
| 8 PURPOSE OF  | (a) Category   |                                | (b) Description  |   |               |  |  |
| EXPENDITURE   | (See Categories listed at the top                    |                                | Fee for campaign email s   | ervice                                  |               |  |  |
| X Political   | Office Overhead/Ren                                  | iai Experise                   |  |   |               |  |  |
| Non-Political                                       | (c) Check if travel outside                          | of Texas. Complete Schedule T. | Check if Austin, TX,   | , officeholder living expense           |               |  |  |
| 9 Complete ONLY if direct                           | Candidate/Officeholder                               | <u> </u>                       | e sought   | Office held                             |               |  |  |
| expenditure to benefit C/OH                         |  |                                |  |   |               |  |  |
| PAYMENT   | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                                  |               |  |  |
|   | \$234.52   | 08/21/2023                     |  |   |               |  |  |
| PAYEE   | (a) Payee name                                       | I .                            | (b) Payee address;   | City, State                             | Zip Code      |  |  |
|   |  |                                | Ponce City Market  |   |               |  |  |
|   | Mailchimp  |                                | 675 Ponce De Leon Ave  | NE E178                                 |               |  |  |
|   |  |                                | Atlanta, GA 30308  |   |               |  |  |
| PURPOSE OF  | (a) Category   |                                | (b) Description  |   |               |  |  |
| EXPENDITURE   | (See Categories listed at the top                    |                                | Fee for campaign email service                                       |   |               |  |  |
| X Political   | Office Overhead/Ren                                  | tai Expense                    |  |   |               |  |  |
| Non-Political                                       | (c) Check if travel outside                          | of Texas. Complete Schedule T. | Check if Austin, TX,   | , officeholder living expense           |               |  |  |
| Complete ONLY if direct                             | Candidate/Officeholder                               | name Offic                     | e sought   | Office held                             |               |  |  |
| expenditure to benefit C/OH                         |  |                                |  |   |               |  |  |
| PAYMENT   | (a) Amount Charged                                   | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                                  |               |  |  |
|   | \$234.52   | 09/21/2023                     |  |   |               |  |  |
| PAYEE   | (a) Payee name                                       | l                              | (b) Payee address;   | City, State                             | Zip Code      |  |  |
|   | (4) 1911 11  |                                | Ponce City Market  | - · · · · · · · · · · · · · · · · · · · |               |  |  |
|   | Mailchimp  |                                | 675 Ponce De Leon Ave  | NF F178                                 |               |  |  |
|   |  |                                | Atlanta, GA 30308  | IVE EITO                                |               |  |  |
| PURPOSE OF  | (a) Category   |                                | (b) Description  |   |               |  |  |
| EXPENDITURE   | (See Categories listed at the top                    |                                | Fee for campaign email s   | ervice                                  |               |  |  |
| X Political   | Office Overhead/Ren                                  | tal Expense                    |  |   |               |  |  |
| Non-Political                                       | (a) D object (i)   1   1   1   1   1   1   1   1   1 | of Towns Committee College     | <u> </u>   | -#Cla-la-a listin                       |               |  |  |
|   | (c) Check if travel outside Candidate/Officeholder   | of Texas. Complete Schedule T. | e sought   | officeholder living expense Office held |               |  |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officefiolder                              | name Offic                     | c sougni   | Office field                            |               |  |  |
| expenditure to benefit C/OH                         |  |                                |  |   |               |  |  |

### SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

| Candidate/Officeholder/Politica |   |                                |                                  | THER (enter a category    | not listed ab | oove)       |  |
|---------------------------------|---|--------------------------------|----------------------------------|---------------------------|---------------|-------------|--|
|                                 |   | ruction Guide explains how     | to complete this form.           | I                         | <u> </u>      |             |  |
| 1 Total pages Schedule F4:      |   |                                |                                  | 3 Filer ID (Ethics        | Commiss       | ion Filers) |  |
| Sch: 31/60 Rpt:                 | Stucky, Lynn D. (Th                                       | ne Honorable)                  |                                  | 00080276                  |               |             |  |
| 4 CREDIT CARD                   | Name of finar   | ncial institution              | 5 TOTAL OF UNITEMIZED            | <b> </b>                  |               |             |  |
| ISSUER                          |   |                                | EXPENDITURES CHARGED TO A CREDIT | ٦                         |               |             |  |
|                                 |   |                                | CARD                             |                           |               |             |  |
| 6 PAYMENT                       | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer   | r Paid                    |               |             |  |
|                                 | \$234.52  | 10/21/2023                     |                                  |                           |               |             |  |
|                                 | ,   |                                |                                  |                           |               |             |  |
| 7 PAYEE                         | (a) Payee name  |                                | (b) Payee address;               | City,                     | State,        | Zip Code    |  |
|                                 |   |                                | Ponce City Market                |                           |               |             |  |
|                                 | Mailchimp   |                                | 675 Ponce De Leon Ave N          | NF F178                   |               |             |  |
|                                 |   |                                | Atlanta, GA 30308                |                           |               |             |  |
| 8 PURPOSE OF                    | (a) Category  |                                | (b) Description                  |                           |               |             |  |
| EXPENDITURE                     | (See Categories listed at the top                         | *                              | Fee for campaign email se        | ervice                    |               |             |  |
| X Political                     | Office Overhead/Rent                                      | tal Expense                    |                                  |                           |               |             |  |
| Non-Political                   | L. —  |                                |                                  |                           |               |             |  |
|                                 | (1)   | of Texas. Complete Schedule T. |                                  | officeholder living exper | ise           |             |  |
| 9 Complete ONLY if direct       | Candidate/Officeholder                                    | name Office                    | e sought                         | Office held               |               |             |  |
| expenditure to benefit C/OH     |   | I a                            | 1                                |                           |               |             |  |
| PAYMENT                         | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer   | r Paid                    |               |             |  |
|                                 | \$234.52  | 11/21/2023                     |                                  |                           |               |             |  |
|                                 |   |                                |                                  |                           |               |             |  |
| PAYEE (a) Payee name            |   |                                | (b) Payee address;               | City,                     | State,        | Zip Code    |  |
|                                 | Mailahima   |                                | Ponce City Market                |                           |               |             |  |
|                                 | Mailchimp   |                                | 675 Ponce De Leon Ave N          | NE E178                   |               |             |  |
|                                 |   |                                | Atlanta, GA 30308                |                           |               |             |  |
| PURPOSE OF                      | (a) Category  | of this calcadula)             | (b) Description                  |                           |               |             |  |
| EXPENDITURE                     | (See Categories listed at the top<br>Office Overhead/Rent |                                | Fee for campaign email service   |                           |               |             |  |
| X Political                     |   | <u>-</u>                       |                                  |                           |               |             |  |
| Non-Political                   | (c) Check if travel outside                               | of Texas. Complete Schedule T. | Check if Austin, TX,             | officeholder living exper | ise           |             |  |
| Complete ONLY if direct         | Candidate/Officeholder                                    | name Office                    | e sought                         | Office held               |               |             |  |
| expenditure to benefit C/OH     |   |                                |                                  |                           |               |             |  |
| PAYMENT                         | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issuer   | r Paid                    |               |             |  |
|                                 | \$245.18  | 12/21/2023                     |                                  |                           |               |             |  |
|                                 |   |                                |                                  |                           |               |             |  |
| PAYEE                           | (a) Payee name  |                                | (b) Payee address;               | City,                     | State,        | Zip Code    |  |
|                                 |   |                                | Ponce City Market                |                           |               |             |  |
|                                 | Mailchimp   |                                | 675 Ponce De Leon Ave N          | NE E178                   |               |             |  |
|                                 |   |                                | Atlanta, GA 30308                |                           |               |             |  |
| PURPOSE OF                      | (a) Category  |                                | (b) Description                  |                           |               |             |  |
| EXPENDITURE                     | (See Categories listed at the top                         |                                | Fee for campaign email se        | ervice                    |               |             |  |
| X Political                     | Office Overhead/Rent                                      | iai Expense                    |                                  |                           |               |             |  |
| Non-Political                   | (c) Check if travel outside                               | of Texas. Complete Schedule T. | Check if Austin TX               | officeholder living exper | ıse           |             |  |
| Complete ONLY if direct         |   |                                |                                  |                           |               |             |  |
| expenditure to benefit C/OH     |   | 2 1110                         | - <b>y</b> -                     |                           |               |             |  |
|                                 | l   |                                |                                  |                           |               |             |  |
| 1                               |   |                                |                                  |                           |               |             |  |

# SCHEDULE F4

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

| Candidate/Officeholder/Politica | •  |                                | aries/Wages/Contract Labor                               | OTHE               | ER (enter a cate                    | egory not listed at | oove)        |
|---------------------------------|--|--------------------------------|--|--------------------|-------------------------------------|---------------------|--------------|
| 4 7 1 0 1 1 54                  |  | ruction Guide explains how     | to complete this form.                                   | اما                | E''. ID (E                          |                     |              |
| 1 Total pages Schedule F4:      |  |                                |  | I                  | - `                                 | thics Commiss       | sion Filers) |
| Sch: 32/60 Rpt:                 | Stucky, Lynn D. (Th                            |                                | 1  |                    | 0080276                             |                     |              |
| 4 CREDIT CARD ISSUER            | Name of final                                  | ncial institution              | 5 TOTAL OF UNIT EXPENDITURES                             |                    | •                                   |                     |              |
| ISSUER                          |  |                                | CHARGED TO A   |                    | •                                   |                     |              |
|                                 |  |                                | CARD   |                    |                                     |                     |              |
| 6 PAYMENT                       | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit C                                     | ard Issuer P       | aid                                 |                     |              |
|                                 | \$250.00                                       | 09/10/2023                     |  |                    |                                     |                     |              |
|                                 |  |                                |  |                    |                                     |                     |              |
| 7 PAYEE                         | (a) Payee name                                 | I                              | (b) Payee address;                                       |                    | City,                               | State,              | Zip Code     |
|                                 |  |                                | PO Box 903   |                    |                                     |                     |              |
|                                 | Meals on Wheels                                |                                |  |                    |                                     |                     |              |
|                                 |  |                                | Decatur, TX 7623   | 34                 |                                     |                     |              |
| 8 PURPOSE OF                    | (a) Category                                   |                                | (b) Description  |                    |                                     |                     |              |
| EXPENDITURE                     | (See Categories listed at the top              |                                | Sponsorship for S  | Senior Hea         | lth Expo                            |                     |              |
| X Political                     | Contributions/Donatio                          |                                |  |                    |                                     |                     |              |
| Non-Political                   |  | of Texas. Complete Schedule T. | ☐ Check i  | if Austin, TX, off | iceholder living                    | evnense             |              |
| 9 Complete ONLY if direct       | Candidate/Officeholder                         | ·                              | e sought   |                    | Office held                         | скрепос             |              |
| expenditure to benefit C/OH     |  |                                | o coug   |                    |                                     |                     |              |
| PAYMENT                         | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit C                                     | ard Issuer P       | Paid                                |                     |              |
| . /                             | 1 ` ′  | ` '                            | (o) Bato(o) Great G                                      | ara locaci i       | ara                                 |                     |              |
|                                 | \$60.00  | 11/09/2023                     |  |                    |                                     |                     |              |
| PAYEE                           | (a) Payee name                                 |                                | (b) Payee address;                                       |                    | City,                               | State,              | Zip Code     |
| TAILL                           | (a) Fayee name                                 |                                | 1 ' '  | , Dr               | City,                               | State,              | Zip Code     |
|                                 | Metzler's                                      |                                | 1115 E University  | <i>,</i> Di        |                                     |                     |              |
|                                 |  |                                | Donton TV 7620   | 1                  |                                     |                     |              |
| PURPOSE OF                      | (a) Category                                   |                                | Denton, TX 7620 (b) Description                          | <u>T</u>           |                                     |                     |              |
| EXPENDITURE                     | (See Categories listed at the top              | of this schedule)              | Food for meeting between Officeholder and constituent to |                    |                                     |                     |              |
| X Political                     | Food/Beverage Expe                             | nse                            | discuss legislative issues                               |                    |                                     |                     | ardoni to    |
|                                 |  |                                |  |                    |                                     |                     |              |
| Non-Political                   | · · · · · · · · · · · · · · · · · · ·          | of Texas. Complete Schedule T. |  | if Austin, TX, off |                                     | expense             |              |
| Complete ONLY if direct         | Candidate/Officeholder                         | name Office                    | e sought   |                    | Office held                         |                     |              |
| expenditure to benefit C/OH     | ( )  | T (1) = 1                      | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                  |                    |                                     |                     |              |
| PAYMENT                         | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit C                                     | ard Issuer P       | aid                                 |                     |              |
|                                 | \$24.37  | 10/04/2023                     |  |                    |                                     |                     |              |
|                                 |  |                                |  |                    |                                     |                     |              |
| PAYEE                           | (a) Payee name                                 |                                | (b) Payee address;                                       |                    | City,                               | State,              | Zip Code     |
|                                 | Mi Casita Mexican                              | Food                           | 110 N Carroll Blv  | d                  |                                     |                     |              |
|                                 | IVII Casila iviexican                          | roou                           | #100   |                    |                                     |                     |              |
|                                 |  |                                | Denton, TX 7620  | 1                  |                                     |                     |              |
| PURPOSE OF                      | (a) Category (See Categories listed at the top | -f.4b-ibb-1-\                  | (b) Description  |                    |                                     |                     |              |
| EXPENDITURE                     | Food/Beverage Expe                             | ,                              | Food for meeting   | with camp          | aign staff t                        | to discuss c        | ampaign      |
| X Political                     | - Sea, Deterage Exper                          | <del>-</del> -                 | issues   |                    |                                     |                     |              |
| Non-Political                   | (c) Check if travel outside                    | of Texas. Complete Schedule T. | Check i  | if Austin, TX, off | in, TX, officeholder living expense |                     |              |
| Complete ONLY if direct         | Candidate/Officeholder                         | name Offic                     | e sought   |                    | Office held                         |                     |              |
| expenditure to benefit C/OH     |  |                                |  |                    |                                     |                     |              |
|                                 | ı  |                                |  |                    |                                     |                     |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                             | The Inst  | ruction Guide explains how     | to complete this form.                                      |                             |               |  |  |
|-----------------------------|---|--------------------------------|---|-----------------------------|---------------|--|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                |   | 3 Filer ID (Ethics Commi    | ssion Filers) |  |  |
| Sch: 33/60 Rpt:             | Stucky, Lynn D. (Th                                   | ne Honorable)                  |   | 00080276                    |               |  |  |
| 4 CREDIT CARD<br>ISSUER     | Name of final   | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                          |               |  |  |
| 6 PAYMENT                   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | r Paid                      |               |  |  |
|                             | \$24.89   | 12/04/2023                     |   |                             |               |  |  |
| 7 PAYEE                     | (a) Payee name  |                                | (b) Payee address;  | City, State,                | Zip Code      |  |  |
|                             | 1   |                                | 1800 S Loop 288   |                             |               |  |  |
|                             | Michaels  |                                | #340  |                             |               |  |  |
|                             |   |                                | Denton, TX 76205  |                             |               |  |  |
| 8 PURPOSE OF                | (a) Category  |                                | (b) Description   |                             |               |  |  |
| EXPENDITURE                 | (See Categories listed at the top Advertising Expense | of this schedule)              | Decor for campaign vehicle                                  | le in parade                |               |  |  |
| X Political                 | Advertising Expense                                   |                                |   |                             |               |  |  |
| Non-Political               | (c) Check if travel outside                           | of Texas. Complete Schedule T. | Check if Austin, TX,  | officeholder living expense |               |  |  |
| 9 Complete ONLY if direct   | Candidate/Officeholder                                | name Office                    | e sought  | Office held                 |               |  |  |
| expenditure to benefit C/OH |   |                                |   |                             |               |  |  |
| PAYMENT                     | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | r Paid                      |               |  |  |
|                             | \$74.81   | 07/16/2023                     |   |                             |               |  |  |
| PAYEE                       | (a) Payee name  |                                | (b) Payee address;  | City, State,                | Zip Code      |  |  |
|                             | ` `   |                                | 15280 Addison Road  | •                           | ·             |  |  |
|                             | Minol-USA   |                                | Ste 100   |                             |               |  |  |
|                             |   |                                | Addison, TX 75001   |                             |               |  |  |
| PURPOSE OF                  | (a) Category  |                                | (b) Description   |                             |               |  |  |
| EXPENDITURE                 | (See Categories listed at the top                     |                                | Utilities for Officeholder's apartment in Austin            |                             |               |  |  |
| X Political                 | Office Overhead/Ren                                   | tai Expense                    | ·   |                             |               |  |  |
| Non-Political               | (c) Check if travel outside                           | of Texas. Complete Schedule T. | X Check if Austin, TX,                                      | officeholder living expense |               |  |  |
| Complete ONLY if direct     | Candidate/Officeholder                                | name Office                    | e sought  | Office held                 |               |  |  |
| expenditure to benefit C/OH |   |                                |   |                             |               |  |  |
| PAYMENT                     | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Issuer                              | r Paid                      |               |  |  |
|                             | \$57.89   | 08/14/2023                     |   |                             |               |  |  |
| PAYEE                       | (a) Payee name  | l                              | (b) Payee address;  | City, State,                | Zip Code      |  |  |
|                             | (4) - 3) - 3  |                                | 15280 Addison Road  | -1.9,                       |               |  |  |
|                             | Minol-USA   |                                | Ste 100   |                             |               |  |  |
|                             |   |                                | Addison, TX 75001   |                             |               |  |  |
| PURPOSE OF                  | (a) Category  |                                | (b) Description   |                             |               |  |  |
| EXPENDITURE                 | (See Categories listed at the top                     | •                              | Utilities for Officeholder's                                | apartment in Austin         |               |  |  |
| X Political                 | Office Overhead/Ren                                   | tal Expense                    |   |                             |               |  |  |
| Non-Political               | (c) Check if travel outside                           | of Texas. Complete Schedule T. | X Check if Austin, TX,                                      | officeholder living expense |               |  |  |
| Complete ONLY if direct     | Candidate/Officeholder                                | name Office                    | e sought  | Office held                 |               |  |  |
| expenditure to benefit C/OH |   |                                |   |                             |               |  |  |
|                             |   |                                |   |                             |               |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   |                             | The Inst  | ruction Guide explains how     | to complete this form.   |                          |           |              |  |  |
|---|-----------------------------|---|--------------------------------|--|--------------------------|-----------|--------------|--|--|
| 1 | Total pages Schedule F4:    | 2 FILER NAME  |                                |  | 3 Filer ID (Ethic        | s Commiss | sion Filers) |  |  |
|   | Sch: 34/60 Rpt:             | Stucky, Lynn D. (Th                                       | ne Honorable)                  |  | 00080276                 |           |              |  |  |
| 4 | CREDIT CARD<br>ISSUER       | Name of final   | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$                       |           |              |  |  |
| 6 | PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                   |           |              |  |  |
|   |                             | \$54.06   | 09/19/2023                     |  |                          |           |              |  |  |
| 7 | PAYEE                       | (a) Payee name  |                                | (b) Payee address;   | City,                    | State,    | Zip Code     |  |  |
| l |                             | MinoLUCA  |                                | 15280 Addison Road   |                          |           |              |  |  |
| l |                             | Minol-USA   |                                | Ste 100  |                          |           |              |  |  |
| L |                             |   |                                | Addison, TX 75001  |                          |           |              |  |  |
| 8 | PURPOSE OF                  | (a) Category  |                                | (b) Description  |                          |           |              |  |  |
|   | EXPENDITURE                 | (See Categories listed at the top<br>Office Overhead/Rent |                                | Utilities for Officeholder's apartment in Austin                     |                          |           |              |  |  |
| l | X Political                 | office overfiedd/item                                     | LAPETISE                       |  |                          |           |              |  |  |
| l | Non-Political               | (c) Check if travel outside                               | of Texas. Complete Schedule T. | X Check if Austin, TX,   | officeholder living expe | ense      |              |  |  |
| 9 | Complete ONLY if direct     | Candidate/Officeholder                                    | name Office                    | e sought   | Office held              |           |              |  |  |
| e | expenditure to benefit C/OH |   |                                |  |                          |           |              |  |  |
|   | PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                   |           |              |  |  |
|   |                             | \$50.15   | 10/15/2023                     |  |                          |           |              |  |  |
| Н | PAYEE (a) Payee name        |   | l                              | (b) Payee address;   | City,                    | State,    | Zip Code     |  |  |
|   |                             |   |                                | 15280 Addison Road   |                          |           |              |  |  |
|   |                             | Minol-USA   |                                | Ste 100  |                          |           |              |  |  |
|   |                             |   |                                | Addison, TX 75001  |                          |           |              |  |  |
| Г | PURPOSE OF                  | (a) Category  |                                | (b) Description  |                          |           |              |  |  |
|   | EXPENDITURE                 | (See Categories listed at the top                         |                                | Utilities for Officeholder's apartment in Austin                     |                          |           |              |  |  |
|   | X Political                 | Office Overhead/Rent                                      | lai Experise                   |  |                          |           |              |  |  |
|   | Non-Political               | (c) Check if travel outside                               | of Texas. Complete Schedule T. | X Check if Austin, TX,   | officeholder living expe | ense      |              |  |  |
| Г | Complete ONLY if direct     | Candidate/Officeholder                                    | name Office                    | e sought   | Office held              |           |              |  |  |
| e | expenditure to benefit C/OH |   |                                |  |                          |           |              |  |  |
|   | PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                   |           |              |  |  |
|   |                             | \$70.94   | 11/19/2023                     |  |                          |           |              |  |  |
| H | PAYEE                       | (a) Payee name  | l                              | (b) Payee address;   | City,                    | State,    | Zip Code     |  |  |
| l |                             |   |                                | 15280 Addison Road   | •                        |           | ·            |  |  |
| l |                             | Minol-USA   |                                | Ste 100  |                          |           |              |  |  |
| l |                             |   |                                | Addison, TX 75001  |                          |           |              |  |  |
| 一 | PURPOSE OF                  | (a) Category  |                                | (b) Description  |                          |           |              |  |  |
|   | EXPENDITURE                 | (See Categories listed at the top                         | ,                              | Utilities for Officeholder's   | apartment in Au          | ıstin     |              |  |  |
| 1 | X Political                 | Office Overhead/Rent                                      | aı ∟xpense                     |  |                          |           |              |  |  |
|   | Non-Political               | (c) Check if travel outside                               | of Texas. Complete Schedule T. | X Check if Austin, TX,   | officeholder living expe | ense      |              |  |  |
| Н | Complete ONLY if direct     | Candidate/Officeholder                                    | ·                              | e sought   | Office held              |           |              |  |  |
| e | expenditure to benefit C/OH |   |                                |  |                          |           |              |  |  |
| ⊢ |                             |   |                                |  |                          |           |              |  |  |

