

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|---|--|---|-----------------------------------|--|------------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00084939 | 2 Total pages filed: 25 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | FIRST Shelley A. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/26/2024 | |
| | NICKNAME | LAST Luther | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 587 White Mound Rd. Sherman, TX 75090 | | | Date Hand-delivered or Date Postmarked | |
| | | | | Receipt # | Amount |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Timothy A. | MI | | |
| | NICKNAME | LAST Georgeff | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 587 White Mound Rd. Sherman, TX 75090 | | | | |
| | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (817) | 291-8384 | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year |
| | 01 | 26 | 2024 | | 02/24/2024 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | 03 | 05 | 2024 | <input type="checkbox"/> General | <input type="checkbox"/> Other |
| 11 OFFICE | OFFICE HELD (if any) | | | | 12 OFFICE SOUGHT (if known) |
| | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 25

13 C / OH NAME Luther, Shelley A. (Ms.) **14 Filer ID** (Ethics Commission Filers)
00084939

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | |
|---|---|
| <input checked="" type="checkbox"/> GENERAL | COMMITTEE NAME Make Liberty Win |
| <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS 441 North Lee Street Ste 100 Alexandria, VA 22314 |
| | COMMITTEE CAMPAIGN TREASURER NAME Curtis, Elizabeth |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS 441 North Lee Street Ste 100 Alexandria, VA 22314 |

| | | |
|--------------------------------|---|---------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 60.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 239,377.54 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 162,821.70 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 23,390.51 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 3,000.00 |

