CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00084939	-	2 Total pages f	iled: 54
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	Ms.	Shelley A.				
NAME		Chency / C			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Luther				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	587 White Mound Rd.					
ADDRESS					Receipt #	Amount
Change of Address	Sherman, TX 75090					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Timothy A.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Georgeff				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE);	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	587 White Mound Rd.					
ADDRESS						
(Residence or Business)	Charman TV 75000					
	Sherman, TX 75090					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER		NE NOMBER	EXTENSION			
PHONE	(817) 291-8384					
8 REPORT TYPE		-			1	
	January 15	30th day before	e election	Runoff	appointment (off	ampaign treasurer iceholder onlv)
	X July 15	8th day before	election	Exceeded modified	Final Report (Att	
				reporting limit]	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	,	T I	HROUGH	,		
	02/25/2024	11	HROUGH	06/30/2024	ł	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	Special		
					(61	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				State Representa	luve district 62	
	1					
		60.5	TO PAGE 2			
		60				
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Versi	on V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 54

13 C / OH NAME	Luther, Shelley A. (M	5.)	14 Filer ID (00084939	(Ethics Commission File	ərs)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expend These expenditures may have been made withou I officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ C	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 59,996	5.48
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ C	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 45,110).96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 13,562	2.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ C	0.00
17 AFFIDAVIT					
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to		
		Ms	. Shelley A. Luther		
		Signature	of Candidate or Officehol	der	
AFFIX NOT	TARY STAMP / SEAL ABO	DVE			
		aid	, this the	day	
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of offic	er administering	Printed name of officer administering	Title of officer	r administering oath	

SUBTOTALS - C/OH	cc	FORM C/OH OVER SHEET PG 3 3 of 54
	19 Filer ID	(Ethics Commission Filers)
Luther, Shelley A. (Ms.) 20 SCHEDULE SUBTOTALS	00084939	1
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 34,995.68
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 25,000.80
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 45,110.96
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
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 CONTRIBUTIO	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/54	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Luther, Shell	ey A. (Ms.)			00084939	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/07/2024	Andrews, Todd				\$200.00
		6 Contributor address; City; State; Zip Code				
		Burbank, CA 91504				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/09/2024	Anthem Media				\$252.30
		Contributor address; City; State; Zip Code				
		Austin, TX 78735				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/01/2024	Aulson, Patrick				\$25.00
		Contributor address; City; State; Zip Code				
		Waxahachie, TX 75165				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2024	Bowman, Shawn				\$5.00
		Contributor address; City; State; Zip Code				
		N Richland Hills, TX 76180	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales		IBM			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/01/2024	Christenberry, Rocky				\$500.00
		Contributor address; City; State; Zip Code				
		Mount Vernon, TX 75457				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP		Priefert			
				_		

Tł	he Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/54	
2 FII	LER NAME			3	Filer ID (Ethics Commission	n Filers)
		ley A. (Ms.)			00084939	
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
05	5/13/2024	Delisi Communications PAC				\$250.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8 Pri	incipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Da	ate	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
02	2/28/2024	Derr, Jerry				\$60.00
1		Contributor address; City; State; Zip Code		1		
		Commerce, TX 75428				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Re	etired		Retired			
Da	ate	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
05	5/02/2024	Doctor, John Thomas				\$500.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79424				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Da	ate	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
03	3/01/2024	Fite, Ralph				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77057				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
S١	VP-Finance	<u></u>	Welcome Group, LLC			
Da	ate	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
05	5/06/2024	Flesher, Kenneth				\$100.00
		Contributor address; City; State; Zip Code				
		Windom, TX 75492				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Re	etired		Retired			
			<u>, I</u>			

SCHEDULE	A1
----------	----

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/54
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Luther, Shell			00084939
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/29/2024	Fritcher, Sammy		\$500.00
	6 Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Sherman, TX 75090		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
CEO		Airborne ASPECT INV	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/18/2024	Garminplast, Gelmo		\$5.00
	Contributor address; City; State; Zip Code		
	Lynchburg, VA 24501		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/07/2024	Garwood, William		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
investment a	advisor	Cypress Asset Manager	ement
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2024	Gary Gates for Texas		\$2,500.00
	Contributor address; City; State; Zip Code		
	Rosenberg, TX 77471		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/06/2024	Gordon, David		\$100.00
	Contributor address; City; State; Zip Code		
	Allentown, PA 18104		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
PHYSICIAN		SELF	

				-		
The Instru	iction Guide explains how	I to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/54	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Luther, She	lley A. (Ms.)				00084939	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/21/2024	Graham, Billy					\$10.00
	6 Contributor address; City; Sta	ate; Zip Code		"		
	Austin, TX 78716					
	upation / Job title (See Instructions)	<i>;</i>)	9 Employer (See Instructions	s)		
consultant			self			
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/18/2024	Herriage, Kip					\$100.00
	Contributor address; City; Sta			"		
	Sugar Land, TN 77479					
	upation / Job title (See Instructions)	;)	Employer (See Instructions	s)		
Founding Pa	artner		VRA			
Date	Full name of contributor	out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	
03/28/2024	Hillco PAC					\$5,000.00
	Contributor address; City; Sta	ate; Zip Code		"		
	Austin, TX 78701					
Principal occu	upation / Job title (See Instructions)	,)	Employer (See Instructions	s)		
				_		
Date	Full name of contributor	out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	—
04/20/2024	Hopkins, Patricia					\$300.00
	Contributor address; City; Sta	ate; Zip Code]		
Driveinel ees	Houston, TX 77059			Ĺ		
Principal occu Retired	upation / Job title (See Instructions)	<i>,</i>)	Employer (See Instructions	S)		
			Retired	-		
Date	Full name of contributor	out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	
02/27/2024	Hornbeck, Laura					\$200.00
	Contributor address; City; Sta	ate; Zip Code				
	Ver Alotyne TV 75405					
	Van Alstyne, TX 75495			Ĺ		
-	upation / Job title (See Instructions)	,)	Employer (See Instructions	s)		
Retired			Retired			

				_		
The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/54	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Luther, Shell	ey A. (Ms.)				00084939	_
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
03/28/2024	Jones, Neal					\$1,000.00
	6 Contributor address; City; State; 2	Zip Code		1		
Dringinglocgy	Austin, TX 78753	r	2 Employer (See Instructions	<u> </u>		
8 Principal occu Manager	pation / Job title (See Instructions)		9 Employer (See Instructions Hillco	5)		
_				-		
Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 500.00
06/24/2024	LAW PAC					\$500.00
	Contributor address; City; State; Zip Code					
	Austin, TX 78701					
Principal occu	pation / Job title (See Instructions)	I	Employer (See Instructions	<u> </u> נ)		
i intopui occa				"		
Date	Full name of contributor	out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
02/25/2024	Littleton, Kenneth	שטון-טו-גומופ דאכ נוש#				\$5.00
02/20/202	Contributor address; City; State; 2					40.00
	Leonard, TX 75452					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Administrativ	/e Officer		Government			
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/08/2024	Lloyd, Robert					\$50.00
	Contributor address; City; State; 2	Zip Code		1		
D in sin al again	Boca Raton, FL 33431	T		Ĺ		
Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			Retired	-		
Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	#100.00
05/28/2024	Lowe, Marvin					\$100.00
	Contributor address; City; State; 2	Zip Code				
	Frisco, TX 75035					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
Real Estate			Marda Realty	,		
-		I	,			