### SCHEDULE F4

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

| Candidate/Officeholder/Politica | -   |                                |                                    | THER (enter a category not listed | above)        |  |  |
|---------------------------------|---|--------------------------------|------------------------------------|-----------------------------------|---------------|--|--|
|                                 |   | ruction Guide explains how     | to complete this form.             | I_ ==                             | . = ,         |  |  |
| 1 Total pages Schedule F4:      |   |                                |                                    | 3 Filer ID (Ethics Commi          | ssion Filers) |  |  |
| Sch: 35/60 Rpt:                 | Stucky, Lynn D. (Th                                     |                                |                                    | 00080276                          |               |  |  |
| 4 CREDIT CARD                   | Name of finar   | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES | e e                               |               |  |  |
| ISSUER                          |   |                                | CHARGED TO A CREDIT                | Φ                                 |               |  |  |
|                                 |   |                                | CARD                               |                                   |               |  |  |
| 6 PAYMENT                       | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issue      | r Paid                            |               |  |  |
|                                 | \$100.50  | 12/17/2023                     |                                    |                                   |               |  |  |
|                                 |   |                                |                                    |                                   |               |  |  |
| 7 PAYEE                         | (a) Payee name  |                                | (b) Payee address;                 | City, State,                      | Zip Code      |  |  |
|                                 |   |                                | 15280 Addison Road                 |                                   |               |  |  |
|                                 | Minol-USA   |                                | Ste 100                            |                                   |               |  |  |
|                                 |   |                                | Addison, TX 75001                  |                                   |               |  |  |
| 8 PURPOSE OF                    | (a) Category  |                                | (b) Description                    |                                   |               |  |  |
| EXPENDITURE                     | (See Categories listed at the top Office Overhead/Rent  | •                              | Utilities for Officeholder's       | apartment in Austin               |               |  |  |
| X Political                     | Office Overfleau/Reffi                                  | ai Experise                    |                                    |                                   |               |  |  |
| Non-Political                   | (c) Check if travel outside                             | of Texas. Complete Schedule T. | X Check if Austin, TX,             | officeholder living expense       |               |  |  |
| 9 Complete ONLY if direct       | Candidate/Officeholder                                  |                                | e sought                           | Office held                       |               |  |  |
| expenditure to benefit C/OH     |   |                                |                                    |                                   |               |  |  |
| PAYMENT                         | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issue      | r Paid                            |               |  |  |
|                                 | \$100.00  | 09/21/2023                     |                                    |                                   |               |  |  |
|                                 | ,   | 55,,                           |                                    |                                   |               |  |  |
| PAYEE                           | (a) Payee name  |                                | (b) Payee address;                 | City, State,                      | Zip Code      |  |  |
|                                 |   |                                | 1314 Teasley Lane                  |                                   |               |  |  |
|                                 | United Way of Dent                                      | on County                      |                                    |                                   |               |  |  |
|                                 |   |                                | Denton, TX 76205                   |                                   |               |  |  |
| PURPOSE OF                      | (a) Category  |                                | (b) Description                    |                                   |               |  |  |
| EXPENDITURE                     | (See Categories listed at the top Contributions/Donatio |                                | Campaign charitable contribution   |                                   |               |  |  |
| X Political                     | Candidate/Officeholde                                   |                                |                                    |                                   |               |  |  |
| Non-Political                   | (c) Check if travel outside                             | of Texas. Complete Schedule T. | Check if Austin, TX,               | officeholder living expense       |               |  |  |
| Complete ONLY if direct         | Candidate/Officeholder                                  | name Office                    | e sought                           | Office held                       |               |  |  |
| expenditure to benefit C/OH     |   |                                |                                    |                                   |               |  |  |
| PAYMENT                         | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issue      | r Paid                            |               |  |  |
|                                 | \$100.00  | 09/21/2023                     |                                    |                                   |               |  |  |
|                                 | ,   |                                |                                    |                                   |               |  |  |
| PAYEE                           | (a) Payee name  |                                | (b) Payee address;                 | City, State,                      | Zip Code      |  |  |
|                                 |   |                                | 217 S Stemmons Frwy                |                                   |               |  |  |
|                                 | Communities in Sch                                      | nools North                    | Suite 101                          |                                   |               |  |  |
|                                 |   |                                | Lewisville, TX 75067               |                                   |               |  |  |
| PURPOSE OF                      | (a) Category  |                                | (b) Description                    |                                   |               |  |  |
| EXPENDITURE                     | (See Categories listed at the top Contributions/Donatio | •                              | Campaign charitable cont           | ribution                          |               |  |  |
| X Political                     | Candidate/Officehold                                    |                                |                                    |                                   |               |  |  |
| Non-Political                   | <b>⊢</b>  | of Texas. Complete Schedule T. | Check if Austin, TX,               | officeholder living expense       |               |  |  |
| Complete ONLY if direct         | Candidate/Officeholder                                  | ·                              | e sought                           | Office held                       |               |  |  |
| expenditure to benefit C/OH     |   |                                |                                    |                                   |               |  |  |
|                                 | 1   |                                |                                    |                                   |               |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|  | The Inst   | ruction Guide explains how   | to complete this fo                 | orm.                |                         |           |              |
|--|--|--|-------------------------------------|---------------------|-------------------------|-----------|--------------|
| 1 Total pages Schedule F4:                                   | 2 FILER NAME   |  |                                     |                     | 3 Filer ID (Ethi        | cs Commis | sion Filers) |
| Sch: 36/60 Rpt:  | Stucky, Lynn D. (Th                                      | ne Honorable)  |                                     |                     | 00080276                |           |              |
| 4 CREDIT CARD<br>ISSUER                                      | Name of final  | ncial institution  | 5 TOTAL OF UEXPENDITUE CHARGED CARD |                     | \$                      |           |              |
| 6 PAYMENT  | (a) Amount Charged                                       | (b) Date of Charge   | (c) Date(s) Cred                    | dit Card Issue      | r Paid                  |           |              |
|  | \$100.00   | 09/21/2023   |                                     |                     |                         |           |              |
| 7 PAYEE  | (a) Payee name   |  | (b) Payee addre                     | ess;                | City,                   | State,    | Zip Code     |
|  | Denton Animal She  |  |                                     |                     |                         |           |              |
|  | Denton, TX 76207   |  |                                     |                     |                         |           |              |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top           | of this cohodulo)  | (b) Description                     |                     |                         |           |              |
| X Political  | Contributions/Donation                                   | Contributions/Donations Made By Candidate/Officeholder/Political Committee |                                     |                     | ribution                |           |              |
| Non-Political  | (c) Check if travel outside                              | of Texas. Complete Schedule T.   |                                     | heck if Austin, TX, | officeholder living exp | oense     |              |
| 9 Complete ONLY if direct Candidate/Officeholder name Office |  |  | e sought                            |                     | Office held             |           |              |
| expenditure to benefit C/OH                                  |  |  |                                     |                     |                         |           |              |
| PAYMENT  | (a) Amount Charged                                       | (b) Date of Charge   | (c) Date(s) Cred                    | dit Card Issue      | r Paid                  |           |              |
|  | \$100.00   | 09/21/2023   |                                     |                     |                         |           |              |
| PAYEE (a) Payee name   |  | (b) Payee addre  | ess;                                | City,               | State,                  | Zip Code  |              |
|  | Serve Denton   |  | 306 Loop 288                        | 3                   |                         |           |              |
|  | Serve Denion   |  | Donton TV 7                         | 6200                |                         |           |              |
| PURPOSE OF   | (a) Category   |  | Denton, TX 7 (b) Description        | 6209                |                         |           |              |
| EXPENDITURE  | (See Categories listed at the top                        |  |                                     | aritable cont       | ribution                |           |              |
| X Political  | Contributions/Donation                                   |  | Campaign charitable contribution    |                     |                         |           |              |
| Non-Political  | (c) Check if travel outside                              | of Texas. Complete Schedule T.   |                                     | heck if Austin, TX, | officeholder living exp | oense     |              |
| Complete ONLY if direct                                      | Candidate/Officeholder                                   | name Office  | e sought                            |                     | Office held             |           |              |
| expenditure to benefit C/OH                                  |  |  | 1                                   |                     |                         |           |              |
| PAYMENT  | (a) Amount Charged                                       | (b) Date of Charge   | (c) Date(s) Cred                    | dit Card Issuei     | r Paid                  |           |              |
|  | \$100.00   | 09/21/2023   |                                     |                     |                         |           |              |
| PAYEE  | (a) Payee name   | <u> </u>   | (b) Payee addre                     | ess;                | City,                   | State,    | Zip Code     |
|  |  |  | 1701 Broadw                         |                     | •                       |           | ·            |
|  | First Refuge Ministr                                     | ries   |                                     | •                   |                         |           |              |
|  |  |  | Denton, TX 7                        | 6201                |                         |           |              |
| PURPOSE OF   | (a) Category   |  | (b) Description                     |                     |                         |           |              |
| EXPENDITURE  | (See Categories listed at the top Contributions/Donation |  | Campaign ch                         | aritable cont       | ribution                |           |              |
| X Political  | Candidate/Officehold                                     |  |                                     |                     |                         |           |              |
| Non-Political  | (c) Check if travel outside                              | of Texas. Complete Schedule T.   | <u></u> с                           | heck if Austin, TX, | officeholder living exp | oense     |              |
| Complete ONLY if direct                                      | Candidate/Officeholder                                   | name Office  | e sought                            |                     | Office held             |           |              |
| expenditure to benefit C/OH                                  |  |  |                                     |                     |                         |           |              |