17 AFFIDAVIT

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

Ms. Shelley A. Luther

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | | |
|--|---|---|
| 18 FILER NAME Luther, Shelley A. (Ms.) | | 19 Filer ID (Ethics Commission Filers) 00084939 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 151,415.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 87,962.54 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 162,821.70 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/01/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Russell <hr/> 6 Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 02/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Todd <hr/> Contributor address; City; State; Zip Code Burbank, CA 91504 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bankhead, Dennis <hr/> Contributor address; City; State; Zip Code Donna, TX 78537 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banu, Cristian <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Ramp agent | | Employer (See Instructions) Fedex Express |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Carl <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedwell, Cheri | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | | |
| 8 Principal occupation / Job title (See Instructions) Tax Consultant | | 9 Employer (See Instructions) Ryan LLC |
| Date 02/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coberley, Velvet | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Winnsboror, TX 75494 | | |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) N/A |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cranberg, Alex | Amount of Contribution (\$) \$20,000.00 |
| Contributor address; City; State; Zip Code Denver, CO 80202 | | |
| Principal occupation / Job title (See Instructions) Chairman | | Employer (See Instructions) Aspect Holdings |
| Date 02/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crumbly, Terry | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Bells, TX 75414 | | |
| Principal occupation / Job title (See Instructions) Home Builder | | Employer (See Instructions) |
| Date 02/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delay, Ronald | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Paradise, TX 76073 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunham, Bob <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75092 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) Self |
| Date 02/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenmann, Mark <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairly, Alex <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79114 | Amount of Contribution (\$) \$50,000.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Fairly Group |
| Date 01/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Empowerment Coalition PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78734 | Amount of Contribution (\$) \$15,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Empowerment Coalition PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78734 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, JoAnn <hr/> 6 Contributor address; City; State; Zip Code Flint, TX 75762 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) N/A | | 9 Employer (See Instructions) N/A |
| Date 02/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodnight, Judy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeno, Glenn <hr/> Contributor address; City; State; Zip Code Belleville, IL 62223 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, James <hr/> Contributor address; City; State; Zip Code Collinsville, TX 76233 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grusendorf, Kent <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOBLER, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) William A Hoobler |
| Date 02/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Barbara <hr/> Contributor address; City; State; Zip Code Longview, TX 75605 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Self |
| Date 02/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilligoss, Robert <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Farmer | | Employer (See Instructions) Self |
| Date 02/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, G.D. <hr/> Contributor address; City; State; Zip Code Westminster, TX 75485 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joice, Arlene <hr/> Contributor address; City; State; Zip Code Tioga, TX 76271 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalbfleisch, Carl <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) IT | | 9 Employer (See Instructions) DTCC |
| Date 02/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalbfleisch, Mande <hr/> Contributor address; City; State; Zip Code Denison, TX 75020 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) OWNER | | Employer (See Instructions) Xerno enterprises llc |
| Date 02/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Amy <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance, Robert <hr/> Contributor address; City; State; Zip Code Whitesboro, TX 76273 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Elite Painting |
| Date 02/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layden, Kevin E. <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-6395 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindeman, Bruce <hr/> 6 Contributor address; City; State; Zip Code Whitewright, TX 75491 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 02/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Gary <hr/> Contributor address; City; State; Zip Code Mount Vernon, TX 75457 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Maryjane <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Maryjane <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Karla <hr/> Contributor address; City; State; Zip Code Howe, TX 75459 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Counselor |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McVoy, Shayne <hr/> 6 Contributor address; City; State; Zip Code Mt. Vernon, TX 75457 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Ranch work | | 9 Employer (See Instructions) Self employed |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton, Chris <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Exports Clerk | | Employer (See Instructions) UPS Supply Chain |
| Date 02/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavalock-Duncan, Ann <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggles, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78750 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbs, James <hr/> Contributor address; City; State; Zip Code Collinsville, TX 76233 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Marilla Bryant <hr/> 6 Contributor address; City; State; Zip Code Whitewright, TX 75491 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Landscape Designer | | 9 Employer (See Instructions) Self |
| Date 02/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stallings, Kyle <hr/> Contributor address; City; State; Zip Code Midland, TX 79702 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) Self |
| Date 02/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Houston <hr/> Contributor address; City; State; Zip Code Denison, TX 75021 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) real estate | | Employer (See Instructions) self |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Bob <hr/> Contributor address; City; State; Zip Code Gunter, TX 75058 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Landmanager | | Employer (See Instructions) Self |
| Date 02/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901 | Amount of Contribution (\$) \$25,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/25 |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77901 | 7 Amount of Contribution (\$) \$25,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thistlethwaite, Barry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Technical Writer | | Employer (See Instructions) GXO` |
| Date 02/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veal, Suzanne <hr/> Contributor address; City; State; Zip Code Gordonville, TX 76245 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiederhold, Dora <hr/> Contributor address; City; State; Zip Code League City, TX 77573 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 02/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Chris <hr/> Contributor address; City; State; Zip Code Honey Grove, TX 75446 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/2 Rpt: 14/25 | |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 02/01/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Empowerment Coalition PAC | 8 Amount of contribution (\$) \$4,000.00 | 9 In-kind contribution description Digital Advertising |
| | 7 Contributor address; City; State; Zip Code Austin, TX 78734 | <input type="checkbox"/> 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) (See instructions) | |
| 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) | | | |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC | Amount of contribution (\$) \$41,459.89 | In-kind contribution description TV Advertising |
| | Contributor address; City; State; Zip Code Victoria, TX 77901 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 02/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC | Amount of contribution (\$) \$10,000.55 | In-kind contribution description TV Ads |
| | Contributor address; City; State; Zip Code Victoria, TX 77901 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 15/25 | |
| 2 FILER NAME Luther, Shelley A. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00084939 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 02/12/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC | 8 Amount of contribution (\$) \$25,000.10 | 9 In-kind contribution description TV Ads |
| | 7 Contributor address; City; State; Zip Code Victoria, TX 77901 | <input type="checkbox"/> 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) (See instructions) | |
| 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) | | | |
| Date 02/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC | Amount of contribution (\$) \$7,502.00 | In-kind contribution description TV Ads |
| | Contributor address; City; State; Zip Code Victoria, TX 77901 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 1/10 Rpt: 16/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/24/2024 | 5 Payee name Anedot, Inc | |
| 6 Amount (\$) \$107.80 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Processing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/29/2024 | Payee name Axiom Strategies | |
| Amount (\$) \$14,074.00 | Payee address; City; State; Zip Code 800 W 47th St Suite 200 Kansas City, MO 64112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mailer |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2024 | Payee name Axiom Strategies | |
| Amount (\$) \$14,074.00 | Payee address; City; State; Zip Code 800 W 47th St Suite 200 Kansas City, MO 64112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mailer |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 2/10 Rpt: 17/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/07/2024 | 5 Payee name Axiom Strategies | |
| 6 Amount (\$) \$14,074.00 | 7 Payee address; City; State; Zip Code 800 W 47th St Suite 200 Kansas City, MO 64112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mailer |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/14/2024 | Payee name Axiom Strategies | |
| Amount (\$) \$14,074.00 | Payee address; City; State; Zip Code 800 W 47th St Suite 200 Kansas City, MO 64112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mailer |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/21/2024 | Payee name Axiom Strategies | |
| Amount (\$) \$14,074.00 | Payee address; City; State; Zip Code 800 W 47th St Suite 200 Kansas City, MO 64112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mailer |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 3/10 Rpt: 18/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/22/2024 | 5 Payee name Axiom Strategies | |
| 6 Amount (\$) \$14,074.00 | 7 Payee address; City; State; Zip Code 800 W 47th St Suite 200 Kansas City, MO 64112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mailer |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2024 | Payee name Cowboy Chicken | |
| Amount (\$) \$52.63 | Payee address; City; State; Zip Code 3811 N Hwy 75 Ste 200 Sherman, TX 75090 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign team meal |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/19/2024 | Payee name Grayson County Conservatives | |
| Amount (\$) \$160.00 | Payee address; City; State; Zip Code 3164 Harrell Rd Howe, TX 75459 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Local Group |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 4/10 Rpt: 19/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/02/2024 | 5 Payee name Griffin Communications | |
| 6 Amount (\$) \$3,643.99 | 7 Payee address; City; State; Zip Code 7111 Harvest Trail Dr Austin, TX 78736 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Retainer |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/08/2024 | Payee name Griffin Communications | |
| Amount (\$) \$5,104.80 | Payee address; City; State; Zip Code 7111 Harvest Trail Dr Austin, TX 78736 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Retainer |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2024 | Payee name Griffin Communications | |
| Amount (\$) \$40,000.00 | Payee address; City; State; Zip Code 7111 Harvest Trail Dr Austin, TX 78736 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/10 Rpt: 20/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/22/2024 | 5 Payee name Griffin Communications | |
| 6 Amount (\$) \$2,552.40 | 7 Payee address; City; State; Zip Code 7111 Harvest Trail Dr Austin, TX 78736 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Retainer |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2024 | Payee name Independent Financial | |
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code 300 E Taylor St Sherman, TX 75090 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/07/2024 | Payee name Independent Financial | |
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code 300 E Taylor St Sherman, TX 75090 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 6/10 Rpt: 21/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/09/2024 | 5 Payee name Independent Financial | |
| 6 Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Code 300 E Taylor St Sherman, TX 75090 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/09/2024 | Payee name Independent Financial | |
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code 300 E Taylor St Sherman, TX 75090 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2024 | Payee name Independent Financial | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 300 E Taylor St Sherman, TX 75090 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 7/10 Rpt: 22/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/20/2024 | 5 Payee name Independent Financial | |
| 6 Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code 300 E Taylor St Sherman, TX 75090 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2024 | Payee name Political Communications Advertising | |
| Amount (\$) \$10,000.00 | Payee address; City; State; Zip Code 11 E 44th St Ste 303 New York, NY 10017 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2024 | Payee name Political Communications Advertising | |
| Amount (\$) \$7,502.00 | Payee address; City; State; Zip Code 11 E 44th St Ste 303 New York, NY 10017 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 8/10 Rpt: 23/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
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|-----------------------------|-----------------------------------|
| 4 Date 02/02/2024 | 5 Payee name Sims, Kyle |
|-----------------------------|-----------------------------------|