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/54	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Luther, Shel	lev A. (Ms.)			00084939	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		+	Amount of Contribution (\$)	
17	06/08/2024	Mahroum, Eric	/	ľ		\$300.00
	00/00/2024					Φ200.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77062	1			
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	President	sident Mahroum Communica			s, LLC	
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	05/13/2024	Mike Toomey and Associates				\$1,000.00
	Contributor address; City; State; Zip Code			·		
		Austin, TX 78701				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	·			-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Т	Amount of Contribution (\$)	
	02/28/2024)			\$200.00
	0212012024					Φ200.00
		Contributor address; City; State; Zip Code				
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Grapevine, TX 76051		ŕ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	T	Amount of Contribution (\$)	
	03/28/2024	Navarro, Bernard				\$35.00
		Contributor address; City; State; Zip Code		"		
		Houston, TX 77056				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
⊢	Date	Full name of contributor out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	03/07/2024	Ostrander, Peggy	,		, and an e e e e e e e e e e e e e e e e e e	\$50.00
	00/01/202					400.0
		Contributor address, City, State, Zip Code				
		Plano, TX 75093				
┝	Drincinal occu		Employer (See Instruction	<u> </u>		
	Nurse Practi	upation / Job title (See Instructions)	Employer (See Instructions Institute of Health	Sj		

The l	nstruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/54	
2 FILER Luther	NAME r, Shelley A. (Ms.)		3 Filer ID (Ethics Commissio 00084939	on Filers)
4 Date 05/15/	5 Full name of contributor out-of-state PAC (ID#:_ /2024 Posey, Jake 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$500.00
	Georgetown, TX 78633			
8 Princip Attorn	al occupation / Job title (See Instructions) ey	9 Employer (See Instructions The Posey Law Firm, PC		
Date 03/01/	/2024 Priefert, Bill)	Amount of Contribution (\$)	\$2,000.00
Princip CEO	al occupation / Job title (See Instructions)	Employer (See Instructions Priefert Mfg. Co., Inc.)	
Date 02/27/	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
Princip	Midland, TX 79707 Pal occupation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Retire		Retired	,	
Date 02/28/	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$1,000.00
	Anna, TX 75409 al occupation / Job title (See Instructions) ess owner	Employer (See Instructions Self Employeed	;)	
Date 03/13/	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
Princip Retire	al occupation / Job title (See Instructions) d	Employer (See Instructions Retired	.)	
		-		

_							
	The Instru	ction Guide explains how to complete this	form.			Total pages Schedule A1: Sch: 8/10 Rpt: 11/54	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Luther, Shell	ley A. (Ms.)				00084939	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/05/2024	Sebastian, Shirley					\$50.00
		6 Contributor address; City; State; Zip Code					
		Van Alstyne, TX 75495					
	Principal occu	pation / Job title (See Instructions)	9 Employer	(See Instructions	<u>)</u>		
ľ	Retired		Retired		3)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/06/2024	Shanahan, David					\$500.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75225					
	Principal occu	pation / Job title (See Instructions)	Employer	(See Instructions	s)		
	ENGINEER		ENDURA	NCE			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/29/2024	Staten, Mike					\$1,500.00
		Contributor address; City; State; Zip Code					
	Deinsinglasse	Grapevine, TX 76051	E	(O la -tractiona	->		
		pation / Job title (See Instructions)		(See Instructions	S)		
╘	Manager		Airgroup				
	Date	Full name of contributor out-of-state PAC (ID#:)	·	Amount of Contribution (\$)	# 0.000.00
	04/29/2024	Tabor, Doug					\$2,000.00
		Contributor address; City; State; Zip Code					
		Southlake, TX 76092					
	Principal occu	pation / Job title (See Instructions)	Employer	(See Instructions	s)		
	Owner		Airgroup				
	Date	Full name of contributor out-of-state PAC (ID#:	•)		Amount of Contribution (\$)	
	03/01/2024	Taylor, Robert					\$100.00
		Contributor address; City; State; Zip Code					
		Gunter, TX 75058					
		pation / Job title (See Instructions)		(See Instructions	s)		
	Land manag	er	Self				
1							

	The Instru	ction Guide explains how to complete t	his f	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/54	
2	FILER NAME				3	Filer ID (Ethics Commissi	ion Filers)
	Luther, Shel	ey A. (Ms.)			-	00084939	,
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:_)	7	Amount of Contribution (\$)	
	02/28/2024	Teague, Gerald					\$100.00
		6 Contributor address; City; State; Zip Code					
		Cooper, TX 75432					
8	Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instructions Retired	;)		
	Date	Full name of contributor 🛛 out-of-state PAC	C (ID#:_)		Amount of Contribution (\$)	
	04/15/2024	Texans For Lawsuit Reform PAC					\$10,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Data	Full name of contributor Out-of-state PAC				Amount of Contribution ([¢])	
	Date 05/13/2024		; (ID#:_)		Amount of Contribution (\$)	\$500.00
							φ500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC	C (ID#:_)		Amount of Contribution (\$)	
	04/09/2024	Texas Optometric PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78705			Ļ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
╞	Date	Full name of contributor Out-of-state PAC				Amount of Contribution (\$)	
	06/24/2024	Texas Trial Lawyers Association PAC	, (ID#)			\$1,000.00
	00/2 1/202 1	Contributor address; City; State; Zip Code					<i>\\\\\\\\\\\\\</i>
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/54	
2	FILER NAME				12	Filer ID (Ethics Commission	n Eilers)
ľ	Luther, Shel	ley A. (Ms.)			ľ	00084939	11 11013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/31/2024	Thurston, Johnson					\$10.00
			tata: Zin Code		·		
		Contributor address, City, S	iale, Zip Coue				
		Orlando, FL 32836					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instruction	s)		
	Consultant			Self			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	06/18/2024	Trammell, Joel)			\$100.00
	00/10/2024						\$100.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78733					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	s)		
	Retired			Retired			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	06/30/2024	Wamhoff, Patrick)		(1)	\$38.38
	00/00/2024						400.00
		Contributor address; City; S	tate; Zip Code				
		Frisco, TX 75036					
		pation / Job title (See Instructions	5)	Employer (See Instruction	s)		
	International	Account Executive		Asurion			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/13/2024	Wootton, John	—				\$100.00
		Contributor address; City; S	tate [.] Zin Code		·		
		Leesburg, FL 34748					
-	Principal occu	pation / Job title (See Instructions	-)	Employer (See Instruction	<u> </u>		
			5)		5)		
	Retired			Retired			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/54			
2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Luther, She	lley A. (Ms.)			00084939		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5	Date 02/26/2024	 Full name of contributor out-of-state PAC (ID#: Texans United for a Conservative Majority PAC Contributor address; City; State; Zip Code Victoria, TX 77901 	8	Amount of 9 In-kind contribution contribution (\$) description \$25,000.80 TV Ads			
-	<u> </u>				Check if travel outside of Texas. Complete Schedule T.		
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	IDICIAL) (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 contributo	or's	spouse (if any) (FOR JUDICIAL)		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITU	IRE CATEGOR	RIES FOR	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra By - Gift/Awards/Memorials Expense Printing Expense Tra						raising Expense quipment & Related Expense trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/40 Rpt: 15/54		Luther, Shelley A. (Ms.)					00084939	
4	Date	5	Payee name				I		
	05/02/2024		7-Eleven						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le			
	\$44.50		2610 N International Pkwy	/					
			Dallas, TX 75261						
8	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel In District		cuuc)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE						, TX	, officeholder living	expense
						Fuel			
0	Complete ONL V if direct		Candidate/Officeholder name			.bt		Office he	Nd
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			L L	Office soug	III		Once he	eiu
	Data	1							
	Date 04/26/2024		Payee name 7-Eleven						
					7. 0				
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$39.57		1510 W WHITE ST						
			Anna, TX 75409						
	PURPOSE OF	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description			
	EXPENDITURE		Travel In District					ide of Texas. Com , officeholder living	
						Fuel	, 17,	, onechoider innig	
	Complete ONLY if direct	. (Candidate/Officeholder name	C	Dffice soug	ht		Office he	eld
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	06/17/2024		AT&T						
	Amount (\$)	\square	Payee address; City;	State;	; Zip Coo	le			
	\$190.82		208 S Akard St,						
			Dallas, TX 75202						
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental E					ide of Texas. Com	
								, officeholder living	expense
						Campaign Pl	1011		
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	ht		Office he	ald
	expenditure to benefit C/OI			L L	Surce Soul	n n.		Unice fie	<i>.</i> nu