### SCHEDULE F4

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

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

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

Printing Expense

| Candidate/Oniceriolder/Folitica | •   | ruction Guide explains how     | -  | THER (effer a category not list | eu above)       |  |
|---------------------------------|---|--------------------------------|--|---------------------------------|-----------------|--|
| 1 Total pages Schedule F4:      | 2 FILER NAME  |                                |  | 3 Filer ID (Ethics Com          | mission Filers) |  |
| Sch: 37/60 Rpt:                 | Stucky, Lynn D. (Th                                     | ne Honorable)                  |  | 00080276                        |                 |  |
| 4 CREDIT CARD<br>ISSUER         | Name of final   | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$                              |                 |  |
| 6 PAYMENT                       | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                          |                 |  |
|                                 | \$100.00  | 09/21/2023                     |  |                                 |                 |  |
| 7 PAYEE                         | (a) Payee name Our Daily Bread                          |                                | (b) Payee address;<br>909 N Loop 288                                 | City, Stat                      | e, Zip Code     |  |
|                                 |   |                                | Denton, TX 76209   |                                 |                 |  |
| 8 PURPOSE OF EXPENDITURE        | (a) Category (See Categories listed at the top          | of this schedule)              | (b) Description  |                                 |                 |  |
| <u> </u>                        | Contributions/Donatio                                   |                                | Campaign charitable con  | tribution                       |                 |  |
| X Political                     | Candidate/Officeholder/Political Committee              |                                |  |                                 |                 |  |
| Non-Political                   | \(\frac{1}{2}\)   | of Texas. Complete Schedule T. | <u>L</u>   | , officeholder living expense   |                 |  |
| 9 Complete ONLY if direct       | Candidate/Officeholder                                  | name Offic                     | e sought   | Office held                     |                 |  |
| expenditure to benefit C/OH     |   |                                | _  |                                 |                 |  |
| PAYMENT                         | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Paid                         |                 |  |
|                                 | \$100.00  | 09/21/2023                     |  |                                 |                 |  |
| PAYEE                           | (a) Payee name  |                                | (b) Payee address;   | City, Stat                      | e, Zip Code     |  |
|                                 | O Lil . D.i .   |                                | 306 N Loop 288   |                                 |                 |  |
|                                 | Grace Like Rain   |                                | Ste 112  |                                 |                 |  |
|                                 |   |                                | Denton, TX 76209   |                                 |                 |  |
| PURPOSE OF                      | (a) Category (See Categories listed at the top          | of this schodule)              | (b) Description  |                                 |                 |  |
| EXPENDITURE  X Political        | Contributions/Donatio                                   | ns Made By                     | Campaign charitable con  | tribution                       |                 |  |
| Non-Political                   | <del>-</del>  | of Texas. Complete Schedule T. | Check if Austin TX   | , officeholder living expense   |                 |  |
| Complete ONLY if direct         | Candidate/Officeholder                                  | ·                              | e sought   | Office held                     |                 |  |
| expenditure to benefit C/OH     |   |                                | 3  |                                 |                 |  |
| PAYMENT                         | (a) Amount Charged                                      | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | r Paid                          |                 |  |
|                                 | \$100.00  | 09/21/2023                     |  |                                 |                 |  |
| PAYEE                           | (a) Payee name  | l                              | (b) Payee address;   | City, Stat                      | e, Zip Code     |  |
|                                 |   |                                | 1980 E University Dr   | •                               | •               |  |
|                                 | Refuge For Womer  | 1                              |  |                                 |                 |  |
|                                 |   |                                | Denton, TX 76209   |                                 |                 |  |
| PURPOSE OF                      | (a) Category  |                                | (b) Description  |                                 |                 |  |
| EXPENDITURE                     | (See Categories listed at the top Contributions/Donatio |                                | Campaign charitable con  | tribution                       |                 |  |
| X Political                     | Candidate/Officeholde                                   |                                |  |                                 |                 |  |
| Non-Political                   | (c) Check if travel outside                             | of Texas. Complete Schedule T. | Check if Austin, TX  | , officeholder living expense   |                 |  |
| Complete ONLY if direct         | Candidate/Officeholder                                  | name Offic                     | e sought   | Office held                     |                 |  |
| expenditure to benefit C/OH     |   |                                |  |                                 |                 |  |

### SCHEDULE F4

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

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

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

Printing Expense

| Candidate/Oniceriolden/Folitica   | · ·  | ruction Guide explains how       | ŭ   | TIEN (enter a category not listed above) |  |  |
|---|--|----------------------------------|---|--|--|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME   | <u> </u>                         |   | 3 Filer ID (Ethics Commission Filers)    |  |  |
| Sch: 38/60 Rpt:   | Stucky, Lynn D. (Th  | ne Honorable)                    |   | 00080276                                 |  |  |
| 4 CREDIT CARD<br>ISSUER   | Name of finar  | ncial institution                | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   | \$                                       |  |  |
| 6 PAYMENT   | (a) Amount Charged   | (b) Date of Charge               | (c) Date(s) Credit Card Issuer                                | Paid                                     |  |  |
|   | \$100.00   | 09/21/2023                       |   |  |  |  |
| 7 PAYEE   | (a) Payee name Children's Advocac                            | y Center for                     | (b) Payee address;<br>1854 Cain Drive<br>Lewisville, TX 75077 | City, State, Zip Code                    |  |  |
| 8 PURPOSE OF  | (a) Category   |                                  | (b) Description   |  |  |  |
| EXPENDITURE (See Categories listed at the top of this schedule) Campaign charitable con |  |                                  | ribution  |  |  |  |
| X Political   | , Contributions/Donations Made By                            |                                  |   |  |  |  |
| Non-Political   | <u> </u>   | of Texas. Complete Schedule T.   | Check if Austin TX  | officeholder living expense              |  |  |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought                     |  |                                  | <u>L</u>  | Office held                              |  |  |
| expenditure to benefit C/OH   |  |                                  |   |  |  |  |
| PAYMENT   | (a) Amount Charged   | (b) Date of Charge               | (c) Date(s) Credit Card Issuer                                | Paid                                     |  |  |
|   | \$100.00   | 09/21/2023                       |   |  |  |  |
| PAYEE   | (a) Payee name   |                                  | (b) Payee address;  | City, State, Zip Code                    |  |  |
|   | Habitat for Humanit  | ty of Denton                     | 1721 N Carroll Blvd   |  |  |  |
|   |  |                                  | Denton, TX 76201  |  |  |  |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top               | of this schedule)                | (b) Description   | wilay sti a a                            |  |  |
| X Political   | Contributions/Donatio  |                                  | Campaign charitable contribution                              |  |  |  |
| Non-Political   | (1)  | of Texas. Complete Schedule T.   | Check if Austin, TX,  | officeholder living expense              |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate/Officeholder                                       | name Office                      | e sought  | Office held                              |  |  |
| PAYMENT   | (a) Amount Charged<br>\$1,826.72                             | (b) Date of Charge<br>09/27/2023 | (c) Date(s) Credit Card Issuer                                | <sup>r</sup> Paid                        |  |  |
| PAYEE   | (a) Payee name   | •                                | (b) Payee address;  | City, State, Zip Code                    |  |  |
|   | North Texas Smoke  | e BBQ                            | 2803 US-287   |  |  |  |
|   | () 0 :   |                                  | Decatur, TX 76234   |  |  |  |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top Event Expense | of this schedule)                | (b) Description Food for Lonestar Shoot-0                     | Dut campaign fundraiser                  |  |  |
| X Political   | Lyon Lyponse   |                                  |   |  |  |  |
| Non-Political   | (c) Check if travel outside                                  | of Texas. Complete Schedule T.   | Check if Austin, TX,  | officeholder living expense              |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder                                       | name Office                      | e sought  | Office held                              |  |  |
|   |  |                                  |   |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| l                    | The Instruction Guide explains how to complete this form. |  |   |  |                      |                          |           |              |
|----------------------|---|--|---|--|----------------------|--------------------------|-----------|--------------|
| 1                    | Total pages Schedule F4:                                  | 2 FILER NAME   |   |  |                      | 3 Filer ID (Ethic        | s Commiss | sion Filers) |
| l                    | Sch: 39/60 Rpt:   | Stucky, Lynn D. (Th  | ne Honorable)                             |  |                      | 00080276                 |           |              |
| 4                    | CREDIT CARD<br>ISSUER                                     | Name of final  | ncial institution                         | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD |                      | \$                       |           |              |
| 6                    | PAYMENT   | (a) Amount Charged   | (b) Date of Charge                        | (c) Date(s) Credit Card Issue  |                      | Paid                     |           |              |
|                      |   | \$1,926.72   | 10/06/2023                                |  |                      |                          |           |              |
| 7                    | PAYEE   | (a) Payee name  North Texas Smoke                                  | e BBQ                                     | (b) Payee address;<br>2803 US-287                                    |                      | City,                    | State,    | Zip Code     |
| l                    |   | Decatur, TX 76234  |   |  | 76234                |                          |           |              |
| 8                    | PURPOSE OF EXPENDITURE  X Political                       | (a) Category<br>(See Categories listed at the top<br>Event Expense | (b) Description Food for Lonestar Shoot-0 |  | Out campaign f       | undraise                 | r         |              |
| l                    | Non-Political   | (c) Check if travel outside  | of Texas. Complete Schedule T.            |  | Check if Austin TX   | officeholder living expe | ense      |              |
| 9                    | Complete ONLY if direct                                   | Candidate/Officeholder   | <u> </u>                                  | e sought   |                      | Office held              |           |              |
|                      | expenditure to benefit C/OH                               |  |   |  |                      |                          |           |              |
| Г                    | PAYMENT   | (a) Amount Charged   | (b) Date of Charge                        | (c) Date(s) Cr   | edit Card Issuer     | Paid                     |           |              |
|                      |   | \$97.35  | 07/24/2023                                |  |                      |                          |           |              |
| PAYEE (a) Payee name |   |  | (b) Payee add                             | lress;   | City,                | State,                   | Zip Code  |              |
|                      |   | Northern Tool  |   | 3601 N Inter   | state 35             |                          |           |              |
|                      |   |  |   | Denton, TX   | 76207                |                          |           |              |
|                      | PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top                     | of this schedule)                         | (b) Description Gas tanks for gas powered post digger                |                      |                          |           |              |
| l                    | X Political   | Advertising Expense  |   |  |                      |                          |           |              |
|                      | Non-Political   | (c) Check if travel outside  | of Texas. Complete Schedule T.            |  | Check if Austin, TX, | officeholder living expe | ense      |              |
| e                    | Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder   | name Office                               | e sought   |                      | Office held              |           |              |
|                      | PAYMENT   | (a) Amount Charged<br>\$28.25                                      | (b) Date of Charge<br>07/10/2023          | (c) Date(s) Cr   | edit Card Issuer     | Paid                     |           |              |
|                      | PAYEE   | (a) Payee name   | •   | (b) Payee add  | ress;                | City,                    | State,    | Zip Code     |
|                      |   | Office Depot   | 2300 San Jacinto Blvd                     |  | acinto Blvd          |                          |           |              |
| L                    |   |  |   | Denton, TX   | 76205                |                          |           |              |
|                      | PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top Advertising Expense | of this schedule)                         | (b) Description Copies for c   | n<br>ampaign flyers  | 6                        |           |              |
|                      | X Political   |  |   |  |                      |                          |           |              |
| L                    | Non-Political   | (C) Check if travel outside  | of Texas. Complete Schedule T.            |  | Check if Austin, TX, | officeholder living expe | ense      |              |
| e                    | <u> </u>  |  |   | e sought   |                      | Office held              |           |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Inst  | ruction Guide explains how     | to complete this form.                                      |                                     |     |  |
|---|---|--------------------------------|---|-------------------------------------|-----|--|
| 1 Total pages Schedule F4:                          | 2 FILER NAME  |                                |   | 3 Filer ID (Ethics Commission Filer | rs) |  |
| Sch: 40/60 Rpt:                                     | Stucky, Lynn D. (Th                                   | ne Honorable)                  |   | 00080276                            |     |  |
| 4 CREDIT CARD<br>ISSUER                             | Name of final   | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                                  |     |  |
| 6 PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Paid                              |     |  |
|   | \$75.34   | 08/02/2023                     |   |                                     |     |  |
| 7 PAYEE   | (a) Payee name  | •                              | (b) Payee address;  | City, State, Zip C                  | ode |  |
|   | Office Depot  |                                | 2300 San Jacinto Blvd                                       |                                     |     |  |
|   |   |                                | Denton, TX 76205  |                                     |     |  |
| 8 PURPOSE OF EXPENDITURE                            | (a) Category (See Categories listed at the top        | of this schedule)              | (b) Description   |                                     |     |  |
| X Political   | Advertising Expense                                   |                                |   |                                     |     |  |
| Non-Political                                       | (c) Check if travel outside                           | of Texas. Complete Schedule T. | Check if Austin, TX   | , officeholder living expense       |     |  |
| · · · · · · · · · · · ·                             |   |                                | e sought  | Office held                         |     |  |
| expenditure to benefit C/OH                         |   |                                |   |                                     |     |  |
| PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | er Paid                             |     |  |
|   | \$194.42  | 08/16/2023                     |   |                                     |     |  |
| PAYEE   | (a) Payee name  |                                | (b) Payee address;  | City, State, Zip C                  | ode |  |
|   | Office Depot  |                                | 2300 San Jacinto Blvd                                       |                                     |     |  |
|   |   |                                | Denton, TX 76205  |                                     |     |  |
| PURPOSE OF  | (a) Category  | of their coloredule)           | (b) Description   |                                     |     |  |
| EXPENDITURE<br>                                     | (See Categories listed at the top Advertising Expense | of this schedule)              | Copies for campaign flyers                                  |                                     |     |  |
| X Political   |   |                                |   |                                     |     |  |
| Non-Political                                       | (c) Check if travel outside                           | of Texas. Complete Schedule T. | Check if Austin, TX   | , officeholder living expense       |     |  |
| Complete ONLY if direct                             | Candidate/Officeholder                                | name Offic                     | e sought  | Office held                         |     |  |
| expenditure to benefit C/OH                         |   |                                |   |                                     |     |  |
| PAYMENT   | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | er Paid                             |     |  |
|   | \$22.51   | 11/07/2023                     |   |                                     |     |  |
| PAYEE   | (a) Payee name  |                                | (b) Payee address;  | City, State, Zip C                  | ode |  |
|   | 055   |                                | 2300 San Jacinto Blvd                                       |                                     |     |  |
|   | Office Depot  |                                |   |                                     |     |  |
|   |   |                                | Denton, TX 76205  |                                     |     |  |
| PURPOSE OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top        | of this cohodula)              | (b) Description   |                                     |     |  |
|   | Office Overhead/Rent                                  | ,                              | Office supplies for Distric                                 | t office in Denton                  |     |  |
| X Political   |   | ·<br>                          |   |                                     |     |  |
| Non-Political                                       | \(\frac{1}{2} \)                                      | of Texas. Complete Schedule T. |   | , officeholder living expense       |     |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                                | name Offic                     | e sought  | Office held                         |     |  |
|   |   |                                |   |                                     |     |  |

### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

|   | The Inst  | ruction Guide explains how       | to complete thi  | s form.                                | (9-                    | .,          | ,            |
|---|---|----------------------------------|--|--|------------------------|-------------|--------------|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                  |  |  | 3 Filer ID (Eth        | ics Commiss | sion Filers) |
| Sch: 41/60 Rpt:   | Stucky, Lynn D. (Th   | ne Honorable)                    |  |  | 00080276               |             |              |
| 4 CREDIT CARD<br>ISSUER   | Name of final   | ncial institution                | EXPENDI  | F UNITEMIZED<br>TURES<br>D TO A CREDIT | \$                     |             |              |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) C  | redit Card Issuer                      | r Paid                 |             |              |
|   | \$553.22  | 08/16/2023                       |  |  |                        |             |              |
| 7 PAYEE   | (a) Payee name  Quality Logo Produ  | octs                             | (b) Payee ac   | ldress;<br>Highland Avenu              | City,<br>ue            | State,      | Zip Code     |
|   |   |                                  | Aurora, IL   |  |                        |             |              |
| 8 PURPOSE OF EXPENDITURE  X Political   | (a) Category (See Categories listed at the top Advertising Expense  | of this schedule)                | (b) Description  Campaign promotional materials                  |  |                        |             |              |
| Non-Political   | (c) Check if travel outside   | of Texas. Complete Schedule T.   |  | Check if Austin, TX,                   | officeholder living ex | pense       |              |
| Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Offi |   |                                  | e sought   |  | Office held            |             |              |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) C  | redit Card Issuer                      | r Paid                 |             |              |
|   | \$241.11  | 10/13/2023                       |  |  |                        |             |              |
| PAYEE   | (a) Payee name  | •                                | (b) Payee ac   | ldress;                                | City,                  | State,      | Zip Code     |
|   | Quality Logo Produ  | cts                              | 724 North I  | Highland Avenu                         | ue                     |             |              |
|   |   |                                  | Aurora, IL   |  |                        |             |              |
| PURPOSE OF EXPENDITURE    X   Political   | (a) Category (See Categories listed at the top Advertising Expense  | of this schedule)                | (b) Description  Campaign  | on<br>promotional ma                   | aterials               |             |              |
| Non-Political   | (c) Check if travel outside   | of Texas. Complete Schedule T.   |  | 7 Check if Austin TX                   | officeholder living ex | nense       |              |
| Complete ONLY if direct expenditure to benefit C/OH                                   | Candidate/Officeholder  |                                  | e sought   |  | Office held            |             |              |
| PAYMENT   | (a) Amount Charged<br>\$33.00   | (b) Date of Charge<br>12/12/2023 | (c) Date(s) C  | redit Card Issuer                      | r Paid                 |             |              |
| PAYEE   | (a) Payee name<br>Railhead Smokeho  | use                              | (b) Payee address;<br>2900 Montgomery St<br>Fort Worth, TX 76107 |  | City,                  | State,      | Zip Code     |
| PURPOSE OF EXPENDITURE  X Political   | (a) Category<br>(See Categories listed at the top<br>Food/Beverage Expe   |                                  | (b) Description Food for m                                       | on<br>eeting between                   | n Officeholder         | and const   | ituent       |
| Non-Political   | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                  |  |  |                        |             |              |
| Complete ONLY if direct   | Candidate/Officeholder  | name Offic                       | e sought   |  | Office held            |             |              |
| expenditure to benefit C/OH   |   |                                  |  |  |                        |             |              |
| I   |   |                                  |  |  |                        |             |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

|  | The Inst  | ruction Guide explains how   | to complete this form.                                      |  |  |  |  |  |
|--|---|--|---|--|--|--|--|--|
| 1 Total pages Schedule F4:                                 | 2 FILER NAME  |  |   | 3 Filer ID (Ethics Commission Filers)            |  |  |  |  |
| Sch: 42/60 Rpt:  | Stucky, Lynn D. (Th                                   | ne Honorable)  |   | 00080276   |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER                                    | Name of final   | ncial institution  | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$   |  |  |  |  |
| 6 PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge   | (c) Date(s) Credit Card Issue                               | r Paid   |  |  |  |  |
|  | \$1,750.00  | 08/29/2023   |   |  |  |  |  |  |
| 7 PAYEE  | (a) Payee name  | •  | (b) Payee address;  | City, State, Zip Code                            |  |  |  |  |
|  | Ranch Hand Rescu                                      | ie   |   |  |  |  |  |  |
|  | Argyle, TX 76226                                      |  |   |  |  |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top        | of this schedule)  | (b) Description   | rity annual fundraising event                    |  |  |  |  |
| X Political  |   | Contributions/Donations Made By Candidate/Officeholder/Political Committee |   |  |  |  |  |  |
| Non-Political  | `   | of Texas. Complete Schedule T.   |   | officeholder living expense                      |  |  |  |  |
| 9 Complete ONLY if direct                                  | Candidate/Officeholder                                | e sought   | Office held   |  |  |  |  |  |
| expenditure to benefit C/OH                                | ( ) 4 ( ) 4   | [ (1) D ( ) (0)  | 1() 5 : () 6 : 11 6 : 11                                    | D.:1   |  |  |  |  |
|  |   | (b) Date of Charge   | (c) Date(s) Credit Card Issue                               | r Paid   |  |  |  |  |
|  | \$280.00  | 10/06/2023   |   |  |  |  |  |  |
| PAYEE (a) Payee name                                       |   | (b) Payee address;   | City, State, Zip Code                                       |  |  |  |  |  |
|  | Robson Publishing                                     |  | 9532 East Riggs Road  |  |  |  |  |  |
|  |   |  | Sun Lakes, AZ 85248   |  |  |  |  |  |
| PURPOSE OF<br>EXPENDITURE                                  | (a) Category (See Categories listed at the top        | of this schedule)  | (b) Description   |  |  |  |  |  |
| l <u> </u>   | Advertising Expense                                   | of this scriedule)   | Fee for campaign insert for local newspaper                 |  |  |  |  |  |
| X Political  |   |  |   |  |  |  |  |  |
| Non-Political  | · · · · · · · · · · · · · · · · · · ·                 | of Texas. Complete Schedule T.   |   | Check if Austin, TX, officeholder living expense |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder                                | name Office  | e sought  | Office held                                      |  |  |  |  |
| PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge   | (c) Date(s) Credit Card Issue                               | r Paid   |  |  |  |  |
|  | \$280.00  | 11/02/2023   |   |  |  |  |  |  |
| PAYEE  | (a) Payee name  |  | (b) Payee address;  | City, State, Zip Code                            |  |  |  |  |
|  | Robson Publishing                                     |  | 9532 East Riggs Road  |  |  |  |  |  |
|  |   |  | Sun Lakes, AZ 85248   |  |  |  |  |  |
| PURPOSE OF   | (a) Category  | of this cohodule)  | (b) Description   |  |  |  |  |  |
| EXPENDITURE  | (See Categories listed at the top Advertising Expense | oi uiis scriedule)   | Fee for campaign insert for                                 | or local newspaper                               |  |  |  |  |
| X Political  | A voluming Experior                                   |  |   |  |  |  |  |  |
| Non-Political  | `   | of Texas. Complete Schedule T.   | <u> </u>  | officeholder living expense                      |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder                                | name Office  | e sought  | Office held                                      |  |  |  |  |
|  |   |  |   |  |  |  |  |  |

### SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeriolder/Folitica   |   | ruction Guide explains how       | <b>G</b>   | THEN (enter a category not listed above) |  |  |
|--|---|----------------------------------|--|--|--|--|
| 1 Total pages Schedule F4:   | 2 FILER NAME  |                                  |  | 3 Filer ID (Ethics Commission Filers)    |  |  |
| Sch: 43/60 Rpt:  | Stucky, Lynn D. (Th   | ne Honorable)                    |  | 00080276                                 |  |  |
| 4 CREDIT CARD<br>ISSUER  | Name of final   | ncial institution                | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | . \$                                     |  |  |
| 6 PAYMENT  | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issue  | r Paid                                   |  |  |
|  | \$66.00   | 10/01/2023                       |  |  |  |  |
| 7 PAYEE  | (a) Payee name  Roosters Roadhous   | se                               | (b) Payee address;<br>106 N Trinity                                  | City, State, Zip Code                    |  |  |
|  | ( ) 0 :   |                                  | Decatur, TX 76234  |  |  |  |
| 8 PURPOSE OF EXPENDITURE  X Political  | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Food for meeting between discuss legislative issues |                                  |  | n Officeholder and constituent to        |  |  |
| Non-Political  | (C) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, TX  | , officeholder living expense            |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name |   |                                  | e sought   | Office held                              |  |  |
| PAYMENT  | (a) Amount Charged<br>\$1,974.94  | (b) Date of Charge<br>09/29/2023 | (c) Date(s) Credit Card Issue  | r Paid                                   |  |  |
| PAYEE  | PAYEE (a) Payee name  Rudy's BBQ  |                                  | (b) Payee address;<br>520 S IH 35 Frontage Rd<br>Denton, TX 76205    | City, State, Zip Code<br>E               |  |  |
| PURPOSE OF EXPENDITURE  X Political  | (a) Category<br>(See Categories listed at the top<br>Event Expense  | of this schedule)                | (b) Description Food for Cars and BBQ campaign fundraising event     |  |  |  |
| Non-Political  | (c) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, TX,   | , officeholder living expense            |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                              | Candidate/Officeholder  | name Offic                       | e sought   | Office held                              |  |  |
| PAYMENT  | (a) Amount Charged<br>\$126.14  | (b) Date of Charge<br>08/09/2023 | (c) Date(s) Credit Card Issue  | r Paid                                   |  |  |
| PAYEE  | (a) Payee name<br>Sam's Club  |                                  | (b) Payee address;<br>2850 W University Dr<br>Denton, TX 76201       | City, State, Zip Code                    |  |  |
| PURPOSE OF EXPENDITURE    X   Political  | (a) Category<br>(See Categories listed at the top<br>Office Overhead/Rent   |                                  | (b) Description Office supplies for District office in Denton        |  |  |  |
| Non-Political  | (c) Check if travel outside   | of Texas. Complete Schedule T.   |  | , officeholder living expense            |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                              | Complete ONLY if direct   |                                  |  |  |  |  |
|  |   |                                  |  |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                             | The Instr                                      | ruction Guide explains how     | to complete th   | is form.                                  |                         |            |              |
|-----------------------------|--|--------------------------------|--|---|-------------------------|------------|--------------|
| 1 Total pages Schedule F4:  | 2 FILER NAME                                   |                                |  |   | 3 Filer ID (Ethio       | cs Commiss | sion Filers) |
| Sch: 44/60 Rpt:             | Stucky, Lynn D. (Th                            | ne Honorable)                  |  |   | 00080276                |            |              |
| 4 CREDIT CARD<br>ISSUER     | Name of finar                                  | ncial institution              | EXPEND   | OF UNITEMIZED<br>ITURES<br>ED TO A CREDIT | \$                      |            |              |
| 6 PAYMENT                   | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) C  | Credit Card Issuer                        | Paid                    |            |              |
|                             | \$57.55  | 09/26/2023                     |  |   |                         |            |              |
| 7 PAYEE                     | (a) Payee name                                 |                                | (b) Payee a  | ddress;                                   | City,                   | State,     | Zip Code     |
|                             | Sam's Club                                     |                                | 2850 W Ur  | niversity Dr                              |                         |            |              |
|                             |  | Denton, TX 76201               |  |   |                         |            |              |
| 8 PURPOSE OF EXPENDITURE    | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descripti  |   |                         |            |              |
| X Political                 | Advertising Expense                            |                                |  |   |                         |            |              |
| Non-Political               | (C) Check if travel outside                    | of Texas. Complete Schedule T. |  | Check if Austin, TX,                      | officeholder living exp | ense       |              |
|                             |  |                                | e sought   |   | Office held             |            |              |
| expenditure to benefit C/OH |  |                                |  |   |                         |            |              |
| PAYMENT                     | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) C  | Credit Card Issuer                        | Paid                    |            |              |
|                             | \$42.17  | 10/13/2023                     |  |   |                         |            |              |
| PAYEE (a) Payee name        |  | •                              | (b) Payee ad   | ddress;                                   | City,                   | State,     | Zip Code     |
|                             | Sam's Club                                     |                                | 2850 W Ur  | niversity Dr                              |                         |            |              |
|                             |  |                                | Denton, TX   | X 76201                                   |                         |            |              |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top | of this schedule)              | (b) Description Candy for campaign vehicle in local parade |   |                         |            |              |
| X Political                 | Advertising Expense                            |                                |  |   |                         |            |              |
| Non-Political               | (c) Check if travel outside                    | of Texas. Complete Schedule T. | ·  | Check if Austin, TX,                      | officeholder living exp | ense       |              |
| Complete ONLY if direct     | Candidate/Officeholder                         | name Office                    | e sought   |   | Office held             |            |              |
| expenditure to benefit C/OH |  |                                |  |   |                         |            |              |
| PAYMENT                     | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) C  | Credit Card Issuer                        | Paid                    |            |              |
|                             | \$36.19  | 10/20/2023                     |  |   |                         |            |              |
| PAYEE                       | (a) Payee name                                 | l .                            | (b) Payee a  | ddress;                                   | City,                   | State,     | Zip Code     |
|                             | 0  |                                | 2850 W Ur  | niversity Dr                              |                         |            |              |
|                             | Sam's Club                                     |                                |  |   |                         |            |              |
|                             |  |                                | Denton, T  |   |                         |            |              |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top | of this schodulo)              | (b) Descripti  |   |                         |            |              |
| l <u> </u>                  | Travel In District                             | of this schedule)              | Fuel for att   | tending various                           | campaign eve            | nts in the | District     |
| X Political                 |  |                                |  |   |                         |            |              |
| Non-Political               | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \          | of Texas. Complete Schedule T. |  | Check if Austin, TX,                      | officeholder living exp | ense       |              |
| Complete ONLY if direct     | Candidate/Officeholder                         | name Office                    | e sought   |   | Office held             |            |              |
| expenditure to benefit C/OH | expenditure to benefit C/OH                    |                                |  |   |                         |            |              |