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|------------------------------------|---|
| 6 Amount (\$) \$2,000.00 | 7 Payee address; City; State; Zip Code 5312 Foxchase Ln McKinney, TX 75071 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff |
|---------------------------------|--|--|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 02/12/2024 | Payee name Sims, Kyle |
|--------------------|--------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 5312 Foxchase Ln McKinney, TX 75071 |
|---------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 01/29/2024 | Payee name Sprouse, Rebecca |
|--------------------|--------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code PO Box 311 Tom Bean, TX 75489 |
|---------------------------|--|

| | | |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 9/10 Rpt: 24/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 Date 02/13/2024 | 5 Payee name Sprouse, Rebecca | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code PO Box 311 Tom Bean, TX 75489 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2024 | Payee name Sprouse, Rebecca | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code PO Box 311 Tom Bean, TX 75489 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name Steve-Os Pizzeria | |
| Amount (\$) \$52.48 | Payee address; City; State; Zip Code 114 Houston St Mount Vernon, TX 75457 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign team meal |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 10/10 Rpt: 25/25 | 2 FILER NAME Luther, Shelley A. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00084939 |
|--|---|--|

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|-----------------------------|--|
| 4 Date 02/05/2024 | 5 Payee name Tejas Mexican Grill |
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|---------------------------------|--|
| 6 Amount (\$) \$60.50 | 7 Payee address; City; State; Zip Code 112 W Grand St Whitewright, TX 75491 |
|---------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign team meal |
|---------------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------------|
| Date 02/20/2024 | Payee name Tejas Mexican Grill |
|--------------------|-----------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$51.10 | Payee address; City; State; Zip Code 112 W Grand St Whitewright, TX 75491 |
|------------------------|---|

| | | |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign team meal |
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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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