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr Gift/Awards/Memorials Expense Printing Expense Tr						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 F	ILER NAME	-		-	3	Filer ID	(Ethics Commission Filers)		
	Sch: 2/40 Rpt: 16/54		uther, Shelley A. (Ms.)					00084939	X X		
4	Date 05/15/2024		ayee name T&T								
6	Amount (\$)	7 P	ayee address; City;	State;	; Zip Cod	e					
	\$286.03		08 S Akard St, allas, TX 75202								
8	PURPOSE	(a) C	ategory (See Categories listed at the	top of this sch	edule)	b) Description					
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Phone Bill											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office hel	d		
	Date	P	ayee name								
	04/04/2024	A	T&T								
	Amount (\$)	P	ayee address; City;	State;	; Zip Cod	e					
	\$107.25		08 S Akard St, allas, TX 75202								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the ffice Overhead/Rental Expe		edule)		n, TX,	de of Texas. Comp , officeholder living (e Bill			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office hel	d		
	Date	Р	ayee name								
	04/04/2024		Т&Т								
	Amount (\$)	P	ayee address; City;	State;	; Zip Cod	е					
	\$134.21		08 S Akard St,		·						
		D	allas, TX 75202								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the ffice Overhead/Rental Expe		edule)		n, TX,	de of Texas. Comp , officeholder living (e Bill			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office hel	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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 F	ILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 3/40 Rpt: 17/54		uther, Shelley A. (Ms.)				00084939	
4	Date 04/04/2024		Payee name AT&T					
6	6 Amount (\$) \$21.87 7 Payee address; City; State; Zip Code 208 S Akard St, Dallas, TX 75202							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Phone Bill							officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıht		Office held	
	Date	F	Payee name					
	05/10/2024	A	Air Garage Parking					
Amount (\$)Payee address;City;State;Zip Code\$35.392261 Market Street								
	PURPOSE OF EXPENDITURE	(a) (San Francisco, CA 94114 Category (See Categories listed at the top of this so Fravel In District	chedule)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	Jht		Office held	
	Date	F	Payee name					
	05/09/2024	4	Air Garage Parking					
	Amount (\$) \$12.35		Payee address; City; State 2261 Market Street	e; Zip Co	le			
		5	San Francisco, CA 94114					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Travel In District	chedule)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	Jht		Office held	

		EXPENDITURE CATEGOR	IES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Wwards/Memorials Expense ittee Legal Services The Instruction Guide explains h	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:			3 Filer ID (Ethics Commission Filers)			
-	Sch: 4/40 Rpt: 18/54	uther, Shelley A. (Ms.)		00084939			
4	Date 05/09/2024	ayee name ir Garage Parking					
6 Amount (\$)							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Purpose Purpose Purpose Image: Check if Austin, TX, officeholder living expense Parking							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held			
	Date	ayee name					
	06/30/2024	nedot					
	Amount (\$) \$308.94	ayee address; City; State; 340 Poydras Street	Zip Code				
	PURPOSE OF EXPENDITURE	ew Orleans, LA 70112 ategory (See Categories listed at the top of this sche olicitation/Fundraising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense DCESSING fEE			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held			
	Date	ayee name					
	02/27/2024	xiom Strategies					
	Amount (\$) \$14,074.00	ayee address; City; State; 00 W 47th St uite 200 ansas City, MO 64112	Zip Code				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche dvertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ailer			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name O	ffice sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE C	ATEGORIE	S FOR	BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T					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 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 5/40 Rpt: 19/54	L	uther, Shelley A. (Ms.)					00084939		
4	Date 05/13/2024		ayee name lob Utter Ford							
6	6 Amount (\$) \$121.15 7 Payee address; City; State; Zip Code 2525 Texoma Pkwy Sherman, TX 75090									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Oil Change on Campaign Vehicle							, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	ce soug	nt		Office held		
	Date	F	ayee name							
	05/23/2024	E	lucees							
	Amount (\$) \$31.52	1	ayee address; City; 55 N GENERAL BRUCE emple, TX 76504	State; Z	Zip Cod	9				
	PURPOSE OF EXPENDITURE	(a) (ategory (See Categories listed at the top ravel In District	of this schedule	le) (ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	ce soug	nt		Office held		
	Date	F	ayee name							
	04/18/2024		Bucees							
	Amount (\$) \$50.65		ayee address; City; 402 SOUTH IH-45	State; Z	Zip Cod	e				
		E	innis, TX 75119							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ravel In District	of this schedule	le) (ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	ce soug	nt		Office held		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE CATEO	GORIES FO	R BO	X 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	erhead/ pense xpense Vages/0	Contract Labor		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: 6/40 Rpt: 20/54		Luther, Shelley A. (Ms.)					00084939					
4	Date	5	Payee name										
	04/01/2024		Bucees										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$39.12	2 1402 SOUTH IH-45											
			Ennis, TX 75119										
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description							
	OF EXPENDITURE		Travel In District	,		Check if travel of		de of Texas. Complete Schedule T.					
	EXPENDITORE				[TX,	officeholder living expense					
						Fuel							
_				0.0									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office held					
	Date		Payee name										
	03/28/2024		Bucees										
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode								
	\$25.67		155 N GENERAL BRUCE										
			Temple, TX 76504										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Travel In District	schedule)				de of Texas. Complete Schedule T. officeholder living expense					
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt			Office held					
	expenditure to benefit C/OF		anduate/Oncentitier hame	Onice Soc	iyin			Onice field					
	Data	—											
	Date 06/28/2024		Payee name Casey's										
			-	ata, Zia Ca	da								
	Amount (\$) \$43.33		Payee address; City; Sta 3707 S US HIGHWAY 7	ate; Zip Co	ae								
	Φ43.33		3707 3 03 HIGHWAT 7										
			Sherman, TX 75090										
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description							
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense					
						Fuel	,						
				0.11									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held					
-													