### SCHEDULE F4

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

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

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

Printing Expense

| Candidate/Oniceriolae//Folitica | •   | ruction Guide explains how              | to complete tl        |  | TTIEN (enter a categ   | ory not listed a | bove)        |
|---------------------------------|---|---|-----------------------|--|------------------------|------------------|--------------|
| 1 Total pages Schedule F4:      | 2 FILER NAME  |   |                       |  | 3 Filer ID (Etl        | nics Commiss     | sion Filers) |
| Sch: 45/60 Rpt:                 | Stucky, Lynn D. (Th                                   | ne Honorable)                           |                       |  | 00080276               |                  |              |
| 4 CREDIT CARD<br>ISSUER         |   | ncial institution                       | EXPEND                | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                     |                  |              |
| 6 PAYMENT                       | (a) Amount Charged                                    | (b) Date of Charge                      | (c) Date(s)           | Credit Card Issue                          | r Paid                 |                  |              |
|                                 | \$75.73   | 12/13/2023                              |                       |  |                        |                  |              |
| 7 PAYEE                         | (a) Payee name Sam's Club                             | (b) Payee address; 2850 W University Dr |                       | Iniversity Dr                              | City,                  | State,           | Zip Code     |
|                                 | Denton, TX 76201                                      |   |                       |  |                        |                  |              |
| 8 PURPOSE OF EXPENDITURE        | (a) Category (See Categories listed at the top        | of this schedule)                       | (b) Descript          |  |                        |                  |              |
| l <u> </u>                      | Advertising Expense                                   | ,                                       | Supplies              | or campaign                                |                        |                  |              |
| X Political                     |   |   |                       |  |                        |                  |              |
| Non-Political                   | (c) Check if travel outside Candidate/Officeholder    | of Texas. Complete Schedule T.          | [                     | Check if Austin, TX,                       |                        | xpense           |              |
| 9 Complete ONLY if direct       | name Offic  | e sought                                |                       | Office held                                |                        |                  |              |
| expenditure to benefit C/OH     | ( ) 4 ( ) 4   | [ (1) D ( ) (0)                         | 1() 5 ( ()            | 0 1: 0 11                                  | 5 11                   |                  |              |
| PAYMENT                         | (a) Amount Charged                                    | (b) Date of Charge                      | (c) Date(s)           | Credit Card Issue                          | r Paid                 |                  |              |
|                                 | \$51.28   | 12/30/2023                              |                       |  |                        |                  |              |
| PAYEE (a) Payee name            |   | (b) Payee a                             | address;              | City,                                      | State,                 | Zip Code         |              |
|                                 | Sam's Club  |   | 2850 W U              | Iniversity Dr                              |                        |                  |              |
|                                 |   |   | Denton, T             | X 76201                                    |                        |                  |              |
| PURPOSE OF                      | (a) Category  |   | (b) Descript          | tion                                       |                        |                  |              |
| EXPENDITURE                     | (See Categories listed at the top Advertising Expense | of this schedule)                       | Supplies for campaign |  |                        |                  |              |
| X Political                     | / terroritioning _xporitor                            |   |                       |  |                        |                  |              |
| Non-Political                   | (c) Check if travel outside                           | of Texas. Complete Schedule T.          | [                     | Check if Austin, TX,                       | officeholder living e  | xpense           |              |
| Complete ONLY if direct         | Candidate/Officeholder                                | name Offic                              | e sought              |  | Office held            |                  |              |
| expenditure to benefit C/OH     |   |   |                       |  |                        |                  |              |
| PAYMENT                         | (a) Amount Charged                                    | (b) Date of Charge                      | (c) Date(s)           | Credit Card Issue                          | r Paid                 |                  |              |
|                                 | \$15.00   | 07/25/2023                              |                       |  |                        |                  |              |
| PAYEE                           | (a) Payee name  | l                                       | (b) Payee a           | address;                                   | City,                  | State,           | Zip Code     |
|                                 |   |   | 300 Boliva            | ar   |                        |                  |              |
|                                 | Sanger Chamber o                                      | f Commerce                              |                       |  |                        |                  |              |
|                                 |   |   | Sanger, T             | X 76266                                    |                        |                  |              |
| PURPOSE OF                      | (a) Category  |   | (b) Descript          |  |                        |                  |              |
| EXPENDITURE<br>                 | (See Categories listed at the top                     | of this schedule)                       | Fee to atte           | end Chamber lu                             | ncheon                 |                  |              |
| X Political                     | . 555   |   |                       |  |                        |                  |              |
| Non-Political                   | (c) Check if travel outside                           | of Texas. Complete Schedule T.          |                       | Check if Austin, TX,                       | officeholder living ex | xpense           |              |
| Complete ONLY if direct         | Candidate/Officeholder                                | name Offic                              | e sought              |  | Office held            |                  |              |
| expenditure to benefit C/OH     |   |   |                       |  |                        |                  |              |
|                                 |   |   |                       |  |                        |                  |              |

### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

|   |   | The Inst   | ruction Guide explains how     | to complete th   | nis form.                                  | (  | ,   | ,            |
|---|---|--|--------------------------------|--|--|--|---|--------------|
| 1 | Total pages Schedule F4:                            | 2 FILER NAME   |                                |  |  | 3 Filer ID (Eth  | ics Commiss   | sion Filers) |
| l | Sch: 46/60 Rpt:                                     | Stucky, Lynn D. (Th                                    | ne Honorable)                  |  |  | 00080276   |   |              |
| 4 | CREDIT CARD<br>ISSUER                               | Name of final  | ncial institution              | EXPEND   | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$   |   |              |
| 6 | PAYMENT   | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s)  | Credit Card Issue                          | r Paid   |   |              |
|   |   | \$50.00  | 09/08/2023                     |  |  |  |   |              |
| 7 | PAYEE   | (a) Payee name   |                                | (b) Payee a  | ddress;                                    | City,  | State,  | Zip Code     |
|   |   | Sanger Chamber o                                       | f Commerce                     | 300 Boliva   | ar   |  |   |              |
| L |   |  |                                | Sanger, T  | X 76266                                    |  |   |              |
| 8 | PURPOSE OF  | (a) Category   | of this sahadula)              | 1 ` ′ '  |  |  | p dues  eholder living expense  Office held  end Chamber luncheon  eholder living expense  Office held  aid  City, State, Zip Code  eholder living expense  Office held  aid  City, State, Zip Code |              |
|   | EXPENDITURE   | (See Categories listed at the top                      | of this scriedule)             | Annual Ch  | namber membei                              | rship dues   |   |              |
| l | X Political   |  |                                |  |  |  |   |              |
| l | Non-Political                                       | (c) Check if travel outside                            | of Texas. Complete Schedule T. |  | Check if Austin, TX,                       | City, State, Zip Code  Dership dues  TX, officeholder living expense Office held  City, State, Zip Code  TX, officeholder living expense Office held  City, State, Zip Code  TX, officeholder living expense Office held  TX, officeholder living expense Office held  City, State, Zip Code  and BBQ campaign fundraising event |   |              |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder                                 | name Offic                     | Check if Austin, TX, officeholder living expense e sought  Office held  (c) Date(s) Credit Card Issuer Paid  |  |  |   |              |
| e | expenditure to benefit C/OH                         |  |                                |  |  |  |   |              |
|   | PAYMENT   | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s)  | Credit Card Issue                          | r Paid   |   |              |
|   |   | \$15.00  | 10/24/2023                     |  |  |  |   |              |
|   | PAYEE   | (a) Payee name   | •                              | (b) Payee a  | ddress;                                    | City,  | State,  | Zip Code     |
|   |   | Sanger Chamber o                                       | f Commerce                     | 300 Boliva   | ar   |  |   |              |
|   |   |  |                                | Sanger, T  | X 76266                                    |  |   |              |
|   | PURPOSE OF EXPENDITURE                              | (a) Category<br>(See Categories listed at the top      | of this schedule)              | ` ' '  |  | attend Chamber luncheon  |   |              |
|   | X Political   | Fees   |                                |  |  |  |   |              |
| L | Non-Political                                       | (c) Check if travel outside                            | of Texas. Complete Schedule T. |  | Check if Austin, TX,                       | officeholder living ex   | pense   |              |
| l | Complete ONLY if direct                             | Candidate/Officeholder                                 | name Offic                     | e sought   |  | Office held  |   |              |
| e | expenditure to benefit C/OH                         |  |                                |  |  |  |   |              |
|   | PAYMENT   | (a) Amount Charged                                     | (b) Date of Charge             | (c) Date(s)  | Credit Card Issue                          | r Paid   |   |              |
|   |   | \$23.97  | 09/27/2023                     |  |  |  |   |              |
| Г | PAYEE   | (a) Payee name   |                                | (b) Payee a  | ddress;                                    | City,  | State,  | Zip Code     |
| l |   |  |                                | 102 Frenc  | htown Rd.                                  |  |   |              |
| l |   | Shell Oil  |                                | c sought Office held  (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, Zip Code 300 Bolivar  Sanger, TX 76266 (b) Description Fee for District Director to attend Chamber luncheon  Check if Austin, TX, officeholder living expense e sought  (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, Zip Code 102 Frenchtown Rd.  Argyle, TX 76226 (b) Description Bottled water for Cars and BBQ campaign fundraising even |  |  |   |              |
| L |   |  |                                | Argyle, T  | 76226                                      |  |   |              |
|   | PURPOSE OF  | (a) Category   | of their coloradials)          | 1 ' '  |  |  |   |              |
|   | EXPENDITURE   | (See Categories listed at the top <b>Event Expense</b> | or uns scriedule)              | Bottled wa   | ater for Cars and                          | d BBQ campai   | gn fundra   | ising event  |
|   | X Political   |  |                                |  |  |  |   |              |
| L | Non-Political                                       | (c) Check if travel outside                            | of Texas. Complete Schedule T. |  | Check if Austin, TX,                       | officeholder living ex   | pense   |              |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                                 | name Offic                     | e sought   |  | Office held  |   |              |
| - |   |  |                                |  |  |  |   |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|  | The Instruction Guide explains how to complete this form.                            |                                |   |                                       |  |  |  |  |
|--|--|--------------------------------|---|---------------------------------------|--|--|--|--|
| 1 Total pages Schedule F4:   | 2 FILER NAME   |                                |   | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |
| Sch: 47/60 Rpt:  | Stucky, Lynn D. (Th  | ne Honorable)                  |   | 00080276                              |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER  | Name of final  | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD        | \$                                    |  |  |  |  |
| 6 PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue   | r Paid                                |  |  |  |  |
|  | \$128.69   | 07/19/2023                     |   |                                       |  |  |  |  |
| 7 PAYEE  | (a) Payee name   |                                | (b) Payee address;  | City, State, Zip Code                 |  |  |  |  |
|  | Spectrum   |                                | PO Box 60074  |                                       |  |  |  |  |
|  |  |                                | City of Industry, CA 91716  | 6-0074                                |  |  |  |  |
| 8 PURPOSE OF   | (a) Category   | -f. doi:                       | (b) Description   |                                       |  |  |  |  |
| EXPENDITURE  X Political   | (See Categories listed at the top Office Overhead/Reni                               |                                | Internet and cable expens Austin  | ses for Officeholder's apartment in   |  |  |  |  |
| Non-Political  | (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, of |                                |   | officeholder living expense           |  |  |  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held                           |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                                       |  |  |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue   | r Paid                                |  |  |  |  |
|  | \$59.44  | 07/19/2023                     |   |                                       |  |  |  |  |
| PAYEE (a) Payee name   |  | (b) Payee address;             | City, State, Zip Code   |                                       |  |  |  |  |
|  | Spectrum   |                                | PO Box 60074  |                                       |  |  |  |  |
|  |  |                                | City of Industry, CA 91716  | 6-0074                                |  |  |  |  |
| PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top                                    | of this schedule)              | (b) Description Internet and cable expenses for Officeholder's apartment in |                                       |  |  |  |  |
| X Political  | Office Overhead/Ren  | tal Expense                    | Austin  | oo ioi omoonoloo o aparanona m        |  |  |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T. | X Check if Austin, TX,  | officeholder living expense           |  |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held                           |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                                       |  |  |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue   | r Paid                                |  |  |  |  |
|  | \$51.56  | 10/06/2023                     |   |                                       |  |  |  |  |
| PAYEE  | (a) Payee name   |                                | (b) Payee address;  | City, State, Zip Code                 |  |  |  |  |
|  | 0.000  |                                | PO Box 60074  |                                       |  |  |  |  |
|  | Spectrum   |                                |   |                                       |  |  |  |  |
|  |  |                                | City of Industry, CA 91716  | 6-0074                                |  |  |  |  |
| PURPOSE OF   | (a) Category   | of this cabady (a)             | (b) Description   |                                       |  |  |  |  |
| EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense |  |                                | Internet and cable expens Austin  | ses for Officeholder's apartment in   |  |  |  |  |
| I 🗏  | Political Expense  |                                |   |                                       |  |  |  |  |
| Non-Political  | <u> </u>   | of Texas. Complete Schedule T. | <u> </u>  | officeholder living expense           |  |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder   | name Office                    | e sought  | Office held                           |  |  |  |  |
| expenditure to benefit C/OH  |  |                                |   |                                       |  |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                                | The Instruction Guide explains how to complete this form. |                                |  |  |           |              |  |  |  |
|--------------------------------|---|--------------------------------|--|--|-----------|--------------|--|--|--|
| 1 Total pages Schedule F4:     | 2 FILER NAME  |                                |  | 3 Filer ID (Ethics                                 | Commiss   | sion Filers) |  |  |  |
| Sch: 48/60 Rpt:                | Stucky, Lynn D. (Th                                       | ne Honorable)                  |  | 00080276   |           |              |  |  |  |
| 4 CREDIT CARD<br>ISSUER        | Name of finar   | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD        | \$   |           |              |  |  |  |
| 6 PAYMENT                      | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                                      | r Paid   |           |              |  |  |  |
|                                | \$60.30   | 11/06/2023                     |  |  |           |              |  |  |  |
| 7 PAYEE                        | (a) Payee name  |                                | (b) Payee address;   | City,  | State,    | Zip Code     |  |  |  |
|                                | Spectrum  |                                | PO Box 60074   |  |           |              |  |  |  |
|                                | Ореский   |                                | 01 - 11 - 1 - 0 0 0 0 7 7 1  | 0.074  |           |              |  |  |  |
| 8 PURPOSE OF                   | (a) Category  |                                | City of Industry, CA 91716 (b) Description                         | o-0074   |           |              |  |  |  |
| 8 PURPOSE OF<br>EXPENDITURE    | (See Categories listed at the top                         | of this schedule)              | Internet and cable expens  | ses for Officehold                                 | ler's an  | artment in   |  |  |  |
| X Political                    | Office Overhead/Rental Expense                            |                                |  | ocs for Officeriold                                | ici s api | artinent in  |  |  |  |
| Non-Political                  | (a) Charle if traval autoida                              | of Texas. Complete Schedule T. | Chapte if Austin TV  | officebolder living even                           |           |              |  |  |  |
| 9 Complete ONLY if direct      | (c) Check if travel outside Candidate/Officeholder        |                                | e sought   | officeholder living expen                          | se        |              |  |  |  |
| expenditure to benefit C/OH    | Gariaracto, Ginocriolaci                                  | Tiame.                         | o oodgiit  | Cilido ficia                                       |           |              |  |  |  |
| PAYMENT                        | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                                      | r Paid   |           |              |  |  |  |
|                                | \$60.30   | 12/06/2023                     |  |  |           |              |  |  |  |
|                                | Ψ00.50  | 12/00/2023                     |  |  |           |              |  |  |  |
| PAYEE                          | (a) Payee name  |                                | (b) Payee address;   | City,  | State,    | Zip Code     |  |  |  |
|                                | Con a structura   |                                | PO Box 60074   |  |           |              |  |  |  |
|                                | Spectrum  |                                |  |  |           |              |  |  |  |
|                                |   |                                | City of Industry, CA 91716   | 6-0074   |           |              |  |  |  |
| PURPOSE OF<br>EXPENDITURE      | (a) Category (See Categories listed at the top            | of this schedule)              | (b) Description  |  |           |              |  |  |  |
| X Political                    | Office Overhead/Rent                                      |                                | Internet and cable expenses for Officeholder's apartment in Austin |  |           | artinent in  |  |  |  |
| Non-Political                  | (c) Check if travel outside                               | of Texas. Complete Schedule T. |  | officeholder living expen                          | se        |              |  |  |  |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder                                    | name Office                    | e sought   | Office held  |           |              |  |  |  |
| expenditure to benefit C/OH    |   | I                              | 1  |  |           |              |  |  |  |
| PAYMENT                        | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                                      | r Paid   |           |              |  |  |  |
|                                | \$35.72   | 07/28/2023                     |  |  |           |              |  |  |  |
| PAYEE                          | (a) Payee name  |                                | (h) Pavee address:   | City   | State     | Zin Code     |  |  |  |
|                                | (a) r ayee name   |                                |  | X Check if Austin, TX, officeholder living expense |           |              |  |  |  |
|                                | Squarespace   |                                | 225 Variet Street  |  |           |              |  |  |  |
|                                |   |                                | New York City, NY 10014  |  |           |              |  |  |  |
| PURPOSE OF                     | (a) Category  |                                | (b) Description  |  |           |              |  |  |  |
| EXPENDITURE                    | (See Categories listed at the top Advertising Expense     | of this schedule)              | Monthly fee to maintain C  | ampaign website                                    | ;         |              |  |  |  |
| X Political                    | , laverusing Expense                                      |                                |  |  |           |              |  |  |  |
| Non-Political                  | (c) Check if travel outside                               | of Texas. Complete Schedule T. | Check if Austin, TX,   | officeholder living expen                          | se        |              |  |  |  |
| Complete ONLY if direct        | Candidate/Officeholder                                    | name Office                    | e sought   | Office held  |           |              |  |  |  |
| expenditure to benefit C/OH    |   |                                |  |  |           |              |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|  | The Inst  | ruction Guide explains how     | to complete this form.  |                                       |  |  |
|--|---|--------------------------------|---|---------------------------------------|--|--|
| 1 Total pages Schedule F4:                                 | 2 FILER NAME  |                                |   | 3 Filer ID (Ethics Commission Filers) |  |  |
| Sch: 49/60 Rpt:  | Stucky, Lynn D. (Th                                   | ne Honorable)                  |   | 00080276                              |  |  |
| 4 CREDIT CARD<br>ISSUER                                    | Name of final   | ncial institution              | 5 TOTAL OF UNITEMIZE<br>EXPENDITURES<br>CHARGED TO A CREE<br>CARD | \$                                    |  |  |
| 6 PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Iss                                       | suer Paid                             |  |  |
|  | \$34.65   | 08/28/2023                     |   |                                       |  |  |
| 7 PAYEE  | (a) Payee name  |                                | (b) Payee address;  | City, State, Zip Code                 |  |  |
|  | Squarespace   |                                | 225 Varick Street   |                                       |  |  |
|  |   |                                | New York City, NY 100   | 014                                   |  |  |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top        | of this schodulo)              | (b) Description   |                                       |  |  |
| X Political  | Advertising Expense                                   |                                |   |                                       |  |  |
| Non-Political  | (C) Check if travel outside                           | of Texas. Complete Schedule T. | Check if Austin,  | TX, officeholder living expense       |  |  |
| 9 Complete ONLY if direct Candidate/Officeholder name Offi |   |                                | e sought  | Office held                           |  |  |
| expenditure to benefit C/OH                                |   |                                |   |                                       |  |  |
| PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Iss                                       | suer Paid                             |  |  |
|  | \$34.65   | 09/28/2023                     |   |                                       |  |  |
| PAYEE  | (a) Payee name  | •                              | (b) Payee address;  | City, State, Zip Code                 |  |  |
|  | Squarespace   |                                | 225 Varick Street   |                                       |  |  |
|  |   |                                | New York City, NY 100   | 014                                   |  |  |
| PURPOSE OF   | (a) Category  |                                | (b) Description   |                                       |  |  |
| EXPENDITURE  | (See Categories listed at the top Advertising Expense | of this schedule)              | Monthly fee to maintain Campaign website                          |                                       |  |  |
| X Political  | Travertising Expense                                  |                                |   |                                       |  |  |
| Non-Political  | (c) Check if travel outside                           | of Texas. Complete Schedule T. | Check if Austin,  | TX, officeholder living expense       |  |  |
| Complete ONLY if direct                                    | Candidate/Officeholder                                | name Offic                     | e sought  | Office held                           |  |  |
| expenditure to benefit C/OH                                |   |                                |   |                                       |  |  |
| PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge             | (c) Date(s) Credit Card Iss                                       | suer Paid                             |  |  |
|  | \$34.65   | 10/28/2023                     |   |                                       |  |  |
| PAYEE  | (a) Payee name  | ı                              | (b) Payee address;  | City, State, Zip Code                 |  |  |
|  |   |                                | 225 Varick Street   |                                       |  |  |
|  | Squarespace   |                                |   |                                       |  |  |
|  |   |                                | New York City, NY 100   | 014                                   |  |  |
| PURPOSE OF   | (a) Category  |                                | (b) Description   |                                       |  |  |
| EXPENDITURE  | (See Categories listed at the top Advertising Expense | of this schedule)              | Monthly fee to maintain   | n Campaign website                    |  |  |
| X Political  | , saveraging Expense                                  |                                |   |                                       |  |  |
| Non-Political  | (C) Check if travel outside                           | of Texas. Complete Schedule T. | Check if Austin,  | TX, officeholder living expense       |  |  |
| Complete ONLY if direct                                    | Candidate/Officeholder                                | name Offic                     | e sought  | Office held                           |  |  |
| expenditure to benefit C/OH                                | <u> </u>  |                                |   |                                       |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                             | The Inst  | ruction Guide explains how     | to complete th                           | is form.                                |                         |            |              |
|-----------------------------|---|--------------------------------|--|---|-------------------------|------------|--------------|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                |  |   | 3 Filer ID (Ethio       | cs Commiss | sion Filers) |
| Sch: 50/60 Rpt:             | Stucky, Lynn D. (Th   | ne Honorable)                  |  |   | 00080276                |            |              |
| 4 CREDIT CARD<br>ISSUER     | Name of final   | ncial institution              | EXPEND                                   | F UNITEMIZED<br>ITURES<br>D TO A CREDIT | \$                      |            |              |
| 6 PAYMENT                   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) C                            | Credit Card Issuer                      | Paid                    |            |              |
|                             | \$34.65   | 11/28/2023                     |  |   |                         |            |              |
| 7 PAYEE                     | (a) Payee name  |                                | (b) Payee ad                             | ddress;                                 | City,                   | State,     | Zip Code     |
|                             | Squarespace   |                                | 225 Varick                               |   |                         |            |              |
|                             | New York City, NY 10014   |                                |  |   |                         |            |              |
| 8 PURPOSE OF EXPENDITURE    | (a) Category (See Categories listed at the top  | of this schedule)              | (b) Descripti                            |   | omnojan woho            | ito        |              |
| X Political                 | (See Categories listed at the top of this schedule) Advertising Expense  Monthly fee to maintain Ca |                                |  | ampaign websi                           | ile                     |            |              |
| Non-Political               | (c) Check if travel outside   | of Texas. Complete Schedule T. |  | Check if Austin, TX,                    | officeholder living exp | ense       |              |
|                             |   |                                | e sought                                 |   | Office held             |            |              |
| expenditure to benefit C/OH |   |                                |  |   |                         |            |              |
| PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) C                            | Credit Card Issue                       | Paid                    |            |              |
|                             |   | 12/29/2023                     |  |   |                         |            |              |
| PAYEE                       | PAYEE (a) Payee name  |                                | (b) Payee ad                             | ddress;                                 | City,                   | State,     | Zip Code     |
|                             | Squarespace   |                                | 225 Varick                               | Street                                  |                         |            |              |
|                             |   |                                | New York                                 | City, NY 10014                          |                         |            |              |
| PURPOSE OF                  | (a) Category  |                                | (b) Descripti                            |   |                         |            |              |
| EXPENDITURE                 | (See Categories listed at the top Advertising Expense   | of this schedule)              | Monthly fee to maintain Campaign website |   |                         |            |              |
| X Political                 | , taronioningnponeo   |                                |  |   |                         |            |              |
| Non-Political               | (c) Check if travel outside   | of Texas. Complete Schedule T. |  | Check if Austin, TX,                    | officeholder living exp | ense       |              |
| Complete ONLY if direct     | Candidate/Officeholder  | name Offic                     | e sought                                 |   | Office held             |            |              |
| expenditure to benefit C/OH |   |                                |  |   |                         |            |              |
| PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) C                            | Credit Card Issue                       | Paid                    |            |              |
|                             | \$91.00   | 07/20/2023                     |  |   |                         |            |              |
| PAYEE                       | (a) Payee name  |                                | (b) Payee ac                             | ddress;                                 | City,                   | State,     | Zip Code     |
|                             |   |                                | 201 W Mai                                | n St                                    |                         |            |              |
|                             | Sweetie Pie's Ribey   | yes                            |  |   |                         |            |              |
|                             |   |                                | Decatur, T                               | X 76234                                 |                         |            |              |
| PURPOSE OF                  | (a) Category  | (4)                            | (b) Descripti                            |   |                         |            |              |
| EXPENDITURE                 | (See Categories listed at the top Food/Beverage Expe  |                                |  | eeting betweer                          | n Officeholder a        | and const  | ituents to   |
| X Political                 |   |                                | uiscuss ieģ                              | gislative issues                        |                         |            |              |
| Non-Political               | (c) Check if travel outside   | of Texas. Complete Schedule T. |  | Check if Austin, TX,                    | officeholder living exp | ense       |              |
| Complete ONLY if direct     | Candidate/Officeholder  | name Offic                     | e sought                                 |   | Office held             |            |              |
| expenditure to benefit C/OH |   |                                |  |   |                         |            |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | The Instruction Guide explains how to complete this form.                |  |                                |  |  |  |  |  |
|---|--|--|--------------------------------|--|--|--|--|--|
| 1 | Total pages Schedule F4:   | 2 FILER NAME                                   |                                |  | 3 Filer ID (Ethics Commission Filers)  |  |  |  |
|   | Sch: 51/60 Rpt:  | Stucky, Lynn D. (Th                            | ne Honorable)                  |  | 00080276   |  |  |  |
| 4 | CREDIT CARD<br>ISSUER  | Name of final                                  | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | <b> \$</b>   |  |  |  |
| 6 | PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Paid  |  |  |  |
|   |  | \$34.72  | 12/16/2023                     |  |  |  |  |  |
| 7 | PAYEE  | (a) Payee name                                 |                                | (b) Payee address;   | City, State, Zip Code  |  |  |  |
|   |  | The Pit Stop                                   |                                | 6551 Farm to Market Rd   | 455  |  |  |  |
| L | Sanger, TX 76266   |  |                                |  |  |  |  |  |
| 8 | PURPOSE OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top | of this schedule)              | (b) Description  | official allocations of the second   |  |  |  |
|   | _  | Food/Beverage Exper                            |                                | Food for meeting between   | n Officeholder and constituent   |  |  |  |
|   | X Political  |  |                                |  |  |  |  |  |
| L | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. |  |                                |  | (, officeholder living expense   |  |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder                         | name Office                    | e sought   | Office held  |  |  |  |
| Ľ | expenditure to benefit C/OH  | ( ) 4 ( ) 4                                    | L (1) D (1) (1)                | 1() 5 : () 6 : 11 6 : 11   | 5 :1   |  |  |  |
|   | PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Pald  |  |  |  |
|   |  | \$20.42  | 07/14/2023                     |  |  |  |  |  |
| Г | PAYEE  | (a) Payee name                                 |                                | (b) Payee address;   | City, State, Zip Code  |  |  |  |
|   | Uber   |  |                                | 1455 Market St   |  |  |  |  |
|   |  |  |                                | San Francisco, TX 94103  | 3  |  |  |  |
|   | PURPOSE OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top | of this schedule)              | (b) Description Transportation attending meetings in Austin          |  |  |  |  |
|   | X Political  | Travel Out of District                         |                                |  |  |  |  |  |
| L | Non-Political  | (c) Check if travel outside                    | of Texas. Complete Schedule T. |  | C, officeholder living expense   |  |  |  |
| 6 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH               | Candidate/Officeholder                         | name Office                    | e sought   | Office held  |  |  |  |
|   | PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) Credit Card Issue  | er Paid  |  |  |  |
|   |  | \$17.69  | 07/14/2023                     |  |  |  |  |  |
| Г | PAYEE  | (a) Payee name                                 | •                              | (b) Payee address;   | City, State, Zip Code  |  |  |  |
|   |  | Libor  |                                | 1455 Market St   |  |  |  |  |
|   |  | Uber   |                                |  |  |  |  |  |
| L |  | () -   |                                | San Francisco, TX 94103  | 3  |  |  |  |
|   | PURPOSE OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top | of this schedule)              | (b) Description  | and the second s |  |  |  |
|   | X Political  | Travel Out of District                         | or the contoactor              | Transportation attending   | meetings in Austin   |  |  |  |
|   | Non-Political  | (c) Check if travel outside                    | of Texas. Complete Schedule T. | Check if Austin, TX  | K, officeholder living expense   |  |  |  |
| Г | Complete ONLY if direct  | Candidate/Officeholder                         | name Office                    | e sought   | Office held  |  |  |  |
| Ŀ | expenditure to benefit C/OH  |  |                                |  |  |  |  |  |

#### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|  | The Instruction Guide explains how to complete this form.                   |   |  |   |                             |          |             |  |  |
|--|---|---|--|---|-----------------------------|----------|-------------|--|--|
| 1 Total pages Schedule F4:                                 | 2 FILER NAME  |   |  |   | 3 Filer ID (Ethics C        | Commiss  | ion Filers) |  |  |
| Sch: 52/60 Rpt:  | Stucky, Lynn D. (Th   | ne Honorable)                                       |  |   | 00080276                    |          |             |  |  |
| 4 CREDIT CARD<br>ISSUER                                    | Name of final   | ncial institution                                   | EXPEN  | OF UNITEMIZED<br>DITURES<br>SED TO A CREDIT | \$                          |          |             |  |  |
| 6 PAYMENT  | (a) Amount Charged  | (b) Date of Charge                                  | (c) Date(s)  | Credit Card Issue                           | r Paid                      |          |             |  |  |
|  | \$23.25   | 07/26/2023  |  |   |                             |          |             |  |  |
| 7 PAYEE  | (a) Payee name Uber   |   | (b) Payee address; City, State, Zip C<br>1455 Market St<br>San Francisco, TX 94103 |   |                             | Zip Code |             |  |  |
| 8 PURPOSE OF   | (a) Category  |   | (b) Descrip  |   |                             |          |             |  |  |
| EXPENDITURE  X Political                                   | (See Categories listed at the top<br>Travel Out of District                 | of this schedule)                                   | Transportation attending ALEC conference in Denver                                 |   |                             | iver     |             |  |  |
| Non-Political  | (c) Check if travel outside   | of Texas. Complete Schedule T.                      |  | Check if Austin, TX,                        | officeholder living expense | е        |             |  |  |
| 9 Complete ONLY if direct Candidate/Officeholder name Offi |   |   | e sought   |   | Office held                 |          |             |  |  |
| expenditure to benefit C/OH                                |   |   |  |   |                             |          |             |  |  |
| PAYMENT  | (a) Amount Charged<br>\$26.34   | (b) Date of Charge<br>07/28/2023                    | (c) Date(s)  | Credit Card Issuer                          | r Paid                      |          |             |  |  |
| PAYEE  | (a) Payee name  |   | (b) Payee  | address;                                    | City,                       | State,   | Zip Code    |  |  |
|  |   |   | 1455 Ma  |   |                             |          |             |  |  |
|  | (a) Cataman   |   |  | cisco, TX 94103                             |                             |          |             |  |  |
| PURPOSE OF EXPENDITURE  X Political                        | (a) Category (See Categories listed at the top Travel Out of District       | of this schedule)                                   | (b) Description Transportation attending ALEC conference in Denver                 |   |                             | iver     |             |  |  |
| Non-Political  | (c) Check if travel outside   | of Texas. Complete Schedule T.                      | 1  | Check if Austin, TX,                        | officeholder living expense | e        |             |  |  |
| Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder  | name Office   | e sought   |   | Office held                 |          |             |  |  |
| PAYMENT  | (a) Amount Charged<br>\$14.93   | (b) Date of Charge<br>11/02/2023                    | (c) Date(s)  | Credit Card Issuer                          | r Paid                      |          |             |  |  |
| PAYEE  | E (a) Payee name Uber   |   | (b) Payee<br>1455 Mai<br>San Fran  | ,   | City,                       | State,   | Zip Code    |  |  |
| PURPOSE OF EXPENDITURE  X Political                        | (a) Category<br>(See Categories listed at the top<br>Travel Out of District | (See Categories listed at the top of this schedule) |  | otion                                       | nding meetings in           | Austin   |             |  |  |
| Non-Political  | (c) Check if travel outside   | of Texas. Complete Schedule T.                      |  | Check if Austin, TX,                        | officeholder living expense | е        |             |  |  |
| Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder  | name Office   | e sought   |   | Office held                 |          |             |  |  |
|  | •   |   |  |   |                             |          |             |  |  |

#### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Candidate/Officeholder/Politica                            | al Committee Legal Serv  | ices Sal                       | aries/Wages/Contract Labor O                                | THER (enter a category not listed above) |  |  |
|--|--|--------------------------------|---|--|--|--|
|  | The Inst   | ruction Guide explains how     | to complete this form.                                      |  |  |  |
| 1 Total pages Schedule F4:                                 | 2 FILER NAME   |                                |   | 3 Filer ID (Ethics Commission Filers)    |  |  |
| Sch: 53/60 Rpt:  | Stucky, Lynn D. (Th  | ne Honorable)                  |   | 00080276                                 |  |  |
| 4 CREDIT CARD<br>ISSUER                                    | Name of final  | ncial institution              | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                                       |  |  |
| 6 PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Paid                                   |  |  |
|  | \$10.96  | 11/02/2023                     |   |  |  |  |
| 7 PAYEE  | (a) Payee name Uber  |                                | (b) Payee address;<br>1455 Market St                        | City, State, Zip Code                    |  |  |
|  |  |                                | San Francisco, TX 94103                                     |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top                           | of this schodulo)              | (b) Description   |  |  |  |
| l <u> </u>   | Travel Out of District   | or this scriedule)             | Transportation while atter                                  | nding meetings in Austin                 |  |  |
| X Political  |  |                                |   |  |  |  |
| Non-Political  | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. |                                |   | , officeholder living expense            |  |  |
| 9 Complete ONLY if direct Candidate/Officeholder name Offi |  |                                | e sought  | Office held                              |  |  |
| expenditure to benefit C/OH                                |  |                                |   |  |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Paid                                   |  |  |
|  | \$207.25   | 09/04/2023                     |   |  |  |  |
| PAYEE  | (a) Payee name   |                                | (b) Payee address;  | City, State, Zip Code                    |  |  |
|  | United Way of Dent   | ton County                     | 1314 Teasley Lane   |  |  |  |
|  |  |                                | Denton, TX 76205  |  |  |  |
| PURPOSE OF   | (a) Category   |                                | (b) Description   |  |  |  |
| EXPENDITURE  | (See Categories listed at the top Contributions/Donatio                  |                                | Campaign charitable contribution                            |  |  |  |
| X Political  | Candidate/Officeholde  |                                |   |  |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin, TX   | , officeholder living expense            |  |  |
| Complete ONLY if direct                                    | Candidate/Officeholder   | name Office                    | e sought  | Office held                              |  |  |
| expenditure to benefit C/OH                                |  |                                |   |  |  |  |
| PAYMENT  | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Card Issue                               | r Paid                                   |  |  |
|  | \$66.00  | 10/03/2023                     |   |  |  |  |
|  | 400.00   | 20,00,2020                     |   |  |  |  |
| PAYEE  | (a) Payee name   | l                              | (b) Payee address;  | City, State, Zip Code                    |  |  |
|  |  |                                | 101 E McKinney St   |  |  |  |
|  | USPS   |                                |   |  |  |  |
|  |  |                                | Denton, TX 76201  |  |  |  |
| PURPOSE OF   | (a) Category   |                                | (b) Description   |  |  |  |
| EXPENDITURE  | (See Categories listed at the top  | ,                              | Stamps for campaign cor                                     | respondence                              |  |  |
| X Political  | Solicitation/Fundraisir  | ıy ⊏xperise                    |   |  |  |  |
| Non-Political  | (c) Check if travel outside  | of Texas. Complete Schedule T. | Check if Austin. TX   | , officeholder living expense            |  |  |
| Complete ONLY if direct                                    | Candidate/Officeholder   |                                | e sought  | Office held                              |  |  |
| expenditure to benefit C/OH                                |  |                                | -   |  |  |  |
|  | I  |                                |   |  |  |  |
|  |  |                                |   |  |  |  |

#### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

|   | The Insti  | ruction Guide explains how     | to complete this form.                                   | 2 (2 2 2                        | g,            | ,            |  |
|---|--|--------------------------------|--|---------------------------------|---------------|--------------|--|
| 1 Total pages Schedule F4:                          | 2 FILER NAME   |                                |  | 3 Filer ID (E                   | thics Commiss | sion Filers) |  |
| Sch: 54/60 Rpt:                                     | Stucky, Lynn D. (Th  | ne Honorable)                  |  | 00080276                        |               |              |  |
| 4 CREDIT CARD<br>ISSUER                             | Name of final  | ncial institution              | 5 TOTAL OF UNITE<br>EXPENDITURES<br>CHARGED TO A<br>CARD | \$                              |               |              |  |
| 6 PAYMENT   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Ca                                    | ard Issuer Paid                 |               |              |  |
|   | \$8.56   | 11/07/2023                     |  |                                 |               |              |  |
| 7 PAYEE   | (a) Payee name USPS  |                                | (b) Payee address;<br>101 E McKinney S                   | City,<br>St                     | State,        | Zip Code     |  |
|   |  |                                | Denton, TX 76201   | -                               |               |              |  |
| 8 PURPOSE OF  | (a) Category   | -f.Ab.; le le d - \            | (b) Description  |                                 |               |              |  |
| EXPENDITURE   | (See Categories listed at the top Solicitation/Fundraisir    |                                | Certified mail campaign correspondence                   |                                 |               |              |  |
| X Political   | X   Political  |                                |  |                                 |               |              |  |
| Non-Political                                       | (c) Check if travel outside                                  | of Texas. Complete Schedule T. | Check if   | Austin, TX, officeholder living | expense       |              |  |
| 9 Complete ONLY if direct                           | ·  |                                |  | Office held                     |               |              |  |
| expenditure to benefit C/OH                         |  |                                |  |                                 |               |              |  |
| PAYMENT   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Ca                                    | ard Issuer Paid                 |               |              |  |
|   | \$66.00  | 11/21/2023                     |  |                                 |               |              |  |
| PAYEE   | (a) Payee name   | L                              | (b) Payee address;                                       | City,                           | State,        | Zip Code     |  |
|   | USPS   |                                | 101 E McKinney S   | St                              |               |              |  |
|   |  |                                | Denton, TX 76201   | _                               |               |              |  |
| PURPOSE OF  | (a) Category   |                                | (b) Description  |                                 |               |              |  |
| EXPENDITURE    X   Political                        | (See Categories listed at the top<br>Solicitation/Fundraisir |                                | Stamps for campa   | aign correspondence             |               |              |  |
| Non-Political                                       | (c) Check if travel outside                                  | of Texas. Complete Schedule T. | Check if   | Austin, TX, officeholder living | expense       |              |  |
| Complete ONLY if direct                             | Candidate/Officeholder                                       | <u> </u>                       | e sought   | Office held                     |               |              |  |
| expenditure to benefit C/OH                         |  |                                | · ·  |                                 |               |              |  |
| PAYMENT   | (a) Amount Charged   | (b) Date of Charge             | (c) Date(s) Credit Ca                                    | ard Issuer Paid                 |               |              |  |
|   | \$139.00   | 07/19/2023                     |  |                                 |               |              |  |
| PAYEE   | (a) Payee name   | l                              | (b) Payee address;                                       | City,                           | State,        | Zip Code     |  |
|   |  |                                | 2025 US-287  |                                 |               |              |  |
|   | Villa Grande   |                                |  |                                 |               |              |  |
|   |  |                                | Decatur, TX 76234  | 4                               |               |              |  |
| PURPOSE OF  | (a) Category   |                                | (b) Description  |                                 |               |              |  |
| EXPENDITURE   | (See Categories listed at the top Food/Beverage Expe         | ,                              | Food for meeting I                                       | between Officeholde             | r and const   | ituents      |  |
| X Political   |  |                                |  |                                 |               |              |  |
| Non-Political                                       | (c) Check if travel outside                                  | of Texas. Complete Schedule T. | Check if   | Austin, TX, officeholder living | expense       |              |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                                       | name Offic                     | e sought   | Office held                     |               |              |  |
| · -   |  |                                |  |                                 |               |              |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                               | The Instruction Guide explains how to complete this form.         |  |  |  |                             |           |              |  |
|-------------------------------|---|--|--|--|-----------------------------|-----------|--------------|--|
| 1 Total pages Schedule F4:    | 2 FILER NAME  |  |  |  | 3 Filer ID (Ethic           | s Commiss | sion Filers) |  |
| Sch: 55/60 Rpt:               | Stucky, Lynn D. (Th   | ne Honorable)                          |  |  | 00080276                    |           |              |  |
| 4 CREDIT CARD<br>ISSUER       | Name of final   | ncial institution                      | EXPEND   | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT | \$                          |           |              |  |
| 6 PAYMENT                     | (a) Amount Charged  | (b) Date of Charge                     | (c) Date(s)  | Credit Card Issue                          | r Paid                      |           |              |  |
|                               | \$150.00  | 07/24/2023                             |  |  |                             |           |              |  |
| 7 PAYEE                       | (a) Payee name  |  | (b) Payee a  | ddress;                                    | City,                       | State,    | Zip Code     |  |
|                               | Villa Grande  |  | 2025 US-287  |  |                             |           |              |  |
|                               | (a) Oatawari  | Decatur, TX 76234  ory (b) Description |  |  |                             |           |              |  |
| 8 PURPOSE OF EXPENDITURE      | (a) Category (See Categories listed at the top Food/Beverage Expe |  | 1 ' '  | sit for legislativ                         | e luncheon with             | ı Wise C  | ounty        |  |
| X Political                   | elected difficials  |  |  |  |                             |           |              |  |
| Non-Political                 | `   | of Texas. Complete Schedule T.         |  | Check if Austin, TX,                       | officeholder living expense |           |              |  |
|                               |   |  | e sought   |  | Office held                 |           |              |  |
| expenditure to benefit C/OH   | (a) Amazunt Chavarad  | (h) Data of Charge                     | (a) Data(a) (  | Sundit Cond Inc.                           | - Daid                      |           |              |  |
| PAYMENT                       | (a) Amount Charged  | (b) Date of Charge                     | (c) Date(s)  | Credit Card Issue                          | r Pala                      |           |              |  |
|                               | \$310.74  | 08/09/2023                             |  |  |                             |           |              |  |
| PAYEE                         | (a) Payee name  |  | (b) Payee a  | ddress;                                    | City,                       | State,    | Zip Code     |  |
|                               | Villa Grande  |  | 2025 US-2  | 287  |                             |           |              |  |
|                               |   |  | Decatur, T   | X 76234                                    |                             |           |              |  |
| PURPOSE OF                    | (a) Category (See Categories listed at the top                    | of this cabadula)                      | (b) Descript   |  |                             |           |              |  |
| EXPENDITURE  X Political      | Food/Beverage Expe  |  | Food for legislative luncheon with Wise County elected officials |  |                             |           |              |  |
| Non-Political                 | (c) Check if travel outside                                       | of Texas. Complete Schedule T.         | Г  | Check if Austin, TX,                       | officeholder living expe    | ense      |              |  |
| Complete ONLY if direct       | Candidate/Officeholder  |  | e sought   | <u> </u>                                   | Office held                 |           |              |  |
| expenditure to benefit C/OH   |   |  |  |  |                             |           |              |  |
| PAYMENT                       | (a) Amount Charged  | (b) Date of Charge                     | (c) Date(s)  | Credit Card Issue                          | r Paid                      |           |              |  |
|                               | \$80.52   | 08/03/2023                             |  |  |                             |           |              |  |
| PAYEE                         | (a) Payee name  |  | (b) Payee a  | ddress;                                    | City,                       | State,    | Zip Code     |  |
|                               | NA/o line o ut  |  | 800 US 28  | 37   |                             |           |              |  |
|                               | Walmart   |  |  |  |                             |           |              |  |
|                               |   |  | Decatur, T   |  |                             |           |              |  |
| PURPOSE OF<br>EXPENDITURE     | (a) Category (See Categories listed at the top                    | of this schedule)                      | (b) Descript   |  |                             |           |              |  |
| l <u> </u>                    | Advertising Expense   | <b>,</b>                               | Supplies   | or campaign                                |                             |           |              |  |
| X Political                   | <u> </u>  |  |  | _  |                             |           |              |  |
| Non-Political                 | \(\frac{1}{2}\)   | of Texas. Complete Schedule T.         |  | Check if Austin, TX,                       | officeholder living expe    | ense      |              |  |
| Complete ONLY if direct       | Candidate/Officeholder  | name Office                            | e sought   |  | Office held                 |           |              |  |
| experiulture to beliefft C/OH | penditure to benefit C/OH   |  |  |  |                             |           |              |  |

#### SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

|   | The Insti   | ruction Guide explains how       | to complete this form.  | (* ** ********************************* |  |
|---|---|----------------------------------|---|---|--|
| 1 Total pages Schedule F4:                          | 2 FILER NAME  |                                  |   | 3 Filer ID (Ethics Commission Filers)   |  |
| Sch: 56/60 Rpt:                                     | Stucky, Lynn D. (Th                                       | ne Honorable)                    |   | 00080276                                |  |
| 4 CREDIT CARD<br>ISSUER                             | Name of final   | ncial institution                | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD      | \$                                      |  |
| 6 PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issue   | r Paid                                  |  |
|   | \$71.95   | 10/03/2023                       |   |   |  |
| 7 PAYEE   | (a) Payee name Walmart                                    |                                  | (b) Payee address;<br>800 US 287  | City, State, Zip Code                   |  |
|   |   |                                  | Decatur, TX 76234   |   |  |
| 8 PURPOSE OF  | (a) Category (See Categories listed at the top            | of this cohodula)                | (b) Description   |   |  |
| EXPENDITURE   | Advertising Expense                                       | of this scriedule)               | Supplies for campaign   |   |  |
| X Political   | · · · · · · · · · · · · · · · · · · ·                     |                                  |   |   |  |
| Non-Political                                       | (C) Check if travel outside                               | of Texas. Complete Schedule T.   | Check if Austin, TX,  | , officeholder living expense           |  |
| 9 Complete ONLY if direct                           | Candidate/Officeholder                                    | name Offic                       | e sought  | Office held                             |  |
| expenditure to benefit C/OH                         |   |                                  |   |   |  |
| PAYMENT   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issue   | r Paid                                  |  |
|   | \$75.00   | 08/03/2023                       |   |   |  |
| PAYEE   | (a) Payee name  |                                  | (b) Payee address;  | City, State, Zip Code                   |  |
|   | Wise County Cham  | ber of                           | 301 E Main St<br>Ste. C<br>Decatur, TX 76234                              |   |  |
| PURPOSE OF EXPENDITURE    X   Political             | (a) Category<br>(See Categories listed at the top<br>Fees | of this schedule)                | (b) Description Fee for Officeholder and staff to attend Chamber luncheon |   |  |
| Non-Political                                       | (c) Check if travel outside                               | of Texas. Complete Schedule T.   | Chack if Austin TV  | , officeholder living expense           |  |
| Complete ONLY if direct                             | Candidate/Officeholder                                    |                                  | e sought  | Office held                             |  |
| expenditure to benefit C/OH                         |   |                                  | g   |   |  |
| PAYMENT   | (a) Amount Charged<br>\$75.00                             | (b) Date of Charge<br>08/30/2023 | (c) Date(s) Credit Card Issue   | r Paid                                  |  |
| PAYEE   | EE (a) Payee name  Wise County Chamber of                 |                                  | (b) Payee address;<br>301 E Main St<br>Ste. C<br>Decatur, TX 76234        | City, State, Zip Code                   |  |
| PURPOSE OF EXPENDITURE  X Political                 | (a) Category<br>(See Categories listed at the top<br>Fees | of this schedule)                | (b) Description Fee for Officeholder and                                  | staff to attend Chamber luncheon        |  |
| Non-Political                                       | (c) Check if travel outside                               | of Texas. Complete Schedule T.   | Check if Austin, TX,  | , officeholder living expense           |  |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder                                    | name Offic                       | e sought  | Office held                             |  |

