

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088605	2 Total pages filed: 5	
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 05/20/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	Mr.	Donald		
NICKNAME		LAST	SUFFIX	
Jet-Eye		Loucks		
4 FILER ADDRESS				
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
PO BOX 1836				
<input type="checkbox"/> Change of Address BASTROP, TX 78602				
5 FILER PHONE				
AREA CODE PHONE NUMBER EXTENSION				
(512) 718-8094				
6 REPORT TYPE				
<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		
<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		
		<input checked="" type="checkbox"/> Runoff		
7 PERIOD COVERED				
Month Day Year		Month Day Year		
02/25/2024		THROUGH 05/18/2024		
8 ELECTION				
ELECTION DATE		ELECTION TYPE		
Month Day Year		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
05/28/2024				
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
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FORM DCE
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10 FILER NAME Loucks, Donald (Mr.)		11 Filer ID (Ethics Commission Filers) 00088605
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 344.58

13 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.

Mr. Donald Loucks

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

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 oath

Printed name of officer administering oath

Title of officer administering oath

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FORM **DCE**
ADDENDUM

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10 FILER NAME Loucks, Donald (Mr.)		11 Filer ID (Ethics Commission Filers) 00088605
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported
		B. Opposed Republican
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

SUBTOTALS - DCE

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COVER SHEET PG 3
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14 FILER NAME Loucks, Donald (Mr.)		15 Filer ID (Ethics Commission Filers) 00088605
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 344.58
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

POLITICAL EXPENDITURES

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)

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1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME Loucks, Donald (Mr.)	3 Filer ID (Ethics Commission Filers) 00088605
4 Date 05/11/2024	5 Payee name G&C Printing	
6 Amount (\$) \$344.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4125 FM535 Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Postcards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Carmack, Butch (Mr.)	Office sought Bastrop County Commissioner,
		Office held None Place 1 District Precinct 1