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE O	ATEGOR	RIES FOR	BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print				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: 7/40 Rpt: 21/54		Luther, Shelley A. (Ms.)					00084939					
4	Date	5	Payee name										
	06/25/2024		Casey's										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$46.51	46.51 3707 S US HIGHWAY 7											
			Sherman, TX 75090										
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sche	(aluba	(b) Description							
		. ,	Food/Beverage Expense		uule)		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE		0				, TX,	, officeholder living expense					
						Fuel							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office soug	ht		Office held					
	Date		Payee name										
	06/24/2024		Casey's										
	Amount (\$)		Payee address; City;	State;	Zip Co	le							
	\$44.31		3021 N Hwy 75										
			Sherman, TX 75090										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Travel In District	op of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense					
	Complete ONLY if direct		Candidate/Officeholder name		office soug	bt		Office held					
	expenditure to benefit C/OF			0	nice sout	in t		Once neid					
	Data												
	Date 06/20/2024		Payee name Casey's										
				Ctoto	Zin Co								
	Amount (\$) \$41.94		Payee address; City; 990 W Van Alstyne Pkwy	State,	Zip Coo	ie							
	φ41.94		550 W VAILAISLYNE FRWy										
			Van Alstyne, TX 75495		_								
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description							
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.					
							, IX,	, officeholder living expense					
-	Complete ONLY if direct	L	Candidate/Officeholder name		office soug	ht		Office held					
	expenditure to benefit C/OF			0									
-													

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXPE	NDITURE CA	TEGOR	RIES FOR	BC)X 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra By - Gift/Awards/Memorials Expense Printing Expense Tra					Transportation E Travel in District Travel Out of Di		ited Expense			
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 8/40 Rpt: 22/54		Luther, She	elley A. (N	/Is.)						00084939		
4	Date	5	Payee name										
	06/04/2024		Casey's										
6	Amount (\$)	7	Payee addre	ss; C	ity;	State;	Zip Co	de					
	\$35.67	\$35.67 3021 N Hwy 75											
			Sherman, T	X 75090									
8	PURPOSE OF				s listed at the top o	of this sche	edule)	(b)	Description				
	EXPENDITURE		Travel In D	istrict							de of Texas. Com	•	
										, IX,	officeholder living	g expense	
									Fuel				
9	Complete ONLY if direct	<u>ر</u>	Candidate/Off	iceholder	name	0	office soug	ght			Office h	eld	
	expenditure to benefit C/OF												
	Date		Payee name										
	05/28/2024		Casey's										
	Amount (\$)		Payee addre	ss; C	ity;	State;	Zip Co	de					
	\$27.38		3021 N Hw	y 75									
			Sherman, T	X 75090	1								
	PURPOSE	(a)	Category (S	ee Categorie	s listed at the top o	of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In D	istrict							de of Texas. Com		
										, TX,	officeholder living	g expense	
									Fuel				
	Complete ONLY if direct		Candidate/Off	iceholder	name		office soug	thr			Office h	old	
	expenditure to benefit C/OF		candidate/On	icentituei	name	0		JII			Once h	eiù	
	Date		Payee name										
	05/17/2024		Casey's										
	Amount (\$)		Payee addre	ss C	ity;	State:	Zip Co	de					
	\$44.82		3021 N Hw			,							
	÷			,									
			Sherman, T	X 75090)								
	PURPOSE	(a)	Category (S	ee Categorie	s listed at the top o	of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In D	istrict							de of Texas. Com	•	
										, TX,	officeholder living	g expense	
									Fuel				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder	name	0	office sou	ght			Office h	eld	
		·											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE CATEGO	RIES FOR	R BO	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr y - Gift/Awards/Memorials Expense Printing Expense Tr					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: 9/40 Rpt: 23/54		Luther, Shelley A. (Ms.)					00084939				
4	Date 05/06/2024		Payee name Casey's									
6	Amount (\$) \$51.46	7 Payee address; City; State; Zip Code 46 3021 N Hwy 75 Sherman, TX 75090										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel												
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held				
	Date		Payee name									
04/29/2024 Casey's												
	Amount (\$) \$33.63											
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Travel In District	chedule)				de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held				
	Date		Payee name									
	04/16/2024		Chevron									
	Amount (\$) \$19.05		Payee address; City; State 7205 SOUTH BROADWAY	e; Zip Co	ode							
			Tyler, TX 75703									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Travel In District	chedule)				de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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: 10/40 Rpt: 24/54	Luther, Shelley A. (Ms.)	00084939									
4	Date	5 Payee name										
	06/03/2024	City of Austin										
6	Amount (\$)	tt (\$) 7 Payee address; City; State; Zip Code										
	\$8.50 301 West 2nd											
		Austin, TX 78701										
•	DUDDOSE											
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel o	utside of Texas. Complete Schedule T.									
	EXPENDITURE		TX, officeholder living expense									
		Parking										
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	05/31/2024	City of Austin										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$54.13	301 West 2nd										
		Austin, TX 78701										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE		utside of Texas. Complete Schedule T.									
			TX, officeholder living expense									
		Parking										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	04/10/2024	Cowboy Chicken										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$55.34	3811 N. US HWY 75										
		Sherman, TX 75409										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE		utside of Texas. Complete Schedule T.									
			TX, officeholder living expense									
		Constituent M										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	oxpenditure to benefit C/OI											

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)									
-	Sch: 11/40 Rpt: 25/54	Luther, Shelley A. (Ms.) 00084939									
4	Date	5 Payee name									
	05/23/2024	DRY CLEAN CITY									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$87.36 1905 Texoma PKWY										
		Sherman, TX 75090									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF Dry Cleaning Dry Cleaning Dry Cleaning										
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	04/22/2024	DRY CLEAN CITY									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$81.82	1905 Texoma PKWY									
		Sherman, TX 75090									
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Dry Cleaning (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dry Cleaning 									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OF										
⊨	Date	Daveo namo									
	03/28/2024	Payee name DoubleTree									
	Amount (\$) \$256.23	Payee address; City; State; Zip Code 303 W 15TH ST									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Accommodations 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE (CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense					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: 12/40 Rpt: 26/54		Luther, Shelley A. (Ms.)					00084939			
4	Date	5	Payee name								
	05/21/2024		Exxon Mobile								
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	e					
	\$46.71 3710 BELT LINE RD										
			Addison, TX 75052								
•	DUDDOCE				r						
8	PURPOSE OF		Category (See Categories listed at the to Travel In District	op of this sche	edule)	b) Description	outsi	de of Texas. Comp	lete Schedule T		
	EXPENDITURE		Travel in District					officeholder living			
						Fuel					
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office he	ld		
	Date		Payee name								
	04/15/2024		Exxon Mobile								
	Amount (\$)		Payee address; City;	State;	Zip Co	e					
	\$47.08		1202 N Pecan St								
			Bells, TX 75414								
	PURPOSE OF		Category (See Categories listed at the to	op of this sche	edule)	b) Description					
	EXPENDITURE		Travel In District					de of Texas. Comp officeholder living			
						Fuel	I, IA,	onicentitider invirig	expense		
	Complete ONLY if direct		andidate/Officeholder name	0	office soug	ht		Office he	Id		
	expenditure to benefit C/OI			0	mee soue	in the second seco		Office fie			
		<u> </u>									
	Date	I	Payee name								
	04/17/2024		Griffin Communications								
	Amount (\$)		Payee address; City;	State;	Zip Coo	е					
	\$3,080.00		7111 Harvest Trail Dr								
			Austin, TX 78736								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	b) Description					
	OF EXPENDITURE		Consulting Expense					de of Texas. Comp			
								officeholder living	expense		
						Consulting R	eta	mer			
	-										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	O	office soug	ht		Office he	ld		
	onponditore to benefit 0/01										

				EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	e Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/40 Rpt: 27/54		Luther, She	elley A. (Ms.)					00084939	
4	Date	5	Payee name	9						
	03/29/2024		Griffin Con	nmunications						
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	de			
	\$7,000.00		7111 Harv	est Trail Dr						
			Austin, TX	78736						
8	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Consulting			ŕ			ide of Texas. Com	•
									, officeholder living	expense
							Consulting R	eta	iner	
_	Operation ONITY is diverged		Davadiala ta (Of	C -					0.45	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	jht		Office he	ad
	Date		Payee name	9						
	03/05/2024		Griffin Con	nmunications						
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	de			
	\$5,500.00		7111 Harv	est Trail Dr						
			Austin, TX	78736						
	PURPOSE OF	(a)	Category (S	See Categories listed at the	e top of this sch	edule)	(b) Description			
	EXPENDITURE		Consulting	Expense					ide of Texas. Com , officeholder living	
							Consulting R			lexpense
							Consulting IX	ciu		
	Complete ONLY if direct			ficeholder name		Office sour	nht		Office he	ald
	expenditure to benefit C/Oł		Sundiduce, Or				jiit		Onice in	
_	Date		Payee name							
	02/29/2024		,	, munications						
					Ctata	7:0 00				
	Amount (\$)		Payee addre	-	State;	; Zip Co	le			
	\$5,104.80		7111 Harv							
			Austin, TX	78736						
-	PURPOSE	(a)					(b) Description			
	OF	(a)	Consulting	See Categories listed at the	e top of this sch	edule)	•	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Consularly	Lypense					, officeholder living	•
							Consulting R	eta	iner	
	Complete <u>ONLY</u> if direct		Candidate/Of	ficeholder name	C	Office sou	jht		Office he	eld
	expenditure to benefit C/OI	Н								

				EXPENDITU	RE CATEGO	RIES FOF	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	ense Ils Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 14/40 Rpt: 28/54		Luther, Shel	ey A. (Ms.)					00084939	
4	Date	5	Payee name							
	04/23/2024		HWY 11 Foc	od Mart						
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	le			
	\$23.67		7860 TX-11			· •				
			Tom Bean, 1	X 75489						
8	PURPOSE	(a)		e Categories listed a		a dula)	(b) Description			
-	OF		Travel In Dis		t the top of this sch	iedule)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							, TX	officeholder living	expense
							Fuel			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	Jht		Office he	eld
	Date		Payee name							
	04/19/2024		HWY 11 Foo	od Mart						
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	le			
	\$49.39		7860 TX-11							
			Tom Bean, 1	⁻X 75489						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Travel In Dis	e Categories listed a trict	t the top of this sch	edule)			de of Texas. Com , officeholder living	
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	iht		Office he	h
	expenditure to benefit C/OI						,			
	Date		Payee name							
	06/03/2024		Hampton Inr	ı						
	Amount (\$)		Payee addres		State	; Zip Co	10			
	\$261.09		3908 W Bral		State	, zip co				
	Ψ201.03		5500 W Diai							
			Austin, TX 7	8701						
	PURPOSE OF	(a)		e Categories listed a	t the top of this sch	edule)	(b) Description			
	EXPENDITURE		Travel In Dis	trict					de of Texas. Com officeholder living	
							Travel Accon			expense
	Complete ONLY if direct	L	Candidate/Offic	eholder name	(Office sou	Jht		Office he	eld
	expenditure to benefit C/OI	Н								

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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	B Filer ID (Ethics Commission Filers)
	Sch: 15/40 Rpt: 29/54	Luther, Shelley A. (Ms.)	00084939
4	Date 04/15/2024	 Payee name Holiday Inn 	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$135.70	5701 S BROADWAY AVE Tyler, TX 75703	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	itside of Texas. Complete Schedule T. IX, officeholder living expense nodations
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/15/2024	Holiday Inn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.02	5701 S BROADWAY AVE Tyler, TX 75703	
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense nodations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/28/2024	Hyatt Regency	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$973.71	123 Losoya St	
		San Antonio, TX 78205	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		itside of Texas. Complete Schedule T. FX, officeholder living expense nodations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/40 Rpt: 30/54	Luther, Shelley A. (Ms.)	00084939
4	Date 04/02/2024	Payee name Independent financial bank	
6	Amount (\$) \$40.25	Y Payee address; City; State; Zip Code 300 East Taylor Sherman, TX 75090	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/11/2024	Jolly Truck Stop	
	Amount (\$) \$40.53	Payee address; City; State; Zip Code 3392 Hwy 287 Access Rd	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/02/2024	Kwik Chek	
	Amount (\$) \$43.73	Payee address;City;State;Zip Code1741 State Hwy 121	
		Bonham, TX 75418	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/40 Rpt: 31/54	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	05/16/2024	LA MILPA MEXICAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.99	820 S Interstate 35
		Denton, TX 76205
_	DUDDOOD	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent Meeting Meal
		Constituent meeting mean
_	Complete ONIL V if direct	Condidate/Office helder norme
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Deveryone
		Payee name
	06/10/2024	Love's
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.14	1701 US-75
		Anna, TX 75409
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/08/2024	Luther, Shelley
-	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	105 S Britton St
	φ3,000.00	
		302
		Tom Bean, TX 75489
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Candidate Self Loan Repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	¬