#### SCHEDULE F4

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

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

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

Printing Expense

|          | The Instruction Guide explains how to complete this form.    |  |  |   |   |              |  |  |  |  |
|----------|--|--|--|---|---|--------------|--|--|--|--|
| 1        | Total pages Schedule F4:                                     | 2 FILER NAME                                       | ·  | <u> </u>  | 3 Filer ID (Ethics Commis               | sion Filers) |  |  |  |  |
|          | Sch: 57/60 Rpt:  | Stucky, Lynn D. (Th                                | ne Honorable)                                    |   | 00080276                                |              |  |  |  |  |
| 4        | CREDIT CARD<br>ISSUER  |  | ncial institution                                | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                                      |              |  |  |  |  |
| 6        | PAYMENT  | (a) Amount Charged                                 | (b) Date of Charge                               | (c) Date(s) Credit Card Issue                               | r Paid                                  |              |  |  |  |  |
|          |  | \$125.00   | 09/05/2023                                       |   |   |              |  |  |  |  |
| 7        | PAYEE  | (a) Payee name                                     |  | (b) Payee address;  | City, State,                            | Zip Code     |  |  |  |  |
|          |  | Wise County Cham                                   | simber of 301 E Main St Ste. C Decatur, TX 76234 |   |   |              |  |  |  |  |
| 8        | PURPOSE OF   | (a) Category                                       |  | (b) Description   |   |              |  |  |  |  |
| l        | EXPENDITURE  | (See Categories listed at the top                  | of this schedule)                                | Annual dues for Chamber                                     | membership                              |              |  |  |  |  |
| l        | X Political  | Fees   |  |   |   |              |  |  |  |  |
|          | Non-Political  | (c) Check if travel outside                        | of Texas. Complete Schedule T.                   | Check if Austin, TX,  | officeholder living expense             |              |  |  |  |  |
| 9        | 9 Complete ONLY if direct Candidate/Officeholder name Office |  |  | e sought  | Office held                             |              |  |  |  |  |
| е        | expenditure to benefit C/OH                                  |  |  |   |   |              |  |  |  |  |
| Г        | PAYMENT  | (a) Amount Charged                                 | (b) Date of Charge                               | (c) Date(s) Credit Card Issue                               | r Paid                                  |              |  |  |  |  |
|          |  | \$15.00  | 09/08/2023                                       |   |   |              |  |  |  |  |
| Г        | PAYEE  | (a) Payee name                                     | •  | (b) Payee address;  | City, State,                            | Zip Code     |  |  |  |  |
|          |  | Wise County Cham                                   | ber of   | 301 E Main St<br>Ste. C                                     |   |              |  |  |  |  |
| ⊢        | PURPOSE OF   | (a) Category                                       |  | Decatur, TX 76234 (b) Description                           |   |              |  |  |  |  |
| l        | EXPENDITURE  | (See Categories listed at the top                  | of this schedule)                                | Fee for District staff to attend Chamber luncheon           |   |              |  |  |  |  |
|          | X Political  | Fees   |  |   |   |              |  |  |  |  |
|          | Non-Political  | 19 <b>L</b>  | of Texas. Complete Schedule T.                   |   | officeholder living expense             |              |  |  |  |  |
| е        | Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder                             | name Office                                      | e sought  | Office held                             |              |  |  |  |  |
|          | PAYMENT  | (a) Amount Charged                                 | (b) Date of Charge                               | (c) Date(s) Credit Card Issue                               | r Paid                                  |              |  |  |  |  |
|          |  | \$50.00  | 09/10/2023                                       |   |   |              |  |  |  |  |
|          | PAYEE  | (a) Payee name                                     |  | (b) Payee address;  | City, State,                            | Zip Code     |  |  |  |  |
|          |  | Wise County Cham                                   | ber of   | 301 E Main St<br>Ste. C                                     |   |              |  |  |  |  |
| $\vdash$ | PURPOSE OF   | (a) Category                                       |  | Decatur, TX 76234 (b) Description                           |   |              |  |  |  |  |
|          | EXPENDITURE  | (See Categories listed at the top                  | of this schedule)                                | Fee for District staff to atte                              | end Chamber dinner                      |              |  |  |  |  |
|          | X Political  | Fees   |  | . Se for Bistrict stair to atte                             | ona onamber anniel                      |              |  |  |  |  |
|          | Non-Political  | (a) D object ***                                   | of Towns Committee Co. 1.1. T.                   |   | eff - also lales listin.                |              |  |  |  |  |
| $\vdash$ |  | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T.                   | Check if Austin, TX,  | officeholder living expense Office held |              |  |  |  |  |
| е        | Complete ONLY if direct expenditure to benefit C/OH          | - Candidate/Officeriolder                          | That The Office                                  | o oougrit   | Silice field                            |              |  |  |  |  |
| l        |  |  |  |   |   |              |  |  |  |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|          |  | The Inst                          | ruction Guide explains how     | to complete this form.   |                                 |         |  |
|----------|--|-----------------------------------|--------------------------------|--|---------------------------------|---------|--|
| 1        | Total pages Schedule F4:   | 2 FILER NAME                      |                                |  | 3 Filer ID (Ethics Commission I | Filers) |  |
|          | Sch: 58/60 Rpt:  | Stucky, Lynn D. (Th               | ne Honorable)                  |  | 00080276                        |         |  |
| 4        | CREDIT CARD<br>ISSUER  | Name of final                     | ncial institution              | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CRED<br>CARD | \$                              |         |  |
| 6        | PAYMENT  | (a) Amount Charged                | (b) Date of Charge             | (c) Date(s) Credit Card Issu                                       | er Paid                         |         |  |
|          |  | \$100.00                          | 10/06/2023                     |  |                                 |         |  |
| 7        | PAYEE  | (a) Payee name                    |                                | (b) Payee address;   | City, State, Zij                | p Code  |  |
|          |  | Jenny's Hope Wise                 | CCC                            | 1650 FM 51<br>Ste 400<br>Decatur, TX 76234                         |                                 |         |  |
| 8        | PURPOSE OF   | (a) Category                      |                                | (b) Description  |                                 |         |  |
|          | EXPENDITURE  | (See Categories listed at the top |                                | Campaign charitable co   | ntribution                      |         |  |
|          | Contributions/Donations Made By Candidate/Officeholder/Political Committee |                                   |                                |  |                                 |         |  |
|          | Nan Belitical  |                                   |                                | X, officeholder living expense                                     |                                 |         |  |
| 9        | <u>```</u>   |                                   |                                | e sought   | Office held                     |         |  |
| 6        | expenditure to benefit C/OH  |                                   |                                |  |                                 |         |  |
| Г        | PAYMENT  | (a) Amount Charged                | (b) Date of Charge             | (c) Date(s) Credit Card Issu                                       | er Paid                         |         |  |
|          |  | \$30.00                           | 11/03/2023                     |  |                                 |         |  |
|          | PAYEE  | (a) Payee name                    |                                | (b) Payee address;   | City, State, Zip                | p Code  |  |
|          | Wise County Chamber of   |                                   | ber of                         | 301 E Main St<br>Ste. C  |                                 |         |  |
| H        | PURPOSE OF   | (a) Category                      |                                | Decatur, TX 76234 (b) Description                                  |                                 |         |  |
|          | EXPENDITURE  | (See Categories listed at the top | of this schedule)              | Fee for campaign staff to attend Chamber luncheon                  |                                 |         |  |
|          | X Political  | Fees                              |                                |  |                                 |         |  |
| L        | Non-Political  | `                                 | of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense                   |                                 |         |  |
| €        | Complete ONLY if direct expenditure to benefit C/OH                        | Candidate/Officeholder            | name Office                    | e sought   | Office held                     |         |  |
|          | PAYMENT  | (a) Amount Charged                | (b) Date of Charge             | (c) Date(s) Credit Card Issu                                       | er Paid                         |         |  |
|          |  | \$50.00                           | 11/13/2023                     |  |                                 |         |  |
|          | PAYEE  | (a) Payee name                    |                                | (b) Payee address;   | City, State, Zi                 | p Code  |  |
|          |  | Wise County Messe                 | enger                          | 115 S Trinity St   |                                 |         |  |
|          |  | Tilos County Moses                | ongo:                          | D TV 70004   |                                 |         |  |
| ┝        | PURPOSE OF   | (a) Category                      |                                | Decatur, TX 76234 (b) Description                                  |                                 |         |  |
|          | EXPENDITURE  | (See Categories listed at the top | •                              | Subscription fee for loca  | l newspaper                     |         |  |
|          | X Political  | Office Overhead/Ren               | tal Expense                    | Casconplion for for for  | поморарог                       |         |  |
| L        | Non-Political  | (c) Check if travel outside       | of Texas. Complete Schedule T. |  | X, officeholder living expense  |         |  |
| e        | Complete ONLY if direct expenditure to benefit C/OH                        | Candidate/Officeholder            | name Office                    | e sought   | Office held                     |         |  |
| $\vdash$ |  | l .                               |                                |  |                                 |         |  |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|  | The Inst                                       | ruction Guide explains how     | to complete th  | is form.                                  |                         |            |              |
|--|--|--------------------------------|---|---|-------------------------|------------|--------------|
| 1 Total pages Schedule F4:                                   | 2 FILER NAME                                   |                                |   |   | 3 Filer ID (Ethi        | cs Commiss | sion Filers) |
| Sch: 59/60 Rpt:  | Stucky, Lynn D. (Th                            | ne Honorable)                  |   |   | 00080276                |            |              |
| 4 CREDIT CARD<br>ISSUER                                      | Name of final                                  | ncial institution              | EXPEND  | OF UNITEMIZED<br>ITURES<br>ED TO A CREDIT | \$                      |            |              |
| 6 PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) (   | Credit Card Issue                         | r Paid                  |            |              |
|  | \$700.00                                       | 12/14/2023                     |   |   |                         |            |              |
| 7 PAYEE  | (a) Payee name                                 | •                              | (b) Payee a   | ddress;                                   | City,                   | State,     | Zip Code     |
|  | Wise County Messe                              | enger                          | 115 S Trin  | ity St                                    |                         |            |              |
|  |  |                                | Decatur, T  |   |                         |            |              |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descripti   |   |                         |            |              |
| X Political  | Advertising Expense                            | Advertising Expense            |   |   | in local newsp          | aper       |              |
| Non-Political  | (C) Check if travel outside                    | of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living exper            |   |                         | ense       |              |
| 9 Complete ONLY if direct Candidate/Officeholder name Office |  |                                | e sought  |   | Office held             |            |              |
| expenditure to benefit C/OH                                  |  |                                | _   |   |                         |            |              |
| PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) (   | Credit Card Issue                         | r Paid                  |            |              |
|  | \$500.00                                       | 12/20/2023                     |   |   |                         |            |              |
| PAYEE  | (a) Payee name                                 | •                              | (b) Payee a   | ddress;                                   | City,                   | State,     | Zip Code     |
|  | Wise County Messe                              | enger                          | 115 S Trin  | ity St                                    |                         |            |              |
|  |  |                                | Decatur, T  | X 76234                                   |                         |            |              |
| PURPOSE OF<br>EXPENDITURE                                    | (a) Category (See Categories listed at the top | of this schedule)              | (b) Description Campaign advertisement in local newspaper |   |                         |            |              |
| X Political  | Advertising Expense                            |                                | , , , , , , , , , , , , , , , , , , ,                     |   |                         |            |              |
| Non-Political  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \          | of Texas. Complete Schedule T. |   | Check if Austin, TX,                      | officeholder living exp | ense       |              |
| Complete ONLY if direct                                      | Candidate/Officeholder                         | name Offic                     | e sought  |   | Office held             |            |              |
| expenditure to benefit C/OH                                  |  | T                              | 1   |   |                         |            |              |
| PAYMENT  | (a) Amount Charged                             | (b) Date of Charge             | (c) Date(s) (   | Credit Card Issue                         | r Paid                  |            |              |
|  | \$123.60                                       | 09/25/2023                     |   |   |                         |            |              |
| PAYEE  | (a) Payee name                                 | •                              | (b) Payee a   | ddress;                                   | City,                   | State,     | Zip Code     |
|  | Maman to Maman                                 | Dragonana                      | 521 N Loc   | ust                                       |                         |            |              |
|  | Woman to Woman                                 | Pregnancy                      |   |   |                         |            |              |
|  |  |                                | Denton, T   |   |                         |            |              |
| PURPOSE OF<br>EXPENDITURE                                    | (a) Category (See Categories listed at the top | of this schedule)              | (b) Descripti   |   |                         |            |              |
| <u> </u>   | Contributions/Donatio                          | ns Made By                     | Campaign  | charitable cont                           | ribution                |            |              |
| X Political Non-Political                                    | Candidate/Officeholde                          |                                |   | 7   | **                      |            |              |
|  | 1 1 2 L  | of Texas. Complete Schedule T. | o conapt  | Check if Austin, TX,                      | Office hold             | ense       |              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder                         | name Offic                     | e sought  |   | Office held             |            |              |
| <b>————</b>  |  |                                |   |   |                         |            |              |

## SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|                             | The Inst  | ruction Guide explains how     | to complete this form.                                     |                                       |          |
|-----------------------------|---|--------------------------------|--|---------------------------------------|----------|
| 1 Total pages Schedule F4:  | 2 FILER NAME  |                                |  | 3 Filer ID (Ethics Commission Filers) |          |
| Sch: 60/60 Rpt:             | Stucky, Lynn D. (The Honorable)   |                                |  | 00080276                              |          |
| 4 CREDIT CARD<br>ISSUER     | Name of financial institution   |                                | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITURED | \$                                    |          |
| 6 PAYMENT                   | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                              | er Paid                               |          |
|                             | \$250.00  | 10/05/2023                     |  |                                       |          |
| 7 PAYEE                     | (a) Payee name  Woman to Woman Pregnancy  |                                | (b) Payee address;   | City, State,                          | Zip Code |
|                             |   |                                | 521 N Locust   |                                       |          |
|                             |   |                                | Denton, TX 76201   |                                       |          |
| 8 PURPOSE OF EXPENDITURE    | (a) Category (See Categories listed at the top of this schedule)  |                                | (b) Description  |                                       |          |
| X Political                 | Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee                               |                                | Campaign charitable con                                    | itribution                            |          |
| Non-Political               | (c) Check if travel outside   | of Texas. Complete Schedule T. | Check if Austin, TX  | K, officeholder living expense        |          |
| 9 Complete ONLY if direct   | Candidate/Officeholder name Office  |                                | e sought   | Office held                           |          |
| expenditure to benefit C/OH |   |                                |  |                                       |          |
| PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                              | er Paid                               |          |
|                             | \$54.67   | 09/05/2023                     |  |                                       |          |
| PAYEE                       | YEE (a) Payee name  |                                | (b) Payee address;   | City, State,                          | Zip Code |
|                             | Zerbee Business Products  |                                | 44 Northern Stacks Dr                                      |                                       |          |
| Zerbee Busin                |   | Toducis                        | Suite 120  |                                       |          |
|                             |   |                                | Minneapolis, MN 55430                                      |                                       |          |
| PURPOSE OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  |                                | (b) Description  |                                       |          |
| l <u>—</u>                  | Advertising Expense   |                                | Supplies for campaign                                      |                                       |          |
| X Political                 |   |                                |  |                                       |          |
| Non-Political               | (c) Check if travel outside of Texas. Complete Schedule T.  |                                |  | K, officeholder living expense        |          |
| Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   |                                |  |                                       |          |
| expenditure to benefit C/OH |   |                                | _  |                                       |          |
| PAYMENT                     | (a) Amount Charged  | (b) Date of Charge             | (c) Date(s) Credit Card Issue                              | er Paid                               |          |
|                             | \$244.54  | 10/20/2023                     |  |                                       |          |
| PAYEE                       | (a) Payee name  | ı                              | (b) Payee address;   | City, State,                          | Zip Code |
|                             |   |                                | 14550 Beechnut St  |                                       |          |
|                             | Imprint.com   |                                |  |                                       |          |
|                             |   |                                | Houston, TX 77083  |                                       |          |
| PURPOSE OF                  | (a) Category  |                                | (b) Description  |                                       |          |
| EXPENDITURE                 | (See Categories listed at the top of this schedule)  Advertising Expense                                    |                                | Campaign signs   |                                       |          |
| X Political                 | , averaging Expense   |                                |  |                                       |          |
| Non-Political               | (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                |  |                                       |          |
| Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   |                                |  |                                       |          |
| expenditure to benefit C/OH |   |                                |  |                                       |          |