		EXPENDITURE CATEG	ORIES FOR BOX	X 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/ Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C ns how to complete	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)	se
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission F	-ilers)
	Sch: 18/40 Rpt: 32/54	uther, Shelley A. (Ms.)		00084939	,
4	Date 04/17/2024	ayee name lickey's			
6	Amount (\$) \$33.14	ayee address; City; Sta 900 US-287 corsicana, TX 75110	te; Zip Code		
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this ravel In District		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held	
	Date	ayee name			
	06/25/2024	lorth Texas Toll Association			
	Amount (\$) \$40.00	ayee address; City; Sta 900 Plano Pkwy S Ilano, TX 75093	te; Zip Code		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this ravel In District		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TOII	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held	
	Date	ayee name			
	06/10/2024	lorth Texas Toll Association			
	Amount (\$) \$40.00	ayee address; City; Sta 900 Plano Pkwy S	te; Zip Code		
		lano, TX 75093			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this ravel In District		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TOII	
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/40 Rpt: 33/54	Luther, Shelley A. (Ms.)	00084939
4	Date 06/03/2024	Payee name North Texas Toll Association	
6	Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S Plano, TX 75093	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/31/2024	North Texas Toll Association	
	Amount (\$) \$12.01	Payee address; City; State; Zip Code 5900 Plano Pkwy S	
		Plano, TX 75093	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/31/2024	North Texas Toll Association	
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S	
		Plano, TX 75093	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE CATEG	ORIE	S FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Lo O Pi Si	oan Repay Office Overl Polling Expe Printing Exp Galaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor		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: 20/40 Rpt: 34/54		Luther, Shelley A. (Ms.)					00084939
4	Date	5	Payee name					
	05/28/2024		North Texas Toll Association					
6	Amount (\$)	7	Payee address; City; Sta	ate; Z	Zip Cod	e		
	\$10.00		5900 Plano Pkwy S					
			Plano, TX 75093					
8	PURPOSE	<u> </u>				b) Description		
ľ	OF	(")	Category (See Categories listed at the top of this Travel In District	schedu	ile)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	n, TX,	, officeholder living expense
						Toll		
9	Complete ONLY if direct		andidate/Officeholder name	Offic	ce soug	ht		Office held
	expenditure to benefit C/OF	Н						
	Date		Payee name					
	05/23/2024		North Texas Toll Association					
	Amount (\$)	-			Zip Cod	0		
	\$10.00			ale, z		e		
	\$10.00		5900 Plano Pkwy S					
			Plano, TX 75093					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedu	ıle) (b) Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
							1, 17,	, Uniceriolaer living expense
						1 Oli		
	Complete ONLY if direct		candidate/Officeholder name	Offi	ce soug	ht		Office held
	expenditure to benefit C/OF			Cim	oo ooug			
_	Data							
	Date 05/21/2024		Payee name North Texas Toll Association					
					7. 0			
	Amount (\$)			ate; 2	Zip Cod	e		
	\$10.00		5900 Plano Pkwy S					
			Plano, TX 75093					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedu	ıle) (b) Description		
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
							ι, TΧ,	, officeholder living expense
						Toll		
	0			<i>c.</i>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ce soug	nt		Office held
		•						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)	
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)	
	Sch: 21/40 Rpt: 35/54	Luther, Shelley A. (Ms.)	00084939	
4	Date 05/20/2024	 Payee name North Texas Toll Association 		
6	Amount (\$) \$10.55	7 Payee address; City; State; Zip Code 5900 Plano Pkwy S Plano, TX 75093		
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	05/20/2024	North Texas Toll Association		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$10.00	5900 Plano Pkwy S Plano, TX 75093		
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	05/20/2024	North Texas Toll Association		
	Amount (\$) \$10.00	Payee address;City;State;Zip Code5900 Plano Pkwy S		
		Plano, TX 75093		
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		
T	Sch: 22/40 Rpt: 36/54	Luther, Shelley A. (Ms.) 00084939		
4	Date 05/17/2024	5 Payee name North Texas Toll Association		
6	Amount (\$) \$13.50	7 Payee address; City; State; Zip Code 5900 Plano Pkwy S Plano, TX 75093		
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Toll 		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	05/17/2024	North Texas Toll Association		
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S		
	PURPOSE OF EXPENDITURE	Plano, TX 75093 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Toll		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	05/17/2024	North Texas Toll Association		
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S		
		Plano, TX 75093		
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Toll 		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Corr	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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: 23/40 Rpt: 37/54		Luther, Shelley A. (Ms.)					00084939
4	Date	5	Payee name					
	05/17/2024		North Texas Toll Association					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le		
	\$10.00		5900 Plano Pkwy S					
			Plano, TX 75093					
8	DUDDOCE				i			
ð	PURPOSE OF		Category (See Categories listed at the top of	of this sch	nedule)	(b) Description	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Travel In District					, officeholder living expense
						Toll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice sou	ht		Office held
	Date		Payee name					
	05/16/2024		North Texas Toll Association					
				Ctoto				
	Amount (\$)		Payee address; City;	State,	; Zip Coo	ie		
	\$10.00		5900 Plano Pkwy S					
			Plano, TX 75093					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Travel In District		,	Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITORE						n, TX	, officeholder living expense
						Toll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	lht		Office held
-	Date		Pavoo namo					
	05/16/2024		Payee name North Texas Toll Association					
				<u> </u>				
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$10.00		5900 Plano Pkwy S					
			Plano, TX 75093					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Travel In District			Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITORE						n, TX	, officeholder living expense
						Toll		
	Complete ONLY if direct		andidate/Officeholder name	C	Office souç	lht		Office held
	expenditure to benefit C/OI	1						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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: 24/40 Rpt: 38/54	l	₋uther, Shelley A. (Ms.)					00084939
4	Date	5	Payee name					
	05/09/2024		North Texas Toll Association					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le		
	\$13.88	!!	5900 Plano Pkwy S					
			Plano, TX 75093					
8	PURPOSE	(a) (Category (See Categories listed at the to	on of this sch	(elube	(b) Description		
	OF		Fravel In District		ieduic)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE						I, TX	, officeholder living expense
						Toll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Iht		Office held
	Date	F	Payee name					
	05/07/2024		North Texas Toll Association					
	Amount (\$)	1	Payee address; City;	State;	; Zip Co	le		
	\$16.06	!	5900 Plano Pkwy S					
			Plano, TX 75093					
	PURPOSE	(a) (Category (See Categories listed at the to	op of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Travel In District		,	Check if travel	outs	ide of Texas. Complete Schedule T.
							I, TX	, officeholder living expense
						Toll		
			andidate/Officeholder name			- la 4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		anuluale/Onicenoluer name	Ĺ	Office sou	Jur		Office held
		1						
	Date 05/06/2024		Payee name North Texas Toll Association					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$10.00	{	5900 Plano Pkwy S					
			Plano, TX 75093					
	PURPOSE OF	(a) (Category (See Categories listed at the te	op of this sch	nedule)	(b) Description		
	EXPENDITURE	-	Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
							I, I A	, onceroider iving expense
-	Complete ONLY if direct		andidate/Officeholder name		Office soug	iht		Office held
	expenditure to benefit C/OF			, c	211100 3000	,		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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	Filer ID (Ethics Commission Filers)			
	Sch: 25/40 Rpt: 39/54	Luther, Shelley A. (Ms.)	00084939			
4	Date 04/29/2024	 Payee name North Texas Toll Association 				
6	Amount (\$) \$10.00 \$10.00 7 Payee address; City; State; Zip Code 5900 Plano Pkwy S Plano, TX 75093					
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/26/2024	North Texas Toll Association				
	Amount (\$) \$15.86	Payee address; City; State; Zip Code 5900 Plano Pkwy S				
	DUDDOSE	Plano, TX 75093				
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/25/2024	North Texas Toll Association				
	Amount (\$) \$10.00	Payee address;City;State;Zip Code5900 Plano Pkwy S				
		Plano, TX 75093				
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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: 26/40 Rpt: 40/54		Luther, Shelley A. (Ms.)					00084939
4	Date	5	Payee name					
	04/25/2024		North Texas Toll Association					
6	Amount (\$)	7	Payee address; City; Sta	ate;	Zip Co	de		
	\$10.00		5900 Plano Pkwy S					
			2					
			Diana TX 75002					
		<u> </u>	Plano, TX 75093					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	sched	dule)	(b) Description		
	EXPENDITURE		Travel In District					side of Texas. Complete Schedule T. K, officeholder living expense
							un, 17	, oncenoider living expense
						TON		
_	Osmalata ONII X if dina at			01				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice souç	gnt		Office held
	Date		Payee name					
	04/25/2024		North Texas Toll Association					
	Amount (\$)		Payee address; City; Sta	ate;	Zip Co	de		
	\$13.09		5900 Plano Pkwy S					
			ý					
			Plano, TX 75093					
	PURPOSE	(a)	Category (See Categories listed at the top of this	sched	dule)	(b) Description		
	OF EXPENDITURE		Travel In District					side of Texas. Complete Schedule T.
							tin, TX	c, officeholder living expense
						TOIL		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice souç	ght		Office held
	Date		Payee name	_				
	04/24/2024		North Texas Toll Association					
	Amount (\$)		Payee address; City; Sta	ate;	Zip Co	de		
	\$10.00		5900 Plano Pkwy S					
			Plano, TX 75093					
	PURPOSE	(a)	Category (See Categories listed at the top of this	sched	dule)	(b) Description		
	OF EXPENDITURE		Travel In District		,	Check if trav	el outs	side of Texas. Complete Schedule T.
	EXPENDITORE						tin, TX	K, officeholder living expense
						Toll		
	Complete ONLY if direct		andidate/Officeholder name	Of	ffice sou	ght		Office held
	expenditure to benefit C/OI	Н						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 27/40 Rpt: 41/54	Luther, Shelley A. (Ms.)	00084939			
4	Date 04/23/2024	Payee name North Texas Toll Association				
6	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S Plano, TX 75093				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/22/2024	North Texas Toll Association				
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/22/2024	North Texas Toll Association				
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S				
		Plano, TX 75093				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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:		Filer ID (Ethics Commission Filers)			
1	Sch: 28/40 Rpt: 42/54	Luther, Shelley A. (Ms.)	00084939			
4	Date 04/17/2024	5 Payee name North Texas Toll Association				
6	6 Amount (\$) \$10.00 7 Payee address; City; State; Zip Code 5900 Plano Pkwy S Plano, TX 75093					
8	PURPOSE OF EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/15/2024	North Texas Toll Association				
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S				
	PURPOSE	Plano, TX 75093				
	OF		ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/10/2024	North Texas Toll Association				
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S				
		Plano, TX 75093				
	PURPOSE OF EXPENDITURE		ide of Texas. Complete Schedule T. 3, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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	Filer ID (Ethics Commission Filers)				
	Sch: 29/40 Rpt: 43/54	Luther, Shelley A. (Ms.)	00084939				
4	Date 04/09/2024	 Payee name North Texas Toll Association 					
6	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S Plano, TX 75093					
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/09/2024	North Texas Toll Association					
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5900 Plano Pkwy S					
		Plano, TX 75093					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/08/2024	North Texas Toll Association					
	Amount (\$) \$10.00	Payee address;City;State;ZipCode5900 Plano Pkwy S					
		Plano, TX 75093					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 30/40 Rpt: 44/54		ther, Shelley A. (Ms.)					00084939	
4	Date	5 Pa	yee name						
	04/04/2024		rth Texas Toll Association						
6	Amount (\$)	7 Pa	yee address; City;	State;	; Zip Coo	le			
	\$10.00	59	00 Plano Pkwy S						
		Pla	ano, TX 75093						
8	PURPOSE	(a) Ca	tegory (See Categories listed at the t	on of this sch	(eluber	b) Description			
	OF		avel In District		ieuuie)		outsi	ide of Texas. Comple	ete Schedule T.
	EXPENDITURE					Check if Austin	ı, ТХ,	, officeholder living e	xpense
						Toll			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held	d
	Date	Pa	yee name						
	04/04/2024	No	rth Texas Toll Association						
	Amount (\$)	Pa	yee address; City;	State:	; Zip Coo	le			
\$10.00 5900 Plano Pkwy S				,	, 1				
		Pla	ano, TX 75093						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the t avel In District	op of this sch	iedule)			ide of Texas. Comple , officeholder living e	
						Toll	, 17,	, onice to del tiving e	Aponoc
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	C	Dffice soug	ht		Office held	d
	Date	Pa	yee name						
	04/22/2024		ick Check						
	Amount (\$)	Pa	yee address; City;	State:	; Zip Coo	le			
	\$44.97		1 W HANING ST	,	,				
		Но	we, TX 75459						
	PURPOSE OF		egory (See Categories listed at the t	op of this sch	edule)	(b) Description			ata Oshadula T
	EXPENDITURE	Tra	avel In District					ide of Texas. Comple , officeholder living e	
						Fuel	I, IA,	, onicendider living e	Apense
-	Complete ONLY if direct	Can	didate/Officeholder name		Office soug	ht		Office held	4
	expenditure to benefit C/OI			C C	2000 3000				~
-									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/40 Rpt: 45/54	Luther, Shelley A. (Ms.)	00084939
4	Date 04/15/2024	Payee name Quick Check	
6	Amount (\$) \$49.00	Payee address; City; State; Zip Code 411 W HANING ST Howe, TX 75459	
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/09/2024	Quick Check	
	Amount (\$) \$51.91	Payee address; City; State; Zip Code 411 W HANING ST Howe, TX 75459	
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/28/2024	Quick Check	
	Amount (\$) \$33.73	Payee address;City;State;Zip Code411 W HANING ST	
		Howe, TX 75459	
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

				EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T					Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 32/40 Rpt: 46/54		Luther, Shelley	/ A. (Ms.)					00084939	
4	Date	5	Payee name							
	05/15/2024		QuickTrip							
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de			
	\$42.77	1	213 NW RENF	RO ST		-				
Burleson, TX 76028										
8	PURPOSE	<u> </u>	Category (See C		ton of this sch	odula)	(b) Description			
	OF EXPENDITURE		Travel In Distri		top of this so	cuuic,		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							, TX,	officeholder living	expense
							Fuel			
_		Ĺ		· .						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	older name		Office sou	jht		Office he	eld
	Date	Γ	Payee name							
	04/05/2024		QuickTrip							
	Amount (\$)	\square	Payee address;	City;	State;	; Zip Co	de			
	\$43.09		1750 WILMET	H RD						
			McKinney, TX	75071						
	PURPOSE OF EXPENDITURE		Category _{(See C} Travel In Distri		top of this sche	edule)			de of Texas. Com officeholder living	
	Complete ONIL V if direct	Ľ		- Har nomo		2 ⁴⁶ 60 0014	- L- I.		Office be	.1 _1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	ioluer name	L.	Office sou	Int		Office he	210
	Data	ᆕ								
	Date 05/13/2024		Payee name Quickverse							
			-	Cit	Ctata	- Zin Co	1 _			
	Amount (\$) \$46.47	1	Payee address; 201 S DEWEY	City;	Slale,	; Zip Coo	de			
	ዋ 1 0.41		ZUI S DEVVLI	AVE						
			Sherman, TX	75090						
	PURPOSE OF		Category (See C	-	top of this sche	edule)	(b) Description		_	
	EXPENDITURE		Travel In Distri	ct					de of Texas. Com officeholder living	
								, 17,	Officeriolder living	expense
							1 40.			
	Complete ONLY if direct		Candidate/Office	older name	C	Office soug	iht		Office he	۶ld
	expenditure to benefit C/OF						,			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lai The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/40 Rpt: 47/54	Luther, Shelley A. (Ms.)	00084939
4	Date 05/07/2024	Payee name Quickverse	
6	Amount (\$) \$50.78	Payee address; City; State; Zip Code 201 S DEWEY AVE Sherman, TX 75090	
8	PURPOSE OF EXPENDITURE		ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/05/2024	Roma Italian Food	
	Amount (\$) \$326.84	Payee address; City; State; Zip Code 1919 N STATE HWY 12 Bonham, TX 75418	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Descripti Food/Beverage Expense	ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense gn Staff Meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/08/2024	SLOVACEK	
	Amount (\$) \$32.09	Payee address; City; State; Zip Code 214 Melodie Dr	
		West, TX 76691	
	PURPOSE OF EXPENDITURE		ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E: mittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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: 34/40 Rpt: 48/54		Luther, Shelley A. (Ms.)					00084939
4	Date	5	Payee name					
	04/22/2024		Saltgrass Steakhouse					
6 Amount (\$) \$104.82			Payee address; City; 801 CRAIG DRIVE	State;	Zip Co	le		
			McKinney, TX 75181					
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
						Campaign St		, officeholder living expense
						Campaign Si	an	Mean
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice souç	ht		Office held
	Date		Payee name					
	04/17/2024		Saltgrass Steakhouse					
	Amount (\$)		Payee address; City;	State;	Zip Co	le		
	\$85.77		325 INTERSTATE 10 N					
			Beaumont, TX 77707					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
⊨	Date		Payee name					
	06/03/2024		Shell Gas					
	Amount (\$)		Payee address; City;	State:	Zip Co	le		
	\$37.29		2209 Pettit Pkwy		•			
		,	Whitewright, TX 75491					
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (lls Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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: 35/40 Rpt: 49/54		Luther, Shelley A. (Ms.)					00084939
4	Date	5	Payee name					
05/31/2024			Shell Gas					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le		
\$33.96 5740 N Interstate 35 Frontage Rd								
	Austin, TX 78751							
8	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	05/10/2024		Shell Gas					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$48.12		958 W University Ave					
			Georgetown, TX 78626					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed a Travel In District	t the top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Dffice soug	ht		Office held
	Date		Payee name					
	05/03/2024		Shell Gas					
	Amount (\$)		Payee address; City;	State:	Zip Co	le		
	\$46.08		2428 W Ferguson Rd		•			
			Mt. Pleasant, TX 75455					
	PURPOSE OF	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Dffice soug	ht		Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Supense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 36/40 Rpt: 50/54	Luther, Shelley A. (Ms.)	00084939					
4	Date 04/25/2024	Payee name Shell Gas						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$53.97	1306 US-380 Decatur, TX 76234						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/19/2024	Shell Gas						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$32.82	26149 Katy Fwy Katy, TX 77494						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/16/2024	Shell Gas						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$43.01	Galveston Rd						
		Webster, TX 77598						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Loan Repaymer Fees Office Overhead Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense		oense ages/Contract Labor		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: 37/40 Rpt: 51/54		Luther, Shelley A. (Ms.)					00084939	
4	Date 03/29/2024	5	Payee name Shell Gas						
6		7		Stata	· Zin Cor				
0	Amount (\$) \$28.90	1	 7 Payee address; City; State; Zip Code 2209 Pettit Pkwy Whitewright, TX 75491 						
8	PURPOSE	(a)	Category (See Categories listed at t	he top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel In District						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						
	04/08/2024		Sprouse, Rebecca						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$250.00		PO Box 311 Tom Bean, TX 75489						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at t Salaries/Wages/Contract La		edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht		Office held	
	Date		Payee name						
	03/05/2024		Sprouse, Rebecca						
	Amount (\$) \$200.00		Payee address; City; PO Box 311	State;	; Zip Coo	le			
			Tom Bean, TX 75489						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at t Salaries/Wages/Contract La		edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Dffice soug	ht		Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment			Event E Fees Food/B Gift/Aw nmittee Legal S	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 38/40 Rpt: 52/54		Luther, Shelley A	(Ms.)					00084939	
4	Date	5	Payee name							
	03/27/2024		Star Cleaners							
6	Amount (\$)	7	Payee address;	City; S	state; Zip Co	ode				
	\$166.80		742 E US HWY 8	32						
			Sherman, TX 750	090						
8	PURPOSE	(a)		gories listed at the top of th	ia aabadula)	(b)	Description			
	OF		Dry Cleaning	jones listed at the top of th	is schedule)	()		outsid	de of Texas. Com	plete Schedule T.
	EXPENDITURE		,,, g						officeholder living	expense
							Dry Cleaning			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	der name	Office sou	ıght			Office he	eld
	Date		Payee name							
	04/12/2024		Stripes							
	Amount (\$)		Payee address;	City; S	state; Zip Co	ode				
	\$38.18		900 US-82							
			Ralls, TX 79357							
	PURPOSE	(a)	Category (See Cate	gories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE		Travel In District						de of Texas. Com	
							Fuel	, TX,	officeholder living	expense
							ruei			
	Complete ONLY if direct		Candidate/Officehold	ler name	Office sou	 Iaht			Office he	
	expenditure to benefit C/OI		and date/Onicerion		Office Soc	igin			Office fie	
-	Date									
	05/17/2024		Payee name Texas GOP							
	Amount (\$)		Payee address;	City; S	itate; Zip Co	odo				
	\$158.00		807 Brazos Stree		dale, Zip Cl	Jue				
	φ130.00		007 Diazos Stiet							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Category	gories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE		Event Expense						de of Texas. Com	
									officeholder living	
							Tickets for St	ale	Convention	
	Complete ONEX States	Ļ	andidate (Office to t	lor nome	0#===				O#: !	Jd
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office sou	ignt			Office he	lu

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 39/40 Rpt: 53/54	Luther, Shelley A. (Ms.)	00084939					
4	Date 03/29/2024	Payee name Ticket leap						
6	Amount (\$) \$40.00	 Payee address; City; State; Zip Code 2401 Walnut St Ste 602 Philadelphia, PA 19103 						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/28/2024	Tiger Mart						
	Amount (\$) \$50.24	Payee address; City; State; Zip Code 25 112 S McLennan Dr Elm Mott, TX 76640						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/27/2024	Tiger Mart						
	Amount (\$) \$31.71	Payee address;City;State;Zip Code301 I-35						
		Hillsboror, TX 76645						
PURPOSE OF EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_					
	Sch: 40/40 Rpt: 54/54	Luther, Shelley A. (Ms.) 00084939						
4	Date 06/07/2024	5 Payee name Walmart						
6								
6	Amount (\$) \$32.02	Payee address; City; State; Zip Code 521 Central Expy Anna, TX 75409						
8	PURPOSE		_					
ŏ	OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	05/28/2024	Winred						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	PO Box 9891 Arlington, VA 22219						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing 						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name	_					
	06/24/2024	X.com						
	Amount (\$) \$248.96	Payee address; City; State; Zip Code 1355 Market St Suite 900 San Francisco, CA 94103						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense X Verification